

CONTENTS

1.	Introduction	2
2.	Glossary	3
3.	List of Acronyms.....	8
4.	National Tables and Maps	9
	Table 1. State Managed Care Enrollment, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2013	9
	Table 2. Medicare-Medicaid Eligibles ("Duals") Enrolled in Managed Care, as of July 1, 2013	11
	Table 3. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive MCOs, as of July 1, 2013.....	13
	Map of State Comprehensive Medicaid Managed Care 2013.....	15
	Table 4. Enrollment by Program and Plan, as of 2013.....	16
	Table 5. State Enrollment in Managed Care Programs Covering Long Term Services and Supports (LTSS), as of July 1, 2013.....	73
	Map of State Enrollment in Managed Care Programs Covering Long-Term Services and Supports.....	75
	Table 6. Number of Managed Care Programs Enrolling Certain Populations on a Mandatory or Voluntary Basis, at any point in 2013	76
	Table 7. Number of Managed Care Program Types, by Quality Assurance Requirements and Performance Incentives, at any point in 2013.....	77
5.	State Tables	78

Medicaid Managed Care Enrollment and Program Characteristics, 2013

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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, 2013 (sub-state level 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 2013, including program type, whether it operated statewide or in certain regions, 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. 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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Glossary

FEDERAL AUTHORITIES (Waivers and State Plan Amendments)

- 1115** 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 <i>without</i> 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>Behavioral Health Organization</i>	<i>BHO</i>	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>	<i>CMS</i>	The federal agency that administers the Medicare and Medicaid programs.
<i>Comprehensive Managed Care Organization</i>	<i>Comprehensive MCO</i>	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>	<i>CAHPS</i>	Surveys that ask consumers and patients on 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>	<i>EPSDT</i>	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>	<i>EQRO</i>	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>	<i>FQHC</i>	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>	<i>FFS</i>	A payment system in which the state reimburses providers directly for each individual service rendered.
<i>Healthcare Effectiveness Data and Information Set</i>	<i>HEDIS</i>	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>	<i>HCBS</i>	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>	<i>IDD</i>	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>	<i>ICF-IDD</i>	An optional Medicaid benefit to provide treatment in an institutional care setting for individuals with intellectual disabilities.
<i>Long-term Services and Supports</i>	<i>LTSS</i>	Long term services and supports assist individuals with activities of daily living such as bathing, dressing and eating in institutional settings, such nursing homes and ICFs-IDD, or in home and community-based settings.
<i>Managed Long Term Services and Supports</i>	<i>MLTSS</i>	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.

<i>Medicaid</i>		A health care program providing coverage for eligible low-income adults, children, pregnant women, elderly adults and people with disabilities, 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>	<i>SPA</i>	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>	<i>MH</i>	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>	<i>NEMT</i>	A program that covers transportation to and from medically necessary health care services.
<i>Other Prepaid Health Plans</i>	<i>PHPs</i>	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>	<i>PAHP</i>	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>	<i>PIHP</i>	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>	<i>PCCM</i>	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>	<i>PACE</i>	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>Substance Use Disorder</i>	<i>SUD</i>	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>Supplemental Security Income</i>	<i>SSI</i>	A federal entitlement program that provides cash assistance to low-income aged, blind, and disabled individuals.
<i>Transportation Prepaid Ambulatory Health Plan</i>		A prepaid ambulatory health plan covering transportation services only.

Acronyms

<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>SSI</i>	Supplemental Security Income
<i>SUD</i>	Substance Use Disorder

Table 1. State Managed Care Enrollment, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2013¹

State	Total Medicaid Enrollees	MCO ²	PCCM	MLTSS	BHO (PIHP and/or PAHP)	Dental	Transportation	PACE	Other
Alabama	959,607	--	547,806	--	--	--	--	135	22,983
Alaska	145,279	--	--	--	--	--	--	--	--
American Samoa ³	52,620	--	--	--	--	--	--	--	--
Arizona	1,271,190	1,072,628	--	--	--	--	--	--	--
Arkansas	614,466	--	439,817	--	--	--	462,953	129	--
California	8,469,015	5,686,453	--	--	--	661,389	--	3,861	927
Colorado	740,248	76,331	355,618	--	702,585	--	--	2,369	21,199
Connecticut	621,770	--	--	--	--	--	--	--	--
Delaware	216,106	182,430	--	--	--	--	--	28	--
District of Columbia	252,852	157,821	--	--	--	--	51,424	--	--
Florida	3,384,173	1,516,233	587,339	20,713	586,012	1,314,808	--	827	5,791
Georgia	1,813,771	1,148,809	--	--	--	--	--	--	--
Guam	36,912	--	--	--	--	--	--	--	--
Hawaii	307,428	288,539	--	--	--	--	--	--	--
Idaho	255,295	--	218,455	--	0	241,138	241,432	--	661
Illinois	2,931,023	282,183	1,870,271	--	--	--	--	--	--
Indiana	1,125,683	731,112	34,518	--	--	--	--	--	--
Iowa	434,414	30,404	206,917	--	420,973	--	404,898	185	--
Kansas	398,934	328,600	--	--	--	--	--	322	--
Kentucky	846,912	716,715	--	--	--	--	--	--	--
Louisiana	1,256,722	427,713	516,967	--	1,037,068	--	--	297	--
Maine	262,334	--	178,321	--	--	--	--	--	--
Maryland	1,089,227	864,988	--	--	--	--	--	112	--
Massachusetts	1,409,600	442,953	361,231	--	68,258	--	--	3,030	--
Michigan	1,815,866	1,290,847	--	--	1,602,163	431,030	--	833	--
Minnesota	902,415	633,494	--	--	--	--	--	--	--
Mississippi	689,153	155,124	--	--	--	--	--	--	--
Missouri	868,226	415,637	--	--	--	--	428,596	194	--
Montana	119,086	--	78,022	--	--	--	--	--	--
Nebraska	244,441	185,083	--	--	414,842	--	--	80	--
Nevada	328,748	180,321	--	--	--	--	180,321	--	--
New Hampshire	145,982	0	--	--	--	--	--	--	--
New Jersey	1,201,134	1,055,246	--	--	--	--	1,015,399	707	--
New Mexico	554,620	412,486	--	--	375,133	--	--	625	--
New York	5,352,862	3,932,826	--	101,351	--	--	--	5,225	--
North Carolina	1,589,093	--	1,528,301	--	1,211,665	--	--	628	--
North Dakota	76,756	--	42,095	--	312	--	--	73	--
Northern Mariana Islands	15,405	--	--	--	--	--	--	--	--
Ohio	2,389,622	1,667,307	--	--	--	--	--	762	--
Oklahoma	735,552	--	735,552	--	--	--	689,574	124	--
Oregon	694,546	1,173,062	539	--	--	--	--	968	--
Pennsylvania	3,446,654	1,621,687	--	--	1,853,407	--	491,720	4,170	--

Table 1. State Managed Care Enrollment, All Eligibles (Medicaid-only and Medicare-Medicaid), as of July 1, 2013¹

State	Total Medicaid Enrollees	MCO ²	PCCM	MLTSS	BHO (PIHP and/or PAHP)	Dental	Transportation	PACE	Other
Puerto Rico	1,520,960	1,520,960	--	--	1,290,361	--	--	--	--
Rhode Island	197,166	140,346	1,649	--	--	64,110	--	263	--
South Carolina	1,002,319	460,065	179,590	--	--	--	1,002,319	399	--
South Dakota	121,630	--	90,998	--	--	--	--	--	--
Tennessee	1,215,624	3,030,664	--	--	--	--	--	288	--
Texas	3,878,766	2,997,946	--	--	475,866	2,476,217	1,883,788	1,061	11,012
Utah	265,929	186,419	--	--	506,158	--	216,369	--	--
Vermont	182,096	102,816	--	--	--	--	--	0	--
Virgin Islands	13,815	--	--	--	--	--	--	--	--
Virginia	938,184	634,435	--	--	--	--	--	1,299	--
Washington	1,173,312	789,496	7,813	--	766,605	--	26,000	435	--
West Virginia	330,000	170,377	4,000	--	--	--	--	--	--
Wisconsin	1,179,354	701,409	--	37,217	1,085	--	--	890	--
Wyoming	66,321	--	--	--	--	--	--	19	--
TOTALS	62,151,218	37,411,965	7,985,819	159,281	11,312,493	5,188,692	7,094,793	30,338	62,573

1. Medicaid beneficiaries may be enrolled concurrently in more than one type of managed care program (e.g., a Comprehensive MCO and a BHO), so the sum of enrollment in each program type as a percentage of total Medicaid enrollment may be greater than 100%.

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, and Transportation, cover a narrower set of services.

3. American Samoa's total Medicaid enrollees are counted based on presumptive eligibility.

"--" indicates states that do not operate programs of a given type. 0 signifies that a state operated a program of this type in 2013, but it ended before July 1, 2013, or began after that date.

Table 2. Medicare-Medicaid Eligibles ("Duals") Enrolled in Managed Care, as of July 1, 2013¹

State	MCO ²	PCCM	MLTSS	BHO (PIHP and/or PAHP)	Dental	Transportation	PACE	Other
Alabama	--	0	--	--	--	--	108	0
Alaska	--	--	--	--	--	--	--	--
American Samoa	--	--	--	--	--	--	--	--
Arizona	117,287	--	--	--	--	--	--	--
Arkansas	--	0	--	--	--	38,295	75	--
California	328,507	--	--	--	23,759	--	3,031	350
Colorado	4,836	2,871	--	62,939	--	--	2,227	4,121
Connecticut	--	--	--	--	--	--	--	--
Delaware	10,488	--	--	--	--	--	24	--
District of Columbia	200	--	--	--	--	0	--	--
Florida	23,969	0	20,713	0	895	--	714	1,733
Georgia	0	--	--	--	--	--	--	--
Guam	--	--	--	--	--	--	--	--
Hawaii	299	--	--	--	--	--	--	--
Idaho	--	18,128	--	0	22,614	23,118	--	661
Illinois	0	0	--	--	--	--	--	--
Indiana	498	335	--	--	--	--	--	--
Iowa	12	57	--	63,846	--	62,271	171	--
Kansas	40,830	--	--	--	--	--	322	--
Kentucky	66,798	--	--	--	--	--	--	--
Louisiana	0	369	--	101,041	--	--	284	--
Maine	--	0	--	--	--	--	--	--
Maryland	0	--	--	--	--	--	104	--
Massachusetts	21,654	0	--	0	--	--	2,845	--
Michigan ³	39,515	--	--	0	0	--	803	--
Minnesota	70,118	--	--	--	--	--	--	--
Mississippi	0	--	--	--	--	--	--	--
Missouri	0	--	--	--	--	0	158	--
Montana	--	0	--	--	--	--	--	--
Nebraska	185,083	--	--	56,026	--	--	80	--
Nevada	0	--	--	--	--	0	--	--
New Hampshire	0	--	--	--	--	--	--	--
New Jersey	140,046	--	--	--	--	0	624	--
New Mexico	34,300	--	--	33,854	--	--	576	--
New York	13,813	--	89,176	--	--	--	4,173	--
North Carolina	--	261,450	--	216,403	--	--	590	--
North Dakota	--	14,387	--	0	--	--	71	--
Northern Mariana Islands	--	--	--	--	--	--	--	--
Ohio	0	--	--	--	--	--	644	--
Oklahoma	--	195,388	--	--	--	108,572	0	--

Table 2. Medicare-Medicaid Eligibles ("Duals") Enrolled in Managed Care, as of July 1, 2013¹

State	MCO ²	PCCM	MLTSS	BHO (PIHP and/or PAHP)	Dental	Transportation	PACE	Other
Oregon	103,724	421	--	--	--	--	932	--
Pennsylvania	16,216	--	--	250,363	--	70,340	3,880	--
Puerto Rico	305,026	--	--	74,427	--	--	--	--
Rhode Island	0	0	--	--	0	--	232	--
South Carolina	0	16,186	--	--	--	148,910	353	--
South Dakota	--	0	--	--	--	--	--	--
Tennessee	137,939	--	--	--	--	--	277	--
Texas	226,369	--	--	30,808	0	136,018	983	0
Utah	17,883	--	--	47,422	--	0	--	--
Vermont	0	--	--	--	--	--	0	--
Virgin Islands	--	--	--	--	--	--	--	--
Virginia	0	--	--	--	--	--	1,202	--
Washington	610	0	--	0	--	10,141	417	--
West Virginia	0	0	--	--	--	--	--	--
Wisconsin	12,705	--	30,811	1	--	--	807	--
Wyoming	--	--	--	--	--	--	19	--
TOTALS	1,918,725	509,592	140,700	937,130	47,268	597,665	26,726	6,865

1. Medicaid beneficiaries may be enrolled concurrently in more than one type of managed care program (e.g., a Comprehensive MCO and a BHO), so the sum of enrollment in each program type as a percentage of total Medicaid enrollment may be greater than 100%.

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, and Transportation, cover a narrower set of services.

3. Dual-eligible enrollment is not available for Michigan's BHO program.

"--" indicates states that do not operate programs of a given type. 0 signifies that a state operated a program of this type in 2013, but it ended before July 1, 2013, or began after that date.

Table 3. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive MCOs, as of July 1, 2013

State or Territory	Total Medicaid Enrollees (N)	All Medicaid Managed Care ¹		Comprehensive Managed Care ²	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
Alabama	959,607	570,924	59.5%	135	<0.1%
Alaska	145,279	0	0.0%	0	0.0%
American Samoa ³	52,620	0	0.0%	0	0.0%
Arizona	1,271,190	1,072,628	84.4%	1,072,628	84.4%
Arkansas	614,466	477,391	77.7%	129	<0.1%
California	8,469,015	5,710,766	67.4%	5,690,314	67.2%
Colorado	740,248	705,356	95.3%	78,700	10.6%
Connecticut	621,770	0	0.0%	0	0.0%
Delaware	216,106	182,458	84.4%	182,458	84.4%
District of Columbia	252,852	171,064	67.7%	157,821	62.4%
Florida	3,384,173	2,124,162	62.8%	1,517,060	44.8%
Georgia	1,813,771	1,185,744	65.4%	1,148,809	63.3%
Guam	36,912	0	0.0%	0	0.0%
Hawaii	307,428	303,472	98.7%	288,539	93.9%
Idaho	255,295	241,432	94.6%	0	0.0%
Illinois	2,931,023	2,065,489	70.5%	282,183	9.6%
Indiana	1,125,683	765,630	68.0%	731,112	64.9%
Iowa	434,414	357,127	82.2%	30,589	7.0%
Kansas	398,934	328,922	82.5%	328,922	82.5%
Kentucky	846,912	716,715	84.6%	716,715	84.6%
Louisiana	1,256,722	1,101,415	87.6%	428,010	34.1%
Maine	262,334	161,367	61.5%	0	0.0%
Maryland	1,089,227	865,100	79.4%	865,100	79.4%
Massachusetts	1,409,600	903,821	64.1%	445,983	31.6%
Michigan ⁴	1,815,866	1,291,680	71.1%	1,291,680	71.1%
Minnesota	902,415	633,494	70.2%	633,494	70.2%
Mississippi	689,153	534,029	77.5%	155,124	22.5%
Missouri	868,226	844,233	97.2%	415,831	47.9%
Montana	119,086	78,022	65.5%	0	0.0%

Table 3. Share of Medicaid Enrollees in Any Managed Care and in Comprehensive MCOs, as of July 1, 2013

State or Territory	Total Medicaid Enrollees (N)	All Medicaid Managed Care ¹		Comprehensive Managed Care ²	
		Number of Individuals	Percent of all Medicaid enrollees	Number of Individuals	Percent of all Medicaid enrollees
Nebraska	244,441	185,163	75.7%	185,163	75.7%
Nevada	328,748	180,321	54.9%	180,321	54.9%
New Hampshire	145,982	0	0.0%	0	0.0%
New Jersey	1,201,134	1,055,953	87.9%	1,055,953	87.9%
New Mexico	554,620	413,111	74.5%	413,111	74.5%
New York	5,352,862	4,039,442	75.5%	3,938,051	73.6%
North Carolina	1,589,093	1,209,638	76.1%	628	<0.1%
North Dakota	76,756	42,718	55.7%	73	0.1%
Northern Mariana Islands	15,405	0	0.0%	0	0.0%
Ohio	2,389,622	1,668,069	69.8%	1,668,069	69.8%
Oklahoma	735,552	540,164	73.4%	124	<0.1%
Oregon	694,546	626,650	90.2%	547,315	78.8%
Pennsylvania	3,446,654	1,860,716	54.0%	1,625,857	47.2%
Puerto Rico	1,520,960	1,520,960	100.0%	1,520,960	100.0%
Rhode Island	197,166	147,668	74.9%	140,609	71.3%
South Carolina	1,002,319	639,675	63.8%	460,464	45.9%
South Dakota	121,630	90,998	74.8%	0	0.0%
Tennessee	1,215,624	1,215,624	100.0%	1,215,624	100.0%
Texas	3,878,766	2,999,007	77.3%	2,999,007	77.3%
Utah	265,929	261,847	98.5%	186,419	70.1%
Vermont	182,096	102,816	56.5%	102,816	56.5%
Virgin Islands	13,815	0	0.0%	0	0.0%
Virginia	938,184	635,734	67.8%	635,734	67.8%
Washington	1,173,312	789,931	67.3%	789,931	67.3%
West Virginia	330,000	174,377	52.8%	170,377	51.6%
Wisconsin	1,179,354	740,600	62.8%	702,299	59.5%
Wyoming	66,321	19	<0.1%	19	<0.1%
TOTALS	62,151,218	44,533,642	71.7%	35,000,260	56.3%

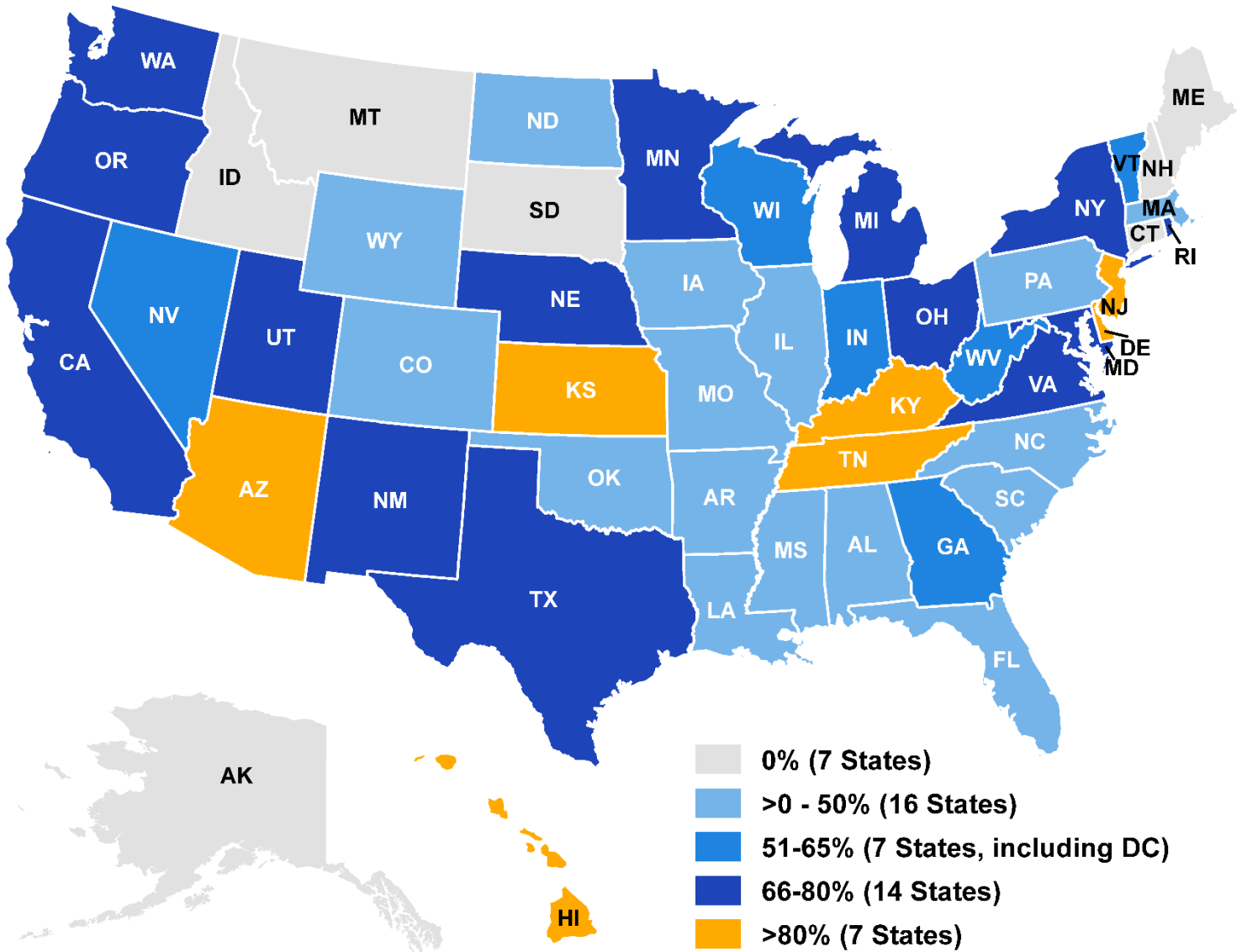
1. De-duplicated count of enrollment in any managed care type.

2. Comprehensive managed care includes MCOs and PACE. Because individuals cannot enroll in more than one comprehensive MCO or PACE program, this is a de-duplicated count. However, some of these individuals may be simultaneously enrolled in one or more limited benefit managed care programs.

3. American Samoa's total Medicaid enrollees are counted based on presumptive eligibility.

4. Michigan's total managed care enrollment and comprehensive MCO enrollment are derived from two different data sources so they may not be consistent.

State Comprehensive Medicaid Managed Care 2013



U.S. Overall = 56%

Note: Comprehensive managed care includes risk-based managed care organizations (MCOs) and Programs of All-inclusive Care for the Elderly (PACE).

Source: Managed Care Enrollment Report, Summary of Statistics as of July 1, 2013, CMS, 2015.

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
AL	Patient 1st (PCCM)	Patient 1st Program	Statewide	476,297	0	476,297
AL	Patient 1st (PCCM)	Patient Care Networks of Alabama (PCNA)	Limestone, Madison, Morgan, Cullman, Lamar, Fayette, Pickens, Tuscaloosa, Bibb, Hale, Greene, Sumter, Coosa, Tallapoosa, Chambers, Lee, Macon, Russell, Bullock, Washington, Mobile	71,509	0	71,509
AL	Maternity Care Program (Other PHP Plans)	Maternity Program	Statewide	22,983	0	22,983
AL	PACE (PACE)	Mercy Life of Alabama	Mobile, Baldwin	27	108	135
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Care 1st	Maricopa	43,806	3,302	47,108
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Health Choice Arizona	Apache, Coconino, La Paz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yuma	147,896	15,062	162,958
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Maricopa Health Plan	Maricopa	40,278	4,331	44,609
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Mercy Care Plan	Cochise, Graham, Greenlee, Maricopa, Pima	250,334	23,196	273,530
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Phoenix Health Plan	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima, Pinal, Yavapai	159,614	13,863	173,477
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	University Family Care	Cochise, Gila, Graham, Greenlee, Pima, Pinal, Santa Cruz	55,983	6,936	62,919
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Bridgeway Health Solution	Yavapai	13,255	2,190	15,445
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	AZ Dept of Economic Security, Comprehensive Medical and Dental Program	Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma	13,437	0	13,437

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	AZ Dept of Economic Security, Division of Developmental Disabilities	Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma	19,920	5,751	25,671
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Bridgeway Health Solutions (ALTCS)	Cochise, Gila, Graham, Greenlee, Maricopa, Pinal	776	5,164	5,940
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	United Healthcare (ALTCS)	Apache, Coconino, La Paz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, Yuma	1,196	6,938	8,134
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	Mercy Care (ALTCS)	Maricopa, Pima	2,196	9,319	11,515
AZ	Arizona Health Care Cost Containment System (Comprehensive MCO + any other type)	United Healthcare	La Paz, Maricopa, Pima, Yuma	206,650	21,235	227,885
AR	Safety Net (PCCM)	Multiple primary care providers	Statewide	439,817	0	439,817
AR	Non-Emergency Transportation (Non-Emergency Medical Transportation)	Various regional providers	Statewide	424,658	38,295	462,953
AR	PACE (PACE)	Total Life Health Care	Statewide	54	75	129
CA	Two-Plan Model (Comprehensive MCO)	Alameda Alliance for Health	Alameda	141,868	9,847	151,715
CA	Two-Plan Model (Comprehensive MCO)	Contra Costa Health Plan	Contra Costa	88,249	3,971	92,220
CA	Two-Plan Model (Comprehensive MCO)	Kern Health Systems	Kern	126,572	2,863	129,435
CA	Two-Plan Model (Comprehensive MCO)	LA Care Health Plan	Los Angeles	1,124,178	32,238	1,156,416
CA	Two-Plan Model (Comprehensive MCO)	Inland Empire Health Plan/Riverside	Riverside	292,254	6,877	299,131
CA	Two-Plan Model (Comprehensive MCO)	Inland Empire Health Plan/San Bernardino	San Bernardino	320,026	7,678	327,704
CA	Two-Plan Model (Comprehensive MCO)	San Francisco Health Plan	San Francisco	64,180	3,841	68,021
CA	Two-Plan Model (Comprehensive MCO)	Health Plan of San Joaquin	San Joaquin	132,446	3,715	136,161

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
CA	Two-Plan Model (Comprehensive MCO)	Santa Clara Family Health	Santa Clara	143,536	6,843	150,379
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Tulare	Tulare	74,824	1,926	76,750
CA	Two-Plan Model (Comprehensive MCO)	Health Plan of San Joaquin/Stanislaus	Stanislaus	42,500	586	43,086
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Alameda	Alameda	33,971	1,131	35,102
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/SF	San Francisco	13,544	1,441	14,985
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Contra Costa	Contra Costa	14,683	380	15,063
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Santa Clara	Santa Clara	39,785	1,488	41,273
CA	Two-Plan Model (Comprehensive MCO)	Health Net Community Solutions/LA	Los Angeles	554,003	16,348	570,351
CA	Two-Plan Model (Comprehensive MCO)	Health Net Community Solutions/Tulare	Tulare	59,502	1,155	60,657
CA	Two-Plan Model (Comprehensive MCO)	Health Net Community Solutions, Inc/San Joaquin	San Joaquin	8,414	107	8,521
CA	Two-Plan Model (Comprehensive MCO)	Molina Health Care/Riverside	Riverside	47,538	908	48,446
CA	Two-Plan Model (Comprehensive MCO)	Molina Health Care /San Bernardino	San Bernardino	60,463	1,335	61,798
CA	Two-Plan Model (Comprehensive MCO)	Health Net Community Solutions/Kern	Kern	51,058	1,333	52,391
CA	Two-Plan Model (Comprehensive MCO)	Health Net Community Solutions/Stanislaus	Stanislaus	51,296	1,056	52,352
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Fresno	Fresno	71,253	2,148	73,401
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Kings	Kings	13,723	316	14,039
CA	Two-Plan Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Madera	Madera	13,183	204	13,387
CA	Two-Plan Model (Comprehensive MCO)	CalViva Health Fresno	Fresno	174,908	3,433	178,341
CA	Two-Plan Model (Comprehensive MCO)	CalViva Health Kings	Kings	15,037	322	15,359
CA	Two-Plan Model (Comprehensive MCO)	CalViva Health Madera	Madera	21,234	399	21,633

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Health Net Community Solutions/San Diego	San Diego	42,172	1,580	43,752
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Kaiser Permanente/San Diego	San Diego	25,889	1,322	27,211
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Molina Health Care/Sacramento	Sacramento	36,507	2,035	38,542
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Molina Health Care/San Diego	San Diego	91,018	1,799	92,817
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Health Net Community Solutions/Sacramento	Sacramento	81,349	2,357	83,706
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Care 1st Healthplan/San Diego	San Diego	29,872	1,798	31,670
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Anthem Blue Cross Partnership Plan/Sacramento	Sacramento	97,900	2,917	100,817
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Community Health Group/San Diego	San Diego	146,665	3,726	150,391
CA	Geographic Managed Care (GMC) Model (Comprehensive MCO)	Kaiser Permanente/Sacramento	Sacramento	39,958	2,171	42,129
CA	Health Plan of San Mateo CCS Demo (Comprehensive MCO + any other type)	Health Plan of San Mateo CCS Demo	San Mateo County	1,361	3	1,364
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + any other type)	SCAN/LA (plan Code 200)	Los Angeles	0	3,432	3,432
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + any other type)	SCAN/LA (Plan Code 201)	Los Angeles	0	1,600	1,600
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + any other type)	SCAN/Riverside (Plan code 204)	Riverside	0	1,059	1,059
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + any other type)	SCAN/Riverside (Plan code 205)	Riverside	0	532	532
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + any other type)	SCAN/San Bernardino (Plan code 206)	San Bernardino	0	730	730
CA	Senior Care Action Network (SCAN) (Comprehensive MCO + any other type)	SCAN/San Bernardino (Plan code 207)	San Bernardino	0	302	302

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	CENCAL Health/San Luis Obispo	San Luis Obispo	24,958	5,528	30,486
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	CENCAL Health/Santa Barbara	Santa Barbara	66,522	9,418	75,940
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Health Plan of San Mateo	San Mateo	50,897	15,296	66,193
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Partnership Health Plan/Solano	Solano	55,729	10,669	66,398
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Central California Alliance for Health/Santa Cruz	Santa Cruz	34,173	6,260	40,433
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	CalOPTIMA	Orange	379,944	75,651	455,595
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Partnership Health Plan/Napa	Napa	12,686	3,015	15,701
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Central California Alliance for Health/Monterey	Monterey	84,718	9,956	94,674
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Partnership Health Plan/Yolo	Yolo	23,340	5,040	28,380
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Partnership Health Plan/Marin	Marin	14,714	4,323	19,037
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Partnership Health Plan/Mendocino	Mendocino	17,467	3,636	21,103
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Partnership Health Plan/Sonoma	Sonoma	50,112	11,841	61,953
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Central California Alliance for Health Merced	Merced	67,606	8,971	76,577

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
CA	County Organized Health Systems (COHS) Model (Comprehensive MCO + any other type)	Gold Coast Health Plan Ventura	Ventura	88,161	17,651	105,812
CA	Dental Managed Care-LA (Dental)	Health Net	Los Angeles	187,879	7,630	195,509
CA	Dental Managed Care-LA (Dental)	Access Dental Plan	Los Angeles	160,752	3,479	164,231
CA	Dental Managed Care-LA (Dental)	Liberty Dental Plan	Los Angeles	48,195	3,264	51,459
CA	Dental Managed Care-Sacramento (Dental)	Access Dental Plan/Sacramento	Sacramento	77,282	2,615	79,897
CA	Dental Managed Care-Sacramento (Dental)	Liberty Dental Plan of CA/Sacramento	Sacramento	99,639	3,947	103,586
CA	Dental Managed Care-Sacramento (Dental)	Health Net of CA-Dental/Sacramento	Sacramento	63,883	2,824	66,707
CA	Family Mosaic (Other PHP Plans)	San Francisco City & CO	San Francisco	91	0	91
CA	AIDS Health Care Foundation (Other PHP Plans)	Positive Healthcare (AHF Healthcare Centers)	Los Angeles	486	350	836
CA	PACE (PACE)	Sutter SeniorCare	Sacramento	38	218	256
CA	PACE (PACE)	Center for Elders Independence/Alameda	Alameda	132	402	534
CA	PACE (PACE)	AltaMed Med Senior BuenaCare/LA	Los Angeles	491	987	1,478
CA	PACE (PACE)	Center for Elders Independence/Contra Costa	Contra Costa	13	33	46
CA	PACE (PACE)	On Lok Senior Health Services (On Lok Lifeways)/SF	San Francisco	40	880	920
CA	PACE (PACE)	On Lok Senior Health Services (On Lok Lifeways)/Alameda	Alameda	22	117	139
CA	PACE (PACE)	Community Eldercare of San Diego (St. Paul's PACE)	San Diego	65	246	311
CA	PACE (PACE)	On Lok Senior Health Services (On Lok Lifeways)/Santa Clara	Santa Clara	25	121	146
CA	PACE (PACE)	Brandman Centers for Senior Care/LA	Los Angeles	4	27	31
CO	Managed Care Program (Comprehensive MCO)	Denver Health Medicaid Choice	Adams, Arapahoe, Denver, Jefferson	49,823	2,643	52,466
CO	Managed Care Program (Comprehensive MCO)	Rocky Mountain Health Plan	Delta, Mesa, Moffat, Montrose, Ouray, Rio Blanco, San Miguel	21,672	2,193	23,865
CO	Accountable Care Collaborative (PCCM)	ACC - PCCM	Statewide	352,747	2,871	355,618

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
CO	Colorado Medicaid Community Behavioral Health Services Program (BHO (PIHP and/or PAHP))	Behavioral Healthcare Inc.	East Metro Denver	162,098	11,925	174,023
CO	Colorado Medicaid Community Behavioral Health Services Program (BHO (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, Herfano, Jackson, Kiowa, La Plata, Lake, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Otero, Ouray, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit, Teller	218,111	23,150	241,261
CO	Colorado Medicaid Community Behavioral Health Services Program (BHO (PIHP and/or PAHP))	Foothills Behavioral Health Partners	Boulder, Broomfield, Clear Creek, Gilpin, Jefferson	73,246	8,778	82,024
CO	Colorado Medicaid Community Behavioral Health Services Program (BHO (PIHP and/or PAHP))	Northeast Behavioral Health Partnership	Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma	81,271	7,892	89,163
CO	Colorado Medicaid Community Behavioral Health Services Program (BHO (PIHP and/or PAHP))	Access Behavioral Care	Denver	104,920	11,194	116,114
CO	Primary Care Physician Program (Other PHP Plans)	Multiple primary care providers	Statewide	17,078	4,121	21,199
CO	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Total Longterm Care - Pueblo DBA InnovAge Greater Colorado PACE	Pueblo	20	147	167
CO	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Rocky Mountain Health Care Services PACE	El Paso	11	151	162
CO	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Volunteers of America (VOANS) PACE DBA Senior CommUnity Care	Delta, Montrose	10	226	236
CO	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Total Long Term Care DBA InnovAge Greater Colorado PACE	Adams, Arapahoe, Denver, Jefferson	101	1,703	1,804
DE	Diamond State Health Plan (Comprehensive MCO + any other type)	Diamond State Partners (DSP)	Statewide	2,562	37	2,599
DE	Diamond State Health Plan (Comprehensive MCO + any other type)	Delaware Physicians Care	Statewide	110,314	5,955	116,269
DE	Diamond State Health Plan (Comprehensive MCO + any other type)	UnitedHealthcare Community Plan	Statewide	59,066	4,496	63,562

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
DE	St. Francis Life (PACE)	St. Francis Life	New Castle County	4	24	28
DC	Medicaid Managed Care Program (Comprehensive MCO)	AmeriHealth	Statewide	92,668	103	92,771
DC	Medicaid Managed Care Program (Comprehensive MCO)	MedStar Family Choice	Statewide	32,843	46	32,889
DC	Medicaid Managed Care Program (Comprehensive MCO)	Trusted Health Plan	Statewide	26,530	22	26,552
DC	Health Services for Children with Special Needs (Comprehensive MCO + any other type)	Health Services for Children with Special Needs	Statewide	5,580	29	5,609
DC	Non-Emergency Medical Transportation Program (Non-Emergency Medical Transportation)	MTM, Inc.	Statewide	51,424	0	51,424
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Positive	Broward	235	10	245
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Florida MHS (Magellan)	Broward	27	1	28
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Freedom	Broward	4,006	84	4,090
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Humana	Broward	11,315	305	11,620
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Medica	Broward	4,333	142	4,475
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Molina Healthcare	Broward	28,652	481	29,133
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	CareFlorida	Broward	3,396	96	3,492
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Simply Healthcare Plan	Broward	1,659	30	1,689
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Clear Health Alliance	Broward	38	0	38

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	StayWell	Baker, Broward, Clay, Duval, Nassau	15,411	95	15,506
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Sunshine	Broward, Clay, Duval	84,438	1,003	85,441
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	United Healthcare Plan	Baker, Nassau, Duval, Clay	8,627	150	8,777
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Better Health, LLC	Broward	39,727	541	40,268
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	Children's Medical Services	Duval, Broward	8,816	23	8,839
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	South Florida Community Care Network	Broward	35,127	560	35,687
FL	Medicaid Reform Waiver (Comprehensive MCO + any other type)	First Coast Advantage, LLC	Baker, Nassau, Clay, Duval	67,283	1,477	68,760
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Amerigroup	Hillsborough, Orange, Polk, Pinellas, Dade, Pasco, Osceola, Manatee, Seminole, Sarasota, Brevard, Volusia, Lake Hernando, Palm Beach	179,016	3,157	182,173
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Buena Vista	Broward, Martin, Liberty, St. Lucie, Jefferson, Madison, Wakulla, Palm Beach, Hendry, Hillsborough, Gadsden, Dade, Leon	29,344	505	29,849
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	CareFlorida	Dade	2,358	59	2,417
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Clear Health Alliance	Polk, Osceola, Pasco, Pinellas, Orange, Hillsborough, Dade	1,378	24	1,402
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Florida True Health	Orange, Volusia	2,695	6	2,701
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Freedom	Hernando, Pasco, Dade, Marion, Polk, Manatee, Palm Beach, Hillsborough	29,231	399	29,630

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	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, Escambia	143,672	2,245	145,917
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Healthy Palm Beaches	Palm Beach	13,755	4	13,759
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Humana	Pasco, Broward, Pinellas, Hillsborough, Palm Beach, Dade	40,503	1,054	41,557
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Medica	Dade	3,475	165	3,640
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Molina Healthcare	Seminole, Osceola, Pasco, Polk, Pinellas, Hillsborough, Dade, Palm Beach	51,708	735	52,443
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Positive	Dade	240	5	245
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Preferred Medical Plan	Monroe, Dade	14,384	686	15,070
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Simply Healthcare Plan	Hernando, Pasco, Seminole, Polk, Pinellas, Osceola, Hillsborough, Dade	40,316	536	40,852
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	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, Orange	214,794	2,902	217,696
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Sunshine	Hernando, Flagler, Martin, Volusia, Lake Pasco, Seminole, Polk, Palm Beach, Pinellas, Dade, Osceola, St. Lucie, Hillsborough, Orange	123,295	1,699	124,994

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	United Healthcare Plan	Broward, Putnam, Osceola, Leon, Flagler, Seminole, Okeechobee, Manatee, Citrus, Highlands, Hernando, Marion, Palm Beach, Polk, Pasco, Brevard, Lake Pinellas, Hillsborough, Volusia, Dade	109,398	2,471	111,869
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Vista Healthplan of S. FL	Dade	24,626	347	24,973
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	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, Lee	97,231	1,205	98,436
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Integral	Hendry, Citrus, Hardee, Desoto, Marion, Highlands, Sumter, Hillsborough, Polk, Sarasota, Manatee, Lee, Collier	37,444	270	37,714
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Salubris LLC	Dade	449	10	459
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Better Health, LLC	Dade	2,345	51	2,396
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	Care Access PSN, LLC	Dade, Palm Beach	1,724	21	1,745
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	First Coast Advantage, LLC	Citrus, Gilchrist, Levy, Flagler, Hamilton, Suwannee, Lake, Putnam, St. Johns, Volusia, Union, Marion, Columbia, Bradford, Alachua	5,753	40	5,793
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	South Florida Community Care Network	Dade	7,528	360	7,888
FL	1915 (b) Medicaid Managed Care (Comprehensive MCO + any other type)	WeCare Health Plans, Inc	Okeechobee, St. Lucie, Palm Beach	2,512	15	2,527
FL	Medipass (PCCM)	Multiple primary care providers	Statewide	587,339	0	587,339

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
FL	Nursing Home Diversion Program (MLTSS)	Community Living	Miami-Dade, Monroe	0	3	3
FL	Nursing Home Diversion Program (MLTSS)	Chapters Health Nursing Home Diversion Plan	Hardee, Highlands, Hillsborough, Polk	0	6	6
FL	Nursing Home Diversion Program (MLTSS)	Molina Healthcare	Hillsborough, Pinellas	0	24	24
FL	Nursing Home Diversion Program (MLTSS)	HealthEase	Escambia, Santa Rosa, Bay, Calhoun, Columbia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Taylor, Wakulla, Walton, Washington	0	6	6
FL	Nursing Home Diversion Program (MLTSS)	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	4,862	4,862
FL	Nursing Home Diversion Program (MLTSS)	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, Jefferson	0	2,654	2,654
FL	Nursing Home Diversion Program (MLTSS)	YourCare Brevard (Brevard Alzheimer's Foundation Inc.)	Brevard	0	226	226
FL	Nursing Home Diversion Program (MLTSS)	Buena Vista	Broward, Miami-Dade, Palm Beach	0	1,098	1,098
FL	Nursing Home Diversion Program (MLTSS)	Project Independence at Home	Broward, Miami-Dade	0	697	697
FL	Nursing Home Diversion Program (MLTSS)	Hope Choices	Lee, Charlotte, Collier, Hendry, DeSoto	0	167	167

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
FL	Nursing Home Diversion Program (MLTSS)	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, Martin	0	1,661	1,661
FL	Nursing Home Diversion Program (MLTSS)	Little Havana Activities and Nutrition Centers of Miami	Broward, Miami-Dade, Palm Beach	0	1,096	1,096
FL	Nursing Home Diversion Program (MLTSS)	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, Okeechobee	0	709	709
FL	Nursing Home Diversion Program (MLTSS)	Simply Healthcare Plan	Miami-Dade, Seminole, Polk, Pinellas, Pasco, Hillsborough, Monroe, Osceola	0	118	118
FL	Nursing Home Diversion Program (MLTSS)	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, Walton	0	2,632	2,632
FL	Nursing Home Diversion Program (MLTSS)	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, Washington	0	2,133	2,133
FL	Nursing Home Diversion Program (MLTSS)	United Home Care Service	Miami-Dade	0	1,057	1,057
FL	Nursing Home Diversion Program (MLTSS)	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, St. Johns	0	1,298	1,298

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
FL	Nursing Home Diversion Program (MLTSS)	Urban Jacksonville	Duval, St. Johns, Clay, Baker, Nassau	0	165	165
FL	Nursing Home Diversion Program (MLTSS)	WorldNet Services	Escambia, Okaloosa, Santa Rosa, Walton	0	101	101
FL	Prepaid Mental Health Plans (BHO (PIHP and/or PAHP))	Lakeview Center, Inc	Escambia, Okaloosa, Santa Rosa, Walton	41,996	0	41,996
FL	Prepaid Mental Health Plans (BHO (PIHP and/or PAHP))	Magellan Behavioral Health of FL	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, Monroe	231,421	0	231,421
FL	Prepaid Mental Health Plans (BHO (PIHP and/or PAHP))	Public Health Trust of Dade County	Miami-Dade, Monroe	61,381	0	61,381
FL	Prepaid Mental Health Plans (BHO (PIHP and/or PAHP))	North Florida Behavioral Health Par	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	79,517	0	79,517
FL	Prepaid Mental Health Plans (BHO (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, Monroe	985	0	985
FL	Prepaid Mental Health Plans (BHO (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, Collier	170,712	0	170,712
FL	Prepaid Dental Health Plans (Dental)	DentaQuest	Statewide	693,479	277	693,756
FL	Prepaid Dental Health Plans (Dental)	Managed Care of North America	Statewide	620,434	618	621,052
FL	Disease Management (Other PHP Plans)	AIDS Healthcare Foundation	Statewide	4,058	1,733	5,791
FL	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Florida PACE Centers	Dade	97	329	426
FL	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Hope Select Care	Collier, Charlotte, Lee	7	200	207
FL	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Chapters Health Senior Independence, Inc.	Hillsborough	6	81	87

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
FL	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Suncoast Neighborly Care, Inc.	Pinellas	3	104	107
GA	Planning for Healthy Babies (P4HB) (Comprehensive MCO)	Planning for Healthy Babies (P4HB)	Statewide	49,229	0	49,229
GA	Georgia Families (Comprehensive MCO)	Amerigroup Community Care	Statewide	275,951	0	275,951
GA	Georgia Families (Comprehensive MCO)	Peach State Health Plan	Statewide	306,539	0	306,539
GA	Georgia Families (Comprehensive MCO)	WellCare of Georgia	Statewide	517,090	0	517,090
HI	Hawaii QUEST (Comprehensive MCO)	AlohaCare QUEST	Statewide	69,396	7	69,403
HI	Hawaii QUEST (Comprehensive MCO)	Hawaii Medical Service Association (HMSA) QUEST	Statewide	130,929	9	130,938
HI	Hawaii QUEST (Comprehensive MCO)	Kaiser Permanente QUEST	Oahu, Maui	23,163	4	23,167
HI	Hawaii QUEST (Comprehensive MCO)	Ohana Health Plan QUEST	Statewide	9,877	5	9,882
HI	Hawaii QUEST (Comprehensive MCO)	UnitedHealthcare Community Plan QUEST	Statewide	9,145	7	9,152
HI	Hawaii QUEST Expanded Access (QExA) (Comprehensive MCO + any other type)	Ohana Health Plan QExA	Statewide	24,421	127	24,548
HI	Hawaii QUEST Expanded Access (QExA) (Comprehensive MCO + any other type)	UnitedHealthcare Community Plan QExA	Statewide	21,309	140	21,449
ID	Idaho Healthy Connections (PCCM)	Multiple primary care providers	Statewide	192,827	16,480	209,307
ID	Idaho Health Homes (PCCM)	50 patient-centered medical home clinics	Statewide	7,500	1,648	9,148
ID	Idaho Behavioral Health Plan (BHO (PIHP and/or PAHP))	Idaho Behavioral Health Plan - Optum	Statewide	0	0	0
ID	Idaho Smiles - Blue Cross (Dental)	Idaho Smiles - Blue Cross	Statewide	218,524	22,614	241,138
ID	Idaho Non-Emergency Medical Transportation - AMR (Non-Emergency Medical Transportation)	Idaho Non-Emergency Medical Transportation-American Medical Response	Statewide	218,314	23,118	241,432
ID	Idaho Medicare-Medicaid Coordinated Plan (Other PHP Plans)	Blue Cross of Idaho	Statewide	0	661	661
IL	Integrated Care Program (Comprehensive MCO + any other type)	Aetna Better Health	Boone, DuPage, Kane, Kankakee, Lake, McHenry, Suburban Cook, Will, Winnebago	17,480	0	17,480

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
IL	Integrated Care Program (Comprehensive MCO + any other type)	IlliniCare Health Plan, Inc.	Boone, DuPage, Henry, Kane, Kankakee, Lake, McHenry, Mercer, Rock Island, Suburban Cook, Will, Winnebago	20,517	0	20,517
IL	Integrated Care Program (Comprehensive MCO + any other type)	Community Care Alliance of Illinois	Boone, DuPage, Kane, Kankakee, Lake, McHenry, Will, Winnebago	101	0	101
IL	Integrated Care Program (Comprehensive MCO + any other type)	Health Alliance Medical Plans, Inc.	Champaign, Christian, DeWitt, Ford, Knox, Logan, Macon, McLean, Menard, Peoria, Piatt, Sangamon, Stark, Tazewell, Vermilion	0	0	0
IL	Integrated Care Program (Comprehensive MCO + any other type)	Meridian Health Plan	Clinton, DuPage, Kane, Kankakee, Knox, Lake, Madison, Peoria, St. Clair, Stark, Tazewell, Will	0	0	0
IL	Integrated Care Program (Comprehensive MCO + any other type)	Molina Healthcare of Illinois, Inc.	Champaign, Christian, Clinton, DeWitt, Ford, Knox, Logan, Macon, Madison, McLean, Menard, Peoria, Piatt, Sangamon, St. Clair, Stark, Tazewell, Vermilion	0	0	0
IL	Voluntary Managed Care (Comprehensive MCO + any other type)	Family Health Network	Boone, Cook, DuPage, Kane, Kankakee, Lake, McHenry, Will, Winnebago	87,462	0	87,462
IL	Voluntary Managed Care (Comprehensive MCO + any other type)	Harmony Health Plan	Cook, Clinton, DuPage, Jackson, Kane, Kankakee, Lake, Madison, Perry, Randolph, St. Clair, Washington, Will, Williamson	139,774	0	139,774
IL	Voluntary Managed Care (Comprehensive MCO + any other type)	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, Woodford	16,849	0	16,849
IL	Illinois Health Connect Primary Care Case Management (PCCM)	Illinois Health Connect	Statewide	1,738,557	0	1,738,557
IL	Care Coordination Entities (PCCM)	Medical Home Network	Cook	131,714	0	131,714
IL	Care Coordination Entities (PCCM)	My Health Care Coordination (Macon County)	DeWitt, Logan, Macon, Piatt, Moultrie, Shelby	0	0	0
IL	Care Coordination Entities (PCCM)	Together4Health CCE	Cook	0	0	0
IL	Care Coordination Entities (PCCM)	Precedence CCE	Bureau, Carroll, LaSalle, Lee, Mercer, Ogle, Putnam, Rock Island, Whiteside	0	0	0
IN	Hoosier Healthwise (Comprehensive MCO)	Managed Health Services	Statewide	197,004	67	197,071
IN	Hoosier Healthwise (Comprehensive MCO)	MDWise	Statewide	278,069	97	278,166
IN	Hoosier Healthwise (Comprehensive MCO)	Anthem	Statewide	219,100	78	219,178

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
IN	Healthy Indiana Plan (Comprehensive MCO)	Enhanced Services Plan	Statewide	1,398	32	1,430
IN	Healthy Indiana Plan (Comprehensive MCO)	MDWise	Statewide	9,207	61	9,268
IN	Healthy Indiana Plan (Comprehensive MCO)	Anthem	Statewide	22,162	143	22,305
IN	Healthy Indiana Plan (Comprehensive MCO)	Managed Health Services	Statewide	3,674	20	3,694
IN	Care Select (PCCM)	MDWise	Statewide	18,904	167	19,071
IN	Care Select (PCCM)	Advantage Health Solutions	Statewide	15,279	168	15,447
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	30,392	12	30,404
IA	MediPass (PCCM)	MediPass PCCM	Statewide	206,860	57	206,917
IA	Iowa Plan (BHO (PIHP and/or PAHP))	Magellan Behavioral Health of Iowa	Statewide	357,127	63,846	420,973
IA	NEMT (Non-Emergency Medical Transportation)	TMS	Statewide	342,627	62,271	404,898
IA	PACE (PACE)	Immanuel Pathways & Siouxland PACE	Cherokee, Monona, Plymouth, Woodbury, Harrison, Mills, Pottawattamie	14	171	185
KS	KanCare (Comprehensive MCO + any other type)	Amerigroup Kansas, Inc.	Statewide	91,972	13,755	105,727
KS	KanCare (Comprehensive MCO + any other type)	UnitedHealthcare Community Plan of Kansas	Statewide	91,066	12,560	103,626
KS	KanCare (Comprehensive MCO + any other type)	Sunflower State Health Plan	Statewide	104,732	14,515	119,247
KS	PACE (Program of All-Inclusive Care for the Elderly) (PACE)	Midland PACE	Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Wabaunsee	0	117	117
KS	PACE (Program of All-Inclusive Care for the Elderly) (PACE)	Via Christi HOPE	Sedgwick	0	205	205
KY	Managed Care (Comprehensive MCO + any other type)	Coventry	Statewide	186,432	24,040	210,472
KY	Managed Care (Comprehensive MCO + any other type)	Humana	Breckenridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, LaRue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington	15,534	1,542	17,076
KY	Managed Care (Comprehensive MCO + any other type)	KY Spirit	Statewide	117,219	10,264	127,483

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
KY	Managed Care (Comprehensive MCO + any other type)	Passport	Breckenridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, LaRue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington	120,347	9,291	129,638
KY	Managed Care (Comprehensive MCO + any other type)	WellCare	Statewide	210,385	21,661	232,046
LA	Bayou Health - Prepaid (Comprehensive MCO + any other type)	Amerigroup Louisiana	Statewide	129,236	0	129,236
LA	Bayou Health - Prepaid (Comprehensive MCO + any other type)	LaCare (now AmeriHealth Caritas Louisiana)	Statewide	145,239	0	145,239
LA	Bayou Health - Prepaid (Comprehensive MCO + any other type)	Louisiana Healthcare Connections	Statewide	153,238	0	153,238
LA	Bayou Health - Shared Savings (PCCM)	Community Health Solutions	Statewide	200,133	0	200,133
LA	Bayou Health - Shared Savings (PCCM)	UnitedHealthcare Community Plan	Statewide	253,357	0	253,357
LA	Greater New Orleans Community Health Connection (PCCM)	Greater New Orleans Community Health Connection	Jefferson, Orleans, Plaquemines, St. Bernard	63,108	369	63,477
LA	Louisiana Behavioral Health Partnership (BHO (PIHP and/or PAHP))	Louisiana Behavioral Health Partnership	Statewide	936,027	101,041	1,037,068
LA	PACE (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	11	148	159
LA	PACE (PACE)	PACE - Baton Rouge	East Baton Rouge, West Baton Rouge	2	136	138
ME	Primary Care Case Management (PCCM)	Multiple primary care providers	Statewide	178,321	0	178,321
MD	Primary Adult Care (Comprehensive MCO)	Amerigroup Community Care	Allegany, Anne Arundel, Balt City, Balt County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester	21,537	0	21,537
MD	Primary Adult Care (Comprehensive MCO)	Jai Medical Systems	Baltimore City, Baltimore County, Calvert	8,025	0	8,025

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MD	Primary Adult Care (Comprehensive MCO)	Priority Partners	Allegany, Anne Arundel, Balt City, Balt County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester	9,739	0	9,739
MD	Primary Adult Care (Comprehensive MCO)	United Healthcare	Allegany, Anne Arundel, Balt City, Balt County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester	31,772	0	31,772
MD	HealthChoice (Comprehensive MCO)	Amerigroup Community Care	Anne Arundel, Baltimore City, Baltimore County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Wicomico, Worcester	213,443	0	213,443
MD	HealthChoice (Comprehensive MCO)	Diamond Plan from Coventry Health Care, Inc.	Anne Arundel, Baltimore City, Baltimore County, Caroline, Carroll, Cecil, Dorchester, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, Talbot, Wicomico, Worcester	15,765	0	15,765
MD	HealthChoice (Comprehensive MCO)	Jai Medical Systems	Baltimore City, Baltimore County	13,404	0	13,404
MD	HealthChoice (Comprehensive MCO)	Maryland Physicians Care	Allegany, Anne Arundel, Balt City, Balt County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester	158,644	0	158,644
MD	HealthChoice (Comprehensive MCO)	MedStar Family Choice, Inc.	Anne Arundel (North), Baltimore City, Baltimore County, Charles, Harford, Montgomery (Silver Spring Only), Prince George's, St. Mary's	32,725	0	32,725
MD	HealthChoice (Comprehensive MCO)	Priority Partners	Allegany, Anne Arundel, Balt City, Balt County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester	208,474	0	208,474
MD	HealthChoice (Comprehensive MCO)	Riverside Health of Maryland, Inc.	Anne Arundel, Balt City, Balt County, Caroline, Carroll, Cecil, Dorchester, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, Talbot, Wicomico, Worcester	2,071	0	2,071

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MD	HealthChoice (Comprehensive MCO)	United Healthcare of the Mid-Atlantic, Inc.	Allegany, Anne Arundel, Balt City, Balt County, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester	149,389	0	149,389
MD	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	8	104	112
MA	Senior Care Options (Comprehensive MCO + any other type)	United Health Care	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	810	9,943	10,753
MA	Senior Care Options (Comprehensive MCO + any other type)	Senior Whole Health	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	683	8,870	9,553
MA	Senior Care Options (Comprehensive MCO + any other type)	Fallon Community Health Plan	Barnstable, Bristol, Essex, Franklin, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	48	2,536	2,584
MA	Senior Care Options (Comprehensive MCO + any other type)	Commonwealth Care Alliance	Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk	5,015	278	5,293
MA	Senior Care Options (Comprehensive MCO + any other type)	Tufts Health Plan	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	2	27	29
MA	MassHealth MCO (Comprehensive MCO + any other type)	Boston Medical Center Healthnet Plan	Statewide	87,268	0	87,268
MA	MassHealth MCO (Comprehensive MCO + any other type)	Health New England	Western Massachusetts	13,865	0	13,865
MA	MassHealth MCO (Comprehensive MCO + any other type)	Neighborhood Health Plan	Statewide	161,601	0	161,601
MA	MassHealth MCO (Comprehensive MCO + any other type)	Fallon Community Health Plan	Statewide	14,185	0	14,185
MA	MassHealth MCO (Comprehensive MCO + any other type)	Network Health	Statewide	137,822	0	137,822
MA	One Care (Comprehensive MCO + any other type)	Commonwealth Care Alliance	Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	0	0	0
MA	One Care (Comprehensive MCO + any other type)	Fallon Total Care	Hampten, Hampshire, Worcester	0	0	0
MA	One Care (Comprehensive MCO + any other type)	Network Health	Suffolk, Worcester	0	0	0
MA	MassHealth PCCM Plan (PCCM)	Multiple primary care providers	Statewide	361,231	0	361,231

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MA	MassHealth MH/SUD PIHP (BHO (PIHP and/or PAHP))	MassHealth Behavioral Partnership	Statewide	68,258	0	68,258
MA	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Elder Service Plan East Boston Neighborhood Health	Greater Boston	34	355	389
MA	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	UPHAMS's Elder Service Plan	Greater Boston	21	218	239
MA	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Harbor Community Health Center	North Shore	9	409	418
MA	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Elder Service Plan at Fallon	Central Massachusetts	23	859	882
MA	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Elder Service Plan of the Cambridge Hospital	Greater Boston	22	234	256
MA	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Element Care Inc.	Essex, Middlesex	76	770	846
MI	Medicaid Health Plans (Comprehensive MCO)	Blue Cross Complete	Livingston, Washtenaw, Wayne	36,406	965	37,371
MI	Medicaid Health Plans (Comprehensive MCO)	CoventryCares of Michigan	Cass, Kalamazoo, Oakland, St. Joseph, Wayne	39,121	769	39,890
MI	Medicaid Health Plans (Comprehensive MCO)	HealthPlus Partners Inc.	Bay, Genesee, Lapeer, Saginaw, Shiawassee, Tuscola	65,605	1,387	66,992
MI	Medicaid Health Plans (Comprehensive MCO)	McLaren Health Plan	Alcona, Allegan, Alpena, Antrim, Bay, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygen, 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	123,960	3,114	127,074

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MI	Medicaid Health Plans (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	297,445	6,299	303,744
MI	Medicaid Health Plans (Comprehensive MCO)	Midwest Health Plan	Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne	77,745	2,132	79,877
MI	Medicaid Health Plans (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	202,979	11,022	214,001
MI	Medicaid Health Plans (Comprehensive MCO)	PHP of Mid-Michigan-FamilyCare	Clinton, Eaton, Ingham, Ionia, Isabella, Shiawassee	17,265	341	17,606
MI	Medicaid Health Plans (Comprehensive MCO)	Priority Health Government Programs, Inc.	Allegan, Barry, Grand Traverse, Hillsdale, Jackson, Kent, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, VanBuren	69,216	2,064	71,280
MI	Medicaid Health Plans (Comprehensive MCO)	ProCare Health Plan	Wayne	2,447	62	2,509
MI	Medicaid Health Plans (Comprehensive MCO)	Total Health Care	Genesee, Macomb, Oakland, Wayne	57,691	1,275	58,966
MI	Medicaid Health Plans (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	231,838	9,194	241,032
MI	Medicaid Health Plans (Comprehensive MCO)	Upper Peninsula Health Plan	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	29,614	891	30,505

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Access Alliance	Arenac, Bay, Huron, Montcalm, Shiawassee, Tuscola	57,271	0	57,271
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	CMH Affiliation of Mid-Michigan	Benzie, Clinto, Eaton, Gratiot, Ingham, Ionia, Manistee, Newago.	95,307	0	95,307
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	CMH for Central Michigan	Clare, Gladwin, Isabella, Mecosta, Midland, Osceola	41,890	0	41,890
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	CMH Partnership of SE MI	Lenawee, Livingston, Monroe, Washtenaw	77,921	0	77,921
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Detroit Wayne County CMH Agency	Wayne	431,016	0	431,016
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Genesee County CMH Services	Genesee	89,738	0	89,738
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Lakeshore Behavioral Health Alliance	Muskegon, Ottawa	63,600	0	63,600
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Lifeways	Hillsdale, Jackson	34,825	0	34,825
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Macomb County CMH Services	Macomb	115,425	0	115,425
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Network 180	Kent	97,531	0	97,531
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	North Care	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keeweenau, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	44,095	0	44,095
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Northern Affiliation	Alcona, Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Iosco, Kalkaska, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle	45,841	0	45,841
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Northwest CMH Affiliation	Crawford, Grand Traverse, Lake, Leelanau, Mason, Missaukee, Oceana, Roscommon, Wexford	43,257	0	43,257
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Oakland County CMH Authority	Oakland	119,114	0	119,114
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Saginaw County CMH Authority	Saginaw	39,735	0	39,735
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Southwest Affiliation	Allegan, Cass, Kalamazoo, St. Joseph	73,467	0	73,467
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Thumb Alliance	Lapeer, Sanilac, St. Clair	45,910	0	45,910
MI	Specialty Prepaid Inpatient Health Plans (BHO (PIHP and/or PAHP))	Venture Behavioral Health	Barry, Berrien, Branch, Calhoun, VanBuren	86,220	0	86,220

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MI	Healthy Kids Dental (Dental)	Healthy Kids Dental	Alcona, Alger, Allegan, Alpena, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Gladwin, Gogebic, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ionia, Iosco, Iron, Isabella, Jackson, Kalkaska, Keweenaw, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Mackinac, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otonagon, Otsego, Preseque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, VanBuren, Wexford	431,030	0	431,030
MI	Program of All-Inclusive Care for the Elderly (PACE)	Care Resources	Kent, Ottawa	4	188	192
MI	Program of All-Inclusive Care for the Elderly (PACE)	Comprehensive Senior Care Corporation	Calhoun, Kalamazoo	5	144	149
MI	Program of All-Inclusive Care for the Elderly (PACE)	Life Circles	Muskegon, Ottawa	8	200	208
MI	Program of All-Inclusive Care for the Elderly (PACE)	PACE of Southwest Michigan	Berrien, Cass, VanBuren	2	40	42
MI	Program of All-Inclusive Care for the Elderly (PACE)	Center for Senior Independence	Macomb, Oakland, Wayne	11	231	242
MN	MinnesotaCare PMAP (Comprehensive MCO)	Blue Plus	Statewide	41,569	0	41,569
MN	MinnesotaCare PMAP (Comprehensive MCO)	Health Partners	Statewide	19,111	0	19,111
MN	MinnesotaCare PMAP (Comprehensive MCO)	Itasca Medical Care	Itasca	1,164	0	1,164
MN	MinnesotaCare PMAP (Comprehensive MCO)	Medica	Statewide	24,519	0	24,519
MN	MinnesotaCare PMAP (Comprehensive MCO)	Prime West Health	Belltrami, Clearwater, Hubbard, Grant, Douglas, Pope, Stevens, Meeker, McLeod	2,310	0	2,310
MN	MinnesotaCare PMAP (Comprehensive MCO)	South County Health Alliance	Wadena, Pine, Kanabec, Morrison, Todd, Sibley, Brown, Waseca, Steele, Dodge	1,656	0	1,656
MN	MinnesotaCare PMAP (Comprehensive MCO)	UCare	Statewide	35,097	0	35,097
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	Blue Plus	Statewide	76,443	0	76,443

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	Health Partners	Statewide	59,974	0	59,974
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	Medica	Statewide	85,316	0	85,316
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	UCare	Statewide	148,463	0	148,463
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	Hennepin Health	Hennepin	6,142	0	6,142
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	Itasca Medical Care	Itasca	4,697	0	4,697
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	Prime West Health	Beltrami, Clearwater, Hubbard, Grant, Douglas, Pope, Stevens, Traverse, Big Stone, Meeker, McLeod, Renville, Pipestone	17,654	0	17,654
MN	Prepaid Medical Assistance Plan (PMAP) (Comprehensive MCO)	South Country Health Alliance	Wadena, Pine, Kanabec, Morrison, Todd, Sibley, Brown, Waseca, Steele, Dodge	17,191	0	17,191
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	Medica	Statewide	7,875	9,855	17,730
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	Metropolitan Health Plan	Hennepin	1,618	1,441	3,059
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	Prime West Health	Belltrami, Clearwater, Hubbard, Grant, Douglas, Pope, Stearns, Meeker, McLeod	600	1,216	1,816
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	South Country Health Alliance	Wadena, Pine, Kanabec, Morrison, Todd, Sibley, Brown, Waseca, Steele, Dodge	582	1,533	2,115
MN	Special Needs Basic Care (SNBC) (Comprehensive MCO)	UCare	Statewide	9,077	9,255	18,332
MN	Preferred Integrated Network (Comprehensive MCO)	Medica	Dakota	460	0	460
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	Blue Plus	Statewide	0	8,863	8,863
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	Health Partners	Ramsey, Hennepin, Chisago, Washington, Anoka, Sherburne, Benton, Stearns, Wright, Carver, Scott, Dakota	0	3,020	3,020
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	Itasca Medical Care	Itasca	0	463	463
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	Medica	Statewide	0	9,532	9,532

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	Metropolitan Health Plan	Hennepin	0	622	622
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	Prime West Health Alliance	Belltrami, Clearwater, Hubbard, Grant, Douglas, Pope, Steens, Meeker, McLeod	0	2,084	2,084
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	South Country Health Alliance	Wadena, Pine, Kanabec, Morrison, Todd, Sibley, Brown, Waseca, Steele, Dodge	0	1,745	1,745
MN	Minnesota Senior Health Option (MSHO) (Comprehensive MCO + any other type)	UCare	Statewide	0	9,342	9,342
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	Blue Plus	Statewide	152	3,159	3,311
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	Health Partners	Ramsey, Hennepin, Chisago, Washington, Anoka, Sherburne, Benton, Stearns, Wright, Carver, Scott, Dakota	260	1,062	1,322
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	Itasca Medical Care	Itasca	2	163	165
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	Medica	Statewide	376	2,694	3,070
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	Metropolitan Health	Hennepin	70	457	527
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	Prime West Health	Belltrami, Clearwater, Hubbard, Grant, Douglas, Pope, Stearns, Meeker, McLeod	10	755	765
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	South Country Health Alliance	Wadena, Pine, Kanabec, Morrison, Todd, Sibley, Brown, Waseca, Steele, Douglas	13	778	791
MN	Minnesota Senior Care Plus (MSC+) (Comprehensive MCO + any other type)	UCare	Statewide	975	2,079	3,054
MS	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	UnitedHealthcare Community Plan of Mississippi	Statewide	70,370	0	70,370

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
MS	Mississippi Coordinated Access Network (MississippiCAN) (Comprehensive MCO)	Magnolia Health Plan	Statewide	84,754	0	84,754
MO	MO HealthNet Managed Care (Comprehensive MCO)	HealthCare USA Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, St. Genevieve, St. Louis, Warren, Washington	131,690	0	131,690
MO	MO HealthNet Managed Care (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, Shelby	39,681	0	39,681
MO	MO HealthNet Managed Care (Comprehensive MCO)	HealthCare USA Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, Vernon	81,451	0	81,451
MO	MO HealthNet Managed Care (Comprehensive MCO)	Missouri Care Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, St. Genevieve, St. Louis, Warren, Washington	39,753	0	39,753
MO	MO HealthNet Managed Care (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, Shelby	33,247	0	33,247
MO	MO HealthNet Managed Care (Comprehensive MCO)	Missouri Care Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, Vernon	31,078	0	31,078
MO	MO HealthNet Managed Care (Comprehensive MCO)	Home State Health Plan Eastern	Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, St. Genevieve, St. Louis, Warren, Washington	32,988	0	32,988
MO	MO HealthNet Managed Care (Comprehensive MCO)	Home State Health Plan 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, Shelby	6,217	0	6,217
MO	MO HealthNet Managed Care (Comprehensive MCO)	Home State Health Plan Western	Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St Clair, Vernon	19,532	0	19,532
MO	Non-Emergency Medical Transportation Program (NEMT) (Non-Emergency Medical Transportation)	Logisticare Solutions	Statewide	428,596	0	428,596
MO	Program of All-inclusive Care for the Elderly (PACE) (PACE)	Alexian Brothers Community Services	St. Louis	36	158	194
MT	Passport to Health (PCCM)	Passport to Health	Statewide	78,022	0	78,022
NE	Nebraska Managed Care (Comprehensive MCO)	AmeriHealth Caritas DBA Arbor Health Plan	Service Area 2	0	23,867	23,867

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NE	Nebraska Managed Care (Comprehensive MCO)	Coventry Health Care of Nebraska (aka Aetna)	Statewide to Include Service Area 1 and Service Area 2	0	103,285	103,285
NE	Nebraska Managed Care (Comprehensive MCO)	United Health Care of Nebraska	Service Area 1	0	57,931	57,931
NE	Behavioral Health Managed Care (BHO (PIHP and/or PAHP))	Magellan Behavioral Health of Nebraska	Statewide	185,083	27,247	212,330
NE	Magellan Behavioral Health (BHO (PIHP and/or PAHP))	Magellan Behavioral Health	Statewide	173,733	28,779	202,512
NE	PACE Nebraska (Immanuel Pathways) (PACE)	PACE Nebraska (DBA Immanuel Pathways)	Cass, Dodge, Douglas, Sarpy, Saunders, Washington	0	80	80
NV	Mandatory Health Maintenance Program (Comprehensive MCO)	Amerigroup Community Care	Urban, Clark, Washoe	82,342	0	82,342
NV	Mandatory Health Maintenance Program (Comprehensive MCO)	Health Plan of Nevada	Urban, Clark, Washoe	97,979	0	97,979
NV	Non-Emergency Transportation (Non-Emergency Medical Transportation)	LogistiCare	Statewide	180,321	0	180,321
NH	Medicaid Care Management (Comprehensive MCO)	Meridian	Statewide	0	0	0
NH	Medicaid Care Management (Comprehensive MCO)	Well Sense	Statewide	0	0	0
NH	Medicaid Care Management (Comprehensive MCO)	New Hampshire Healthy Families	Statewide	0	0	0
NJ	NJ FamilyCare (Comprehensive MCO)	Horizon NJ Health	Statewide	459,187	52,188	511,375
NJ	NJ FamilyCare (Comprehensive MCO)	Healthfirst	Atlantic, Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren	28,503	9,011	37,514
NJ	NJ FamilyCare (Comprehensive MCO)	Amerigroup	Statewide except Salem county	118,480	16,702	135,182
NJ	NJ FamilyCare (Comprehensive MCO)	UnitedHealthcare Community Plan	Statewide	309,030	39,611	348,641
NJ	NJ FamilyCare (Comprehensive MCO)	Amerivantage Specialty + RX	Statewide except Salem county	0	2,381	2,381
NJ	NJ FamilyCare (Comprehensive MCO)	Healthfirst NJ Maximum Plan	Atlantic, Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren	0	4,618	4,618
NJ	NJ FamilyCare (Comprehensive MCO)	Horizon Medicare Blue Totalcare	Statewide	0	9,311	9,311
NJ	NJ FamilyCare (Comprehensive MCO)	UnitedHealthcare Dual Complete	Statewide	0	6,224	6,224
NJ	LogistiCare (Non-Emergency Medical Transportation)	Logisticare	Statewide	1,015,399	0	1,015,399

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NJ	PACE (PACE)	Lutheran Senior LIFE	07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311	14	132	146
NJ	PACE (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	34	224	258
NJ	PACE (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	17	109	126
NJ	PACE (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	18	159	177
NM	Coordination of Long-Term Services (CoLTS) (Comprehensive MCO + any other type)	Amerigroup Community Care of New Mexico, Inc.	Statewide	3,229	17,093	20,322
NM	Coordination of Long-Term Services (CoLTS) (Comprehensive MCO + any other type)	United Healthcare	Statewide	3,226	16,917	20,143
NM	New Mexico State Coverage Insurance Section 1115 Demonstration (Comprehensive MCO + any other type)	Lovelace Community Health Plan	Statewide	10,015	25	10,040
NM	New Mexico State Coverage Insurance Section 1115 Demonstration (Comprehensive MCO + any other type)	Molina Healthcare of New Mexico	Statewide	5,783	10	5,793
NM	New Mexico State Coverage Insurance Section 1115 Demonstration (Comprehensive MCO + any other type)	Presbyterian Health Plan	Statewide	11,123	34	11,157
NM	New Mexico State Coverage Insurance Section 1115 Demonstration (Comprehensive MCO + any other type)	Blue Cross Blue Shield of New Mexico	Statewide	24	0	24

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NM	New Mexico State Coverage Insurance Section 1115 Demonstration (Comprehensive MCO + any other type)	Molina UNM SCI	Statewide	9,711	54	9,765
NM	New Mexico Salud! (Comprehensive MCO + any other type)	Blue Cross Blue Shield of New Mexico	Statewide	33,248	21	33,269
NM	New Mexico Salud! (Comprehensive MCO + any other type)	Lovelace Community Health Plan	Statewide	73,123	28	73,151
NM	New Mexico Salud! (Comprehensive MCO + any other type)	Molina Healthcare of New Mexico	Statewide	75,711	36	75,747
NM	New Mexico Salud! (Comprehensive MCO + any other type)	Presbyterian Health Plan	Statewide	152,993	82	153,075
NM	Salud! Behavioral Health (BHO (PIHP and/or PAHP))	OptumHealth New Mexico	Statewide	341,279	33,854	375,133
NM	Program of All-Inclusive Care for the Elderly (PACE)	Innovage Greater New Mexico PACE dba Total Community Care	Bernalillo, Sandoval, Valencia	49	576	625
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	Affinity/Medicaid Advantage	New York City	7	365	372
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	Elderplan/Medicaid Advantage	New York City	0	3	3
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	Guildnet/Medicaid Advantage	New York City	0	1	1
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	HIP Health Plan/Medicaid Advantage	Nassau, Suffolk, Westchester Counties, and New York City	19	1,182	1,201
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	Liberty Health Advantage/Medicaid Advantage	Nassau County and New York City	190	393	583
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	Managed Health Inc/Medicaid Advantage	Nassau, Westchester Counties and New York City	4	273	277
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	MetroPlus/Medicaid Advantage	New York City	2	185	187
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	NYS Catholic Health Plan/Medicaid Advantage	Albany, Columbia, Dutchess, Greene, Herkimer, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Schenectady, Ulster Counties and New York City	43	2,355	2,398
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	Touchstone/Prestige/Medicaid Advantage	Orange, Westchester Counties, and New York City	139	1,682	1,821
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	United HealthCare/Medicaid Advantage	Nassau County and New York City	15	867	882
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	VNS Choice/Medicaid Advantage	Nassau County and New York City	0	2	2

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NY	FSHRP Medicaid Advantage (Comprehensive MCO)	WellCare/Medicaid Advantage	Albany, Broome, Dutchess, Errie, Monroe, Nassau, Niagara, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester Counties and New York City	43	2,368	2,411
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Capital District Physicians Health Plan	Nassau, Orange, Rockland, Suffolk, Westchester Counties, and New York City	51,702	0	51,702
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	165,988	0	165,988
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Health Now	Albany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	30,693	0	30,693
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HIP Combined	Nassau, Suffolk, Westchester Counties, and New York City	174,385	0	174,385
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HIP UFT	New York City	55	0	55
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Independent Health/Hudson Valley & WNY	Erie, Niagara	42,228	0	42,228
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MVP Health Plan	Dutchess, Genesee, Livingston, Monroe, Ontario, Ulster	19,383	0	19,383
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	United Healthcare	New York City and 21 Upstate Counties	269,549	0	269,549
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	WellCare	Albany, Dutchess, Orange, Rensselaer, Rockland, Ulster Counties, and New York City	60,219	0	60,219
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Affinity Health Plan	Nassau, Orange, Rockland, Suffolk, Westchester Counties, and New York City	191,611	0	191,611
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Amerigroup	Nassau, Putnam Counties, and New York City	325,057	0	325,057
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	HealthFirst	Nassau, Suffolk Counties, and New York City	623,539	0	623,539
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Hudson Health Plan	Dutchess Orange, Rockland, Sullivan, Ulster, Westchester Countis, and New York City	65,514	0	65,514
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MetroPlus	New York City	334,892	0	334,892
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Neighborhood Health Providers	Suffolk County and New York City	232	0	232
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	New York City and 54 Upstate Counties	597,853	0	597,853
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	SCHC Total Care	Cortland, Onondaga, Tompkins Counties.	25,404	0	25,404

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Univera Community Health	Allegheny, Cattaraugus, Chautauqua, Erie	33,299	0	33,299
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	Amida Care Special Needs	New York City	3,313	0	3,313
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	MetroPlus Special Needs	New York City	3,172	0	3,172
NY	Partnership Plan Medicaid Managed Care (Comprehensive MCO)	VNS Choice Special Needs	New York City	2,733	0	2,733
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Affinity Health Plan	Nassau, Orange, Rockland, Suffolk, Westchester Counties, and New York City	32,355	0	32,355
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Amerigroup	Nassau, Putnam Counties, and New York City	25,939	0	25,939
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Amida Care Special Needs	New York City	2,546	0	2,546
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Capital District Physicians Health Plan	Albany, Broome Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoge, Schenectady, Schoharie, Tioga, Washington Counties, and New York City	21,523	0	21,523
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Excellus	New York City and 22 Upstate Counties	29,103	0	29,103
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HealthFirst	Nassau, Suffolk Counties, and New York City	73,222	0	73,222
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HealthNow	Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	7,022	0	7,022
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HIP Combined	Nassau, Suffolk, Westchester Counties, and New York City	25,105	0	25,105
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	HIP UFT	New York City	5	0	5
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Hudson Health Plan	Dutchess, Orange, Rockland, Sullivan, Ulster, Westchester	30,889	0	30,889
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Independent Health/Hudson Valley & WNY	Erie, Niagara	7,292	0	7,292
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	MetroPlus Health Plan	New York City	35,665	0	35,665
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	MetroPlus Special Needs Plan	New York City	2,283	0	2,283
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	MVP Health Plan	Dutchess, Genesee, Livingston, Monroe, Ontario, Ulster	12,085	0	12,085
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Neighborhood Health Providers	New York City	1	0	1
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	NYS Catholic Health Plan/Fidelis	New York City and 55 Upstate Counties	118,394	0	118,394

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	SCHC Total Care	Cortland, Onondaga, Tompkins	5,851	0	5,851
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	United HealthCare	New York City and 21 Upstate Counties	22,697	0	22,697
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	Univera Community Health	Allegany, Cattaraugus, Chautauqua, Erie	5,793	0	5,793
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	VNS Choice Special Needs	New York City	2,561	0	2,561
NY	FSHRP Medicaid Managed Care (Comprehensive MCO)	WellCare	Albany, Dutchess, Orange, Rensselaer, Rockland, Ulster	8,064	0	8,064
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Affinity Health Plan	Nassau, Orange, Rockland, Suffolk, Westchester Counties, and New York City	29,112	0	29,112
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Amerigroup	Nassau County and New York City	48,545	0	48,545
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Capital District Physicians Health Plan	Albany, Broome, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Washington	6,794	0	6,794
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Excellus	Broome, Cayuga, Chemung, Clinton, Essex, Franklin, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, St Lawrence, Schuyler, Seneca, Steube, Tompkins, Wayne, Yates	22,530	0	22,530
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	HealthFirst	Nassau, Suffolk Counties, and New York City	73,231	0	73,231
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	HealthNow	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	4,302	0	4,302
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	HIP Combined	Nassau, Suffolk, Westchester Counties, and New York City.	24,181	0	24,181
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	HIP UFT	New York City	10	0	10
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Hudson Health Plan	Dutchess, Orange, Rockland, Sullivan, Ulster, Westchester	11,473	0	11,473
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Independent Health/Hudson Valley & WNY	Erie	3,675	0	3,675
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	MetroPlus Health Plan	New York City	33,575	0	33,575
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	MVP Health Plan	Dutchess, Genesee, Livingston, Monroe, Ontario, Ulster	3,021	0	3,021
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	NYS Catholic Health Plan	New York City and 54 Upstate Counties	103,846	0	103,846

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	SCHC Total Care	Cortland, Onondaga, and Tompkins Counties	2,474	0	2,474
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	United HealthCare	New York City and 20 Upstate Counties	45,988	0	45,988
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	Univera Community Health	Allegany, Cattaraugus, Chautauqua, Erie	5,683	0	5,683
NY	Partnership Plan Family Health Plus (Comprehensive MCO)	WellCare	Albany, Dutchess, Orange, Rensselaer, Rockland, Ulster	10,820	0	10,820
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	Amerigroup Advantage Plus	New York City	0	7	7
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	ElderPlan	Nassau, Westchester Counties and New York City	25	791	816
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	GuildNet	Nassau, Suffolk Counties and New York City	12	468	480
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	HealthFirst	Nassau County and New York City	13	1,817	1,830
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	HHH Choices	New York City	0	8	8
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	HIP of Greater NY	Nassau, Suffolk, Westchester Counties and New York City	13	464	477
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	NYS Catholic Health Plan/Fidelis	Albany, Montgomery, Rensselaer, Schenectady Counties and New York City	3	205	208
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	Senior Whole Health	New York City	2	26	28
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	VNS Choice Plus	New York City	3	283	286
NY	Medicaid Advantage Plus (Comprehensive MCO + any other type)	WellCare Advantage Plus	New York City	4	68	72
NY	Managed Long Term Care (MLTSS)	Aetna Better Health	Nassau, Suffolk Counties, and New York City	65	953	1,018
NY	Managed Long Term Care (MLTSS)	Agewell New York	Nassau, Suffolk, Westchester Counties, and New York City	67	1,078	1,145

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NY	Managed Long Term Care (MLTSS)	AmeriGroup Community Connections	New York City	403	2,468	2,871
NY	Managed Long Term Care (MLTSS)	ArchCare Community Life	Putnam, Westchester Counties, and New York City	43	703	746
NY	Managed Long Term Care (MLTSS)	Centerlight Select	Nassau, Rockland, Suffolk, Westchester Counties, and New York City	1,138	7,846	8,984
NY	Managed Long Term Care (MLTSS)	Centers Plan For Health Living	Erie, Niagara, Rockland Counties, and New York City	276	335	611
NY	Managed Long Term Care (MLTSS)	ElderPlan	Monroe, Nassau, Suffolk, Westchester Counties, and New York City	1,198	8,442	9,640
NY	Managed Long Term Care (MLTSS)	Elderserve	Nassau, Suffolk, Westchester Counties, and New York City	1,263	8,305	9,568
NY	Managed Long Term Care (MLTSS)	Fidelis Care at Home	New York City and 32 Upstate Counties.	567	5,822	6,389
NY	Managed Long Term Care (MLTSS)	Guildnet	Nassau, Suffolk, Westchester Counties, and New York City	1,359	11,860	13,219
NY	Managed Long Term Care (MLTSS)	Health Advantage/Elant Choice	Dutchess, Orange, and Rockland	61	268	329
NY	Managed Long Term Care (MLTSS)	HHH Choices	New York City and Westchester County	484	1,836	2,320
NY	Managed Long Term Care (MLTSS)	HIP	Nassau, Suffolk, Westchester Counties, and New York City.	54	886	940
NY	Managed Long Term Care (MLTSS)	Independent Care Systems	New York City	1,090	3,724	4,814
NY	Managed Long Term Care (MLTSS)	MetroPlus	New York City	42	215	257
NY	Managed Long Term Care (MLTSS)	Senior Health Partners	New York City, Nassau and Westchester Counties	741	8,751	9,492
NY	Managed Long Term Care (MLTSS)	Senior Network Health	Herkimer and Oneida Counties	25	371	396
NY	Managed Long Term Care (MLTSS)	Senior Whole Health	New York City	34	350	384
NY	Managed Long Term Care (MLTSS)	Total Aging in Place	Erie County	11	114	125
NY	Managed Long Term Care (MLTSS)	United Healthcare	New York City	26	315	341
NY	Managed Long Term Care (MLTSS)	Village Care Max	New York City	251	1,713	1,964
NY	Managed Long Term Care (MLTSS)	VNA HomeCare Options	Onondaga	20	76	96
NY	Managed Long Term Care (MLTSS)	VNS Choice	Columbia, Dutchess, Greene, Nassau, Orange, Rensselaer, Rockland, Suffolk, Ulster, Westchester Counties, and New York City	2,311	18,576	20,887
NY	Managed Long Term Care (MLTSS)	WellCare Advocate	New York City and Albany, Erie, Nassau, Orange, Rockland, Suffolk, Ulster, Westchester Counties	646	4,169	4,815
NY	PACE (PACE)	ArchCare Senior Life	New York City	35	233	268
NY	PACE (PACE)	Catholic Health - Life	Erie County	15	126	141
NY	PACE (PACE)	Complete Senior Care	Niagara County	9	69	78
NY	PACE (PACE)	Comprehensive Care Management	Nassau, Suffolk, Westchester Counties, and New York City	885	2,709	3,594
NY	PACE (PACE)	Eddy Senior Care	Albany, Schenectady	20	124	144
NY	PACE (PACE)	Independent Living for Seniors	Monroe	22	412	434

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NY	PACE (PACE)	PACE CNY	Onondaga	54	419	473
NY	PACE (PACE)	Total Senior Care	Allegany, Cattaraugus	12	81	93
NC	Carolina ACCESS/ Community Care of North Carolina (PCCM)	Carolina ACCESS/ Community Care of North Carolina	Statewide	1,266,851	261,450	1,528,301
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	Alliance Behavioral Health	Cumberland, Durham, Johnston, Wake	144,100	24,951	169,051
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	CenterPoint Human Services	Davie, Forsyth, Rockingham, Stokes	58,798	12,096	70,894
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	CoastalCare	Brunswick, Carteret, New Hanover, Onslow, Pender	52,688	11,497	64,185
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	East Carolina Behavioral Health	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northhampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrell, Washington	48,054	13,703	61,757
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	Eastpointe Human Services	Bladen, Columbus, Duplin, Edgecombe, Green, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	128,098	31,317	159,415
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	MeckLINK Behavioral Healthcare	Mecklenburg	93,787	14,443	108,230
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	Partners Behavioral Health	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	101,864	22,975	124,839
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	Cardinal Innovations Healthcare Solutions	Alamance, Cabarrus, Caswell, Chatham, Davidson, Franklin, Granville, Halifax, Orange, Person, Rowan, Stanly, Union, Vance, Warren	142,079	31,177	173,256
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	Sandhills Center for MH/DD/SAS	Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph and Richmond	118,011	24,245	142,256
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	Western Highlands Network	Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey	51,111	14,029	65,140
NC	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services (BHO (PIHP and/or PAHP))	Smoky Mountain Center	Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, Macon, McDowell, Swain, Watauga, Wilkes	56,672	15,970	72,642

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
NC	Program of All Inclusive Care for the Elderly (PACE) (PACE)	Carolina SeniorCare	27012, 27107, 27127, 27239, 27262, 27265, 27284, 27292, 27295, 27299, 27360, 28127, 27013, 27054, 28023, 28071, 28081, 28083, 28088, 28125, 28137, 28138, 28144, 28146, 28147, 28159, 27006, 27028, 27013, 27020, 28115, 28117, 28166, 28625, 28634, 28636, 28660, 28677, 28689	4	43	47
NC	Program of All Inclusive Care for the Elderly (PACE) (PACE)	Elderhaus Inc.	New Hanover, 28422, 28451, 28461	4	125	129
NC	Program of All Inclusive Care for the Elderly (PACE) (PACE)	PACE at Home Inc.	Catawba, 28037, 28092, 28168, 28601, 28602, 28609, 28610, 28612, 28613, 28630, 28637, 28638, 28650, 28658, 28673, 28678, 28681, 28682, 28690	2	61	63
NC	Program of All Inclusive Care for the Elderly (PACE) (PACE)	LIFE Saint Joseph of the Pines	28301, 28302, 28303, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28311, 28312, 28314, 28318, 28342, 28344, 28348, 28356, 28371, 28382, 28390, 28391, 28395, 28315, 28326, 28373, 28376, 28357, 28371, 28377, 28384, 28315, 28357, 28376, 28377, 28386, 28314, 28334, 28339	15	140	155
NC	Program of All Inclusive Care for the Elderly (PACE) (PACE)	Piedmont Health Senior Care	27231, 27243, 27278, 27302, 27510, 27514, 27516, 27517, 27541, 27572, 27705, 27583, 27707, 27712, 27207, 27208, 27252, 27298, 27312, 27330, 27344, 27349, 27355, 27502, 27519, 27523, 27559, 27562, 27713, 27330, 27332, 27505, 28326	2	123	125
NC	Program of All Inclusive Care for the Elderly (PACE) (PACE)	PACE of the Triad	27027, 27048, 27288, 27235, 27282, 27301, 27310, 27377, 27401, 27403, 27405, 27406, 27407, 27408, 27409, 27410, 27455, 27495, 27025, 27214, 27233, 27244, 27249, 27260, 27262, 27263, 27265, 27283, 27284, 27298, 27311, 27313, 27320, 27326, 27357, 27358	11	98	109
ND	PCCM (PCCM)	Multiple primary care providers	Statewide	27,708	14,387	42,095
ND	Health Management (BHO (PIHP and/or PAHP))	Health Management	Statewide	312	0	312
ND	PACE (PACE)	Northland PACE	58501, 58502, 58503, 58504, 58554, 58558, 58601, 58602, 58652, 58655, 58656	2	71	73
OH	Medicaid Managed Care (Comprehensive MCO)	Buckeye Community Healthplan of Ohio	Statewide	164,304	0	164,304
OH	Medicaid Managed Care (Comprehensive MCO)	CareSource	Statewide	935,825	0	935,825
OH	Medicaid Managed Care (Comprehensive MCO)	Molina Healthcare of Ohio	Statewide	263,764	0	263,764

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
OH	Medicaid Managed Care (Comprehensive MCO)	Paramount Advantage	Statewide	141,058	0	141,058
OH	Medicaid Managed Care (Comprehensive MCO)	United Healthcare Community Plan of Ohio	Statewide	162,356	0	162,356
OH	PACE (PACE)	TriHealth Senior Link	45014, 45015, 45069, 45241, 45140, 45150, 45244, 45245, 45255, 45039, 45040, 45140	76	384	460
OH	PACE (PACE)	McGregor PACE	Cuyahoga	42	260	302
OK	SoonerCare Choice (PCCM)	SoonerCare Choice	Statewide	540,164	195,388	735,552
OK	SoonerRide (Non-Emergency Medical Transportation)	SoonerRide	Statewide	581,002	108,572	689,574
OK	PACE (PACE)	Cherokee Elder Care	74464, 74427, 74451, 74471, 74444, 74452, 74441, 74465, 74352, 74364, 74368, 74359, 74423, 74403, 74434, 74347, 74964, 74965, 74960, 74457, 74401, 74402, 74446, 74439	124	0	124
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Columbia Pacific	Clatsop, Columbia, Coos, Douglas, Tillamook	14,121	616	14,737
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	28,526	1,397	29,923
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	FamilyCare	Clackamas, Marion, Multnomah, Washington	49,654	1,281	50,935
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	InterCommunity Health Network	Benton, Lincoln, Linn	31,223	2,246	33,469
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Jackson Care Connect	Jackson	18,611	922	19,533
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	PacificSource Community Solutions	Crook, Deschutes, Hood River, Jefferson, Klamath, Wasco	35,531	2,025	37,556
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	PrimaryHealth of Josephine County	Douglas, Jackson, Josephine	5,719	438	6,157
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Trillium Community Health Plan	Benton, Douglas, Lane, Linn	46,975	3,485	50,460
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Umpqua Health Alliance	Douglas	15,032	1,419	16,451

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Western Oregon Advanced Health	Coos, Curry, Douglas	10,738	1,080	11,818
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Willamette Valley Community Health	Benton, Clackamas, Linn, Marion, Polk, Yamhill	60,746	4,112	64,858
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Yamhill Community Care	Clackamas, Marion, Polk, Tillamook, Washington, Yamhill	13,584	298	13,882
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Access Dental Plan	Clackamas, Multnomah, Washington	7,971	918	8,889
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Advantage Dental	Statewide	170,766	17,986	188,752
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Capitol Dental	Bennton, Clackamas, Clatsop, Columbia, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Marion, Multnomah, Polk, Umatilla, Wasco, Washington, Yamhill	172,450	18,157	190,607
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	CareOregon Dental	Clackamas, Multnomah, Washington	31,068	2,946	34,014
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Family Dental Care	Clackamas, Multnomah, Washington	8,684	800	9,484
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	ODS Dental	Baker, Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes, Hood River, Jackson, Jefferson, Josephine, Lane, Linn, Malheur, Marion, Multnomah, Polk, Tillamook, Wallowa, Wasco, Washington, Yahmill	66,237	10,654	76,891
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Greater Oregon Behavioral Health	Baker, Clatsop, Columbia, Douglas, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	2,017	2,615	4,632
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Cascade Comprehensive Care	Klamath	9,992	711	10,703
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Managed Dental Care	Clackamas, Multnomah, Washington	14,895	1,750	16,645
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Willamette Dental	Benton, Clackamas, Clatsop, Columbia, Deschutes, Douglas, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, Yamhill	68,746	8,482	77,228

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Jefferson Behavioral Health	Coos, Curry, Jackson, Josephine, Klamath	10,673	1,152	11,825
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Mid-Valley Behavioral Care	Linn, Marion, Polk, Yamhill	6,014	1,707	7,721
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Health Share of Oregon	Clackamas, Multnomah, Washington	137,464	14,366	151,830
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	CareOregon	Marion, Polk	4,169	239	4,408
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	Kaiser	Marion, Polk	1,315	165	1,480
OR	Oregon Health Plan (OHP) (Comprehensive MCO + any other type)	AllCare Health Plan	Curry, Douglas, Jackson, Josephine	26,417	1,757	28,174
OR	Primary Care Manager (PCM) (PCCM)	Multiple primary care providers	Statewide	118	421	539
OR	PACE (PACE)	Providence Elder Place	Multnomah, Washington	36	932	968
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	UPMC For You Inc.	Lehigh Capital, Southwest, New West	246,514	2,490	249,004
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	Aetna Better Health	Southeast, Lehigh Capital	64,675	653	65,328
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	Coventry Cares Health Plan	Southeast, Southwest, New West, New East	90,287	912	91,199
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	Gateway Health Plan	Lehigh Capital, Southwest, New West	267,523	2,702	270,225
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	United Healthcare Community Plan Of Pennsylvania	Southeast, Southwest, Lehigh Capital	166,654	1,683	168,337
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	Health Partners Of Philadelphia, Inc.	Southeast	166,895	1,686	168,581

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	Geisinger Health Plan	New East	116,318	1,175	117,493
PA	HealthChoices/Physical Health (Comprehensive MCO + any other type)	Vista	New East, New West, Southeast, and Lehigh Capital	486,605	4,915	491,520
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Westmoreland	Westmoreland	36,686	7,273	43,959
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Greene	Greene	5,614	1,074	6,688
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Northeast Behavioral Health Care Consortium	Lackawanna, Luzerne, Susquehanna, Wyoming	80,132	14,739	94,871
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Community Care Behavioral Health-NC	Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntington, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Tioga, Union, Warren, Wayne	123,483	24,233	147,716
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CBHNP - Behavioral Health Services - Somerset and Bedford	Bedford, Somerset	13,847	2,927	16,774
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Blair HealthChoices	Blair	18,428	3,405	21,833
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Cambria	Cambria	18,446	3,696	22,142
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Carbon/Monroe/Pike Joinder Board	Carbon, Monroe, Pike	32,663	4,288	36,951
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Erie	Erie	46,676	6,689	53,365
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CBHNP - Tuscarora Managed Care Alliance	Franklin, Fulton	16,016	2,565	18,581
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Northwest Behavioral Health Partnership, Inc.	Crawford, Mercer, Venango	35,925	6,903	42,828
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Lycoming/Clinton Joinder Board	Lycoming, Clinton	18,855	3,373	22,228
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Beaver	Beaver	21,096	3,807	24,903
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Butler	Butler	14,482	2,604	17,086
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Fayette	Fayette	24,586	4,948	29,534

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Lawrence	Lawrence	12,692	2,378	15,070
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Washington	Washington	21,010	3,900	24,910
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Adams	Adams	7,852	1,062	8,914
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Berks	Berks	56,652	7,212	63,864
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CBHNP - Cumberland	Cumberland	15,988	2,435	18,423
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CBHNP - Dauphin	Dauphin	35,659	4,862	40,521
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CBHNP - Lancaster	Lancaster	54,617	7,512	62,129
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CBHNP - Lebanon	Lebanon	15,387	2,049	17,436
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Magellan BH - Lehigh	Lehigh	45,677	7,146	52,823
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Magellan BH - Northampton	Northampton	28,864	4,620	33,484
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CBHNP - Perry	Perry	4,130	626	4,756
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - York	York	47,411	6,047	53,458
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Magellan - Bucks	Bucks	40,329	6,867	47,196
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Chester	Chester	28,971	3,860	32,831
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Magellan BH - Delaware	Delaware	64,155	8,267	72,422
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Magellan - Montgomery	Montgomery	52,363	7,605	59,968
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Community BH - Philadelphia	Philadelphia	406,104	52,679	458,783
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	CCBH - Allegheny	Allegheny	140,485	24,957	165,442
PA	HealthChoices/Behavioral Health (BHO (PIHP and/or PAHP))	Value BH-PA - Armstrong/Indiana Behavioral & Developmental Health Program	Armstrong, Indiana	17,688	3,699	21,387

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
PA	Adult Community Autism Program (BHO (PIHP and/or PAHP))	ACAP Keystone Autism Services	Cumberland, Dauphin, Lancaster, Chester	75	56	131
PA	Transportation PAHP - Risk Based Capitation (Non-Emergency Medical Transportation)	Logisticare Solutions	Philadelphia	421,380	70,340	491,720
PA	LIFE (PACE)	LIFE - Upenn	Philadelphia	35	411	446
PA	LIFE (PACE)	Mercy - LIFE	Philadelphia	50	426	476
PA	LIFE (PACE)	LIFE St Mary	Bucks	17	167	184
PA	LIFE (PACE)	Senior LIFE Washington	Greene, Washington	30	327	357
PA	LIFE (PACE)	Senior LIFE York	York	1	97	98
PA	LIFE (PACE)	Senior LIFE Altoona	Blair, Cambria, Indiana	7	103	110
PA	LIFE (PACE)	Senior LIFE Greensburg	Westmoreland	2	52	54
PA	LIFE (PACE)	LIFE Pittsburgh	Allegheny	39	415	454
PA	LIFE (PACE)	LIFE Geisinger	Schuylkill, Columbia, Montour, Northumberland	8	174	182
PA	LIFE (PACE)	Community LIFE	Allegheny	30	450	480
PA	LIFE (PACE)	Senior LIFE Johnstown	Cambria, Somerset, Westmoreland	4	164	168
PA	LIFE (PACE)	New Courtland LIFE	Germantown, Allegheny Avenue	28	282	310
PA	LIFE (PACE)	Albright LIFE	Lancaster, Lebanon, Lycoming	9	168	177
PA	LIFE (PACE)	LIFE NWPA	Erie	1	61	62
PA	LIFE (PACE)	LIFE Butler	Butler	4	94	98
PA	LIFE (PACE)	LIVE Beaver/Vie	Beaver	17	329	346
PA	LIFE (PACE)	LIFE Lutheran	Cumberland, Franklin	2	64	66
PA	LIFE (PACE)	Everyday Life	Lehigh	6	96	102
PR	Medicare Platino (Comprehensive MCO)	American Health Medicare	Statewide	0	27,318	27,318
PR	Medicare Platino (Comprehensive MCO)	First Medical/First Plus	Statewide	0	1,832	1,832
PR	Medicare Platino (Comprehensive MCO)	Humana Health Plans of Puerto Rico	Statewide	0	21,779	21,779
PR	Medicare Platino (Comprehensive MCO)	MCS Advantage	Statewide	0	51,462	51,462
PR	Medicare Platino (Comprehensive MCO)	MMM Healthcare Inc.	Statewide	0	95,945	95,945
PR	Medicare Platino (Comprehensive MCO)	PMC Medicare Choice	Statewide	0	25,202	25,202
PR	Medicare Platino (Comprehensive MCO)	Triple S, Inc.	Statewide	0	7,061	7,061
PR	Mi Salud (Comprehensive MCO)	Triple S, Inc.	North, Metro-North, San Juan, Northeast, West	770,871	46,591	817,462
PR	Mi Salud (Comprehensive MCO)	Humana Health Plans of Puerto Rico	East, Southeast, Southwest	445,063	27,836	472,899

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
PR	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud (BHO (PIHP and/or PAHP))	APS	Statewide	1,215,934	74,427	1,290,361
RI	Rhody Health Partners (Comprehensive MCO)	Neighborhood Health Plan of Rhode Island	Statewide	6,411	0	6,411
RI	Rhody Health Partners (Comprehensive MCO)	United HealthCare of New England	Statewide	7,477	0	7,477
RI	Rite Care (Comprehensive MCO)	Neighborhood Health Plan of Rhode Island	Statewide	85,539	0	85,539
RI	Rite Care (Comprehensive MCO)	United HealthCare of New England	Statewide	40,919	0	40,919
RI	Connect Care Choice (PCCM)	Multiple primary care providers	Statewide	1,649	0	1,649
RI	Rite Smiles (Dental)	United HealthCare Dental	Statewide	64,110	0	64,110
RI	PACE (PACE)	PACE Organization of RI (PORI)	Statewide	31	232	263
SC	South Carolina Managed Care Organizations (Comprehensive MCO + any other type)	Absolute Total Care	Statewide	88,716	0	88,716
SC	South Carolina Managed Care Organizations (Comprehensive MCO + any other type)	BlueChoice HealthPlan Medicaid	Statewide	59,196	0	59,196
SC	South Carolina Managed Care Organizations (Comprehensive MCO + any other type)	Select Health of South Carolina	Statewide	261,036	0	261,036
SC	South Carolina Managed Care Organizations (Comprehensive MCO + any other type)	United HealthCare of South Carolina	Statewide	51,117	0	51,117
SC	Medical Homes Networks (PCCM)	South Carolina Solutions	Statewide	134,304	14,823	149,127
SC	Medical Homes Networks (PCCM)	Carolina Medical Homes	Statewide	13,012	469	13,481
SC	Medical Homes Networks (PCCM)	Palmetto Physician Connections	Statewide	16,088	894	16,982
SC	Non Emergency Medical Transportation (Non-Emergency Medical Transportation)	Logisticare	Statewide	853,409	148,910	1,002,319
SC	SC PACE (PACE)	Palmetto Senior Care	Richland	38	247	285
SC	SC PACE (PACE)	The Oaks	Orangeburg	8	106	114
SD	PRIME (PCCM)	PRIME	Statewide	90,998	0	90,998
TN	TennCare II (Comprehensive MCO + any other type)	Amerigroup	Middle	177,288	21,253	198,541

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
TN	TennCare II (Comprehensive MCO + any other type)	Delta Dental of Tennessee	Statewide	737,149	391	737,540
TN	TennCare II (Comprehensive MCO + any other type)	Magellan Health Services	Statewide	1,077,788	0	1,077,788
TN	TennCare II (Comprehensive MCO + any other type)	UnitedHealthcare Community Plan - East TN	East	171,471	27,097	198,568
TN	TennCare II (Comprehensive MCO + any other type)	UnitedHealthcare Community Plan - Middle TN	Middle	180,354	21,155	201,509
TN	TennCare II (Comprehensive MCO + any other type)	UnitedHealthcare Community Plan - West TN	West	158,129	18,231	176,360
TN	TennCare II (Comprehensive MCO + any other type)	Volunteer State Health Plan (BlueCare) - East TN	East	184,857	29,482	214,339
TN	TennCare II (Comprehensive MCO + any other type)	Volunteer State Health Plan (BlueCare) - West TN	West	160,120	18,252	178,372
TN	TennCare II (Comprehensive MCO + any other type)	Volunteer State Health Plan (TennCare Select)	Statewide	45,569	2,078	47,647
TN	PACE (PACE)	Alexian Brothers Community Services	Hamilton	11	277	288
TX	STAR+PLUS (Comprehensive MCO + any other type)	Amerigroup	Bexar, El Paso, Harris, Jefferson, Lubbock, Tarrant, Travis	56,867	62,427	119,294
TX	STAR+PLUS (Comprehensive MCO + any other type)	Cigna-Health Spring	Hidalgo, Tarrant	8,415	15,669	24,084
TX	STAR+PLUS (Comprehensive MCO + any other type)	Molina	Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson	35,435	55,870	91,305
TX	STAR+PLUS (Comprehensive MCO + any other type)	Superior HealthPlan	Bexar, Dallas, Hidalgo, Lubbock, Nueces	53,586	58,566	112,152
TX	STAR+PLUS (Comprehensive MCO + any other type)	United Healthcare	Harris, Jefferson, Nueces, Travis	28,136	33,837	61,973
TX	STAR (Comprehensive MCO + any other type)	Aetna	Bexar, Tarrant	59,229	0	59,229
TX	STAR (Comprehensive MCO + any other type)	Amerigroup Texas	Bexar, Dallas, Harris, Jefferson, Lubbock, MRSA Central, MRSA East, MRSA West, Tarrant	532,993	0	532,993
TX	STAR (Comprehensive MCO + any other type)	Blue Cross Blue Shield	Travis	14,623	0	14,623
TX	STAR (Comprehensive MCO + any other type)	Christus	Nueces	9,588	0	9,588
TX	STAR (Comprehensive MCO + any other type)	Community First	Bexar	84,293	0	84,293
TX	STAR (Comprehensive MCO + any other type)	Community Health Choice	Harris, Jefferson	196,902	0	196,902

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
TX	STAR (Comprehensive MCO + any other type)	Cook Children's	Tarrant	76,941	0	76,941
TX	STAR (Comprehensive MCO + any other type)	Driscoll Children's	Hidalgo, Nueces	97,072	0	97,072
TX	STAR (Comprehensive MCO + any other type)	El Paso First	El Paso	49,482	0	49,482
TX	STAR (Comprehensive MCO + any other type)	First Care	Lubbock, MRSA West	87,782	0	87,782
TX	STAR (Comprehensive MCO + any other type)	Molina Healthcare	Dallas, El Paso, Harris, Hidalgo, Jefferson	95,996	0	95,996
TX	STAR (Comprehensive MCO + any other type)	Parkland Health First	Dallas	165,351	0	165,351
TX	STAR (Comprehensive MCO + any other type)	Scott and White	MRSA Central	31,667	0	31,667
TX	STAR (Comprehensive MCO + any other type)	Sendero	Travis	9,275	0	9,275
TX	STAR (Comprehensive MCO + any other type)	Seton	Travis	12,006	0	12,006
TX	STAR (Comprehensive MCO + any other type)	Superior HealthPlan	Bexar, El Paso, Hidalgo, Lubbock, MRSA Central, MRSA East, MRSA West, Nueces, Travis	672,889	0	672,889
TX	STAR (Comprehensive MCO + any other type)	Texas Children Health Plan	Harris, Jefferson	264,509	0	264,509
TX	STAR (Comprehensive MCO + any other type)	United Healthcare	Harris, Hidalgo, Jefferson	97,841	0	97,841
TX	STAR Health (Comprehensive MCO + any other type)	Superior HealthPlan	Statewide	30,699	0	30,699
TX	NorthSTAR (BHO (PIHP and/or PAHP))	ValueOptions	Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall	445,058	30,808	475,866
TX	Children's Medicaid Dental Services (Dental)	MCNA	Statewide	1,101,244	0	1,101,244
TX	Children's Medicaid Dental Services (Dental)	DentaQuest	Statewide	1,374,973	0	1,374,973
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	830,474	61,693	892,167
TX	Medical Transportation Program (Non-Emergency Medical Transportation)	Logisticare	Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Tarrant, Wise	917,296	74,325	991,621
TX	Texas Medicaid Wellness Program (Other PHP Plans)	McKesson Health Solutions	Statewide	11,012	0	11,012

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
TX	PACE (PACE)	Bienvivir Senior Health Services	79901, 79902, 79903, 79904, 79905, 79907, 79915, 79924, 79925, 79930, 79935, 79936	64	784	848
TX	PACE (PACE)	The Basics at Jan Werner	79015, 79101, 79102, 79103, 79104, 79106, 79107, 79108, 79109, 79110, 79111, 79118, 79119, 79121, 79124	5	141	146
TX	PACE (PACE)	Silver Star Health Network	79403, 79404, 79407, 79408, 79414, 79415, 79416, 79423, 79424, 79452, 79453, 79464, 79490, 79493, 79499	9	58	67
UT	Healthy Outcomes Medical Excellence (HOME) (Comprehensive MCO)	Healthy Outcomes Medical Excellence (HOME)	Davis, Salt Lake, Weber, Utah	512	342	854
UT	Choice of Health Care Delivery (Comprehensive MCO)	Health Choice Utah	Davis, Utah, Salt Lake, Weber	1,890	126	2,016
UT	Choice of Health Care Delivery (Comprehensive MCO)	Healthy U	Utah, Salt Lake, Weber, Davis, Tooele, Summit, Box Elder	37,544	5,029	42,573
UT	Choice of Health Care Delivery (Comprehensive MCO)	SelectHealth	Salt Lake, Utah, Davis, Weber	69,987	7,179	77,166
UT	Choice of Health Care Delivery (Comprehensive MCO)	Molina	Statewide	58,603	5,207	63,810
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Bear River Mental Health	Box Elder, Cache, Rich	13,820	1,172	14,992
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	OptumHealth/Salt Lake County	Salt Lake	91,939	10,577	102,516
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Central Utah Mental Health	Millard, Juab, Piute, Sevier, Wayne, Sanpete	7,396	901	8,297
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Davis Behavioral Health	Davis	19,348	1,792	21,140
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Wasatch Mental Health	Utah	40,732	3,014	43,746
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Northeastern Counseling	Daggett, Duchesne, Uintah, San Juan	7,333	929	8,262
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Valley Mental Health	Summit, Tooele	6,305	544	6,849
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Southwest Center	Beaver, Garfield, Iron, Kane, Washington	21,926	1,969	23,895
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Weber Mental Health	Weber, Morgan	23,014	2,741	25,755
UT	Prepaid Mental Health (BHO (PIHP and/or PAHP))	Four Corners Community Behavioral Health	Carbon, Emery, Grand	4,465	658	5,123
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Central UT SA	Millard, Juab, Piute, Sevier, Wayne, Sanpete	7,396	901	8,297

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Davis Behavioral SA	Davis	19,348	1,792	21,140
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Four Corners SA	Carbon, Emery, Grand	4,465	658	5,123
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Northeastern SA	Daggett, Duchesne, Uintah, San Juan	7,333	929	8,262
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Valley SA	Summit, Tooele	6,305	544	6,849
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Southwest Center SA	Beaver, Garfield, Iron, Kane, Washington	21,926	1,969	23,895
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Weber SA	Weber, Morgan	23,014	2,741	25,755
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Utah County Drug & Alcohol Prevention & Treatment	Utah	40,732	3,014	43,746
UT	Substance Use Disorder (BHO (PIHP and/or PAHP))	Optum HLTH Salt Lake Co SA	Salt Lake	91,939	10,577	102,516
UT	Transportation (Non-Emergency Medical Transportation)	Pick Me UP	Statewide	216,369	0	216,369
VT	Global Commitment to Health Demonstration (Comprehensive MCO + any other type)	Division of Vermont Health Access	Statewide	102,816	0	102,816
VT	PACE Vermont (PACE)	PACE Vermont	Chittenden, Rutland, and Southern Grand Isle	0	0	0
VA	Medallion 3.0 (Comprehensive MCO)	Healthkeepers Inc. (Anthem Healthkeepers Plus)	Statewide	223,723	0	223,723
VA	Medallion 3.0 (Comprehensive MCO)	CoventryCares of Virginia	Tidewater, Central Virginia, Lynchburg, Roanoke/Alleghany, Far Southwestern Virginia	35,187	0	35,187
VA	Medallion 3.0 (Comprehensive MCO)	INTotal Health	Northern Virginia, Roanoke/Alleghany, Far Southwestern Virginia	50,702	0	50,702
VA	Medallion 3.0 (Comprehensive MCO)	Carilion Clinic Medicare Resources (MajestaCare)	Roanoke/Alleghany, Far Southwestern Virginia	10,555	0	10,555
VA	Medallion 3.0 (Comprehensive MCO)	Optima Family Care	Tidewater, Central Virginia, Charlottesville, Halifax, Winchester, Lynchburg, Far Southwestern Virginia	154,091	0	154,091
VA	Medallion 3.0 (Comprehensive MCO)	Virginia Premier Health Plan	Tidewater, Central Virginia, Charlottesville, Roanoke, Winchester, Lynchburg, Far Southwestern Virginia	160,177	0	160,177
VA	PACE (PACE)	AllCare for Seniors PACE	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	3	52	55

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
VA	PACE (PACE)	Mountian Empire Older Citizens PACE	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	4	99	103
VA	PACE (PACE)	Sentara PACE - Virginia Beach	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	14	145	159
VA	PACE (PACE)	Sentara PACE - Portsmouth	23320, 23321, 23322, 23323, 23324, 23325, 23432, 23433, 23434, 23435, 23436, 23437, 23438, 23701, 23702, 23703, 23704, 23707, 23709	5	56	61
VA	PACE (PACE)	Centra PACE - Lynchburg	24501, 24502, 24503, 24504, 24521, 24522, 24528, 24536, 24538, 24550, 24551, 24553, 24554, 24556, 24572, 24574, 24588, 24593	3	86	89
VA	PACE (PACE)	Centra PACE - Farmville	23002, 23004, 23027, 23040, 23083, 23123, 23824, 23894, 23901, 23909, 23921, 23922, 23923, 23930, 23934, 23936, 23937, 23939, 23941, 23942, 23943, 23947, 23952, 23954, 23955, 23958, 23959, 23960, 23963, 23966, 23974, 23976, 24599	0	19	19
VA	PACE (PACE)	Riverside PACE - Manchester	23112, 23113, 23114, 23120, 23124, 23129, 23139, 23140, 23141, 23146, 23173, 23181, 23221, 23224, 23225, 23226, 23227, 23228, 23231, 23232, 23234, 23235, 23236, 23237, 23238, 23240, 23241, 23249, 23260, 23261, 23269, 23273, 23274, 23276, 23278, 23279, 23282, 23284, 23285, 23286, 23289, 23290, 23291, 23293, 23295	19	166	185
VA	PACE (PACE)	Riverside PACE - McTavish	22546, 23005, 23009, 23011, 23015, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23116, 23150, 23162, 23192, 23218, 23219, 23220, 23222, 23223, 23229, 23230, 23233, 23242, 23250, 23255, 23288	11	114	125
VA	PACE (PACE)	Riverside PACE - Hampton	23601, 23605, 23607, 23651, 23661, 23662, 23663, 23664, 23665, 23666, 23669	13	203	216
VA	PACE (PACE)	Riverside PACE - Newport News	23602, 23603, 23604, 23606, 23608, 23692, 23693, 23696	8	135	143
VA	PACE (PACE)	Riverside PACE - Petersburg	23801, 23803, 23804, 23805, 23806, 23830, 23831, 23832, 23833, 23834, 23836, 23838, 23840, 23841, 23842, 23850, 23860, 23875, 23882, 23885	10	83	93

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
VA	PACE (PACE)	Inova Cares PACE	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, 22150, 22151, 22152, 22153, 22180, 22181, 22182, 22303, 22306, 22307, 22308, 22309, 22310, 22312, 22315, 22201, 22202, 22203, 22204, 22205, 22206, 22207, 22209, 22211, 22213, 22301, 22302, 22304, 22305, 22311, 22314, 20109, 20110, 20111, 20112, 20136, 20137, 20143, 20155, 20169, 20181, 22025, 22026, 22134, 22172, 22191, 22192, 22193	7	44	51
WA	Bridge Waiver Program - Medical Care Services (Comprehensive MCO)	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Yakima	7,481	0	7,481
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Community Health Plan of Washington	Statewide with the exception of King and Snohomish counties	15	0	15
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Molina Health Care	Statewide with the exception of King and Snohomish counties	0	0	0
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Coordinated Care Corporation	Statewide with the exception of King and Snohomish counties	0	0	0
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	United Health Care	Statewide with the exception of King and Snohomish counties	33	0	33
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	Amerigroup RealSolutions	Statewide with the exception of King and Snohomish counties	0	0	0
WA	Apple Health/Healthy Options Health Home Program (Comprehensive MCO)	OptumHealth	Statewide with the exception of King and Snohomish counties	447	0	447
WA	WMIP (Comprehensive MCO)	Molina	Snohomish	2,799	610	3,409
WA	Bridge Waiver Program - Basic Health (Comprehensive MCO)	Amerigroup RealSolutions	Benton, Columbia, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	3	0	3

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
WA	Bridge Waiver Program - Basic Health (Comprehensive MCO)	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Yakima	201	0	201
WA	Bridge Waiver Program - Basic Health (Comprehensive MCO)	Coordinated Care Corporation	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	2	0	2
WA	Bridge Waiver Program - Basic Health (Comprehensive MCO)	Molina Healthcare of Washington	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	213	0	213
WA	Bridge Waiver Program - Basic Health (Comprehensive MCO)	United Healthcare Community Plan	Adams, Asotin, Benton, Chelan, Clark, Columbia, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whitman, Yakima	3	0	3
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Amerigroup RealSolutions	Benton, Columbia, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	9,224	0	9,224
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Yakima	26,384	0	26,384
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Coordinated Care Corporation	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	14,304	0	14,304

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	Molina Healthcare of Washington	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	28,337	0	28,337
WA	Healthy Options - Blind/Disabled (Comprehensive MCO)	United Healthcare Community Plan	Adams, Asotin, Benton, Chelan, Clark, Columbia, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whitman, Yakima	12,584	0	12,584
WA	Healthy Options (Comprehensive MCO)	Community Health Plan of Washington	Adams, Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Okanogan, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Yakima	221,053	0	221,053
WA	Healthy Options (Comprehensive MCO)	Coordinated Care Corporation	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima	54,792	0	54,792
WA	Healthy Options (Comprehensive MCO)	Molina Healthcare of Washington	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	356,291	0	356,291
WA	Healthy Options (Comprehensive MCO)	United Healthcare Community Plan	Adams, Asotin, Benton, Chelan, Clark, Columbia, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whitman, Yakima	35,688	0	35,688
WA	Healthy Options (Comprehensive MCO)	Amerigroup RealSolutions	Benton, Columbia, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima	19,032	0	19,032

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
WA	PCCM (PCCM)	Multiple primary care providers	Benton, Clallam, Ferry, Grays Harbor, King, Lincoln, Okanogan, Pacific, Snohomish, Spokane, Stevens, Whatcom, Yakima	7,813	0	7,813
WA	Washington State Integrated Community Mental Health Program (ICMH) (BHO (PIHP and/or PAHP))	Multiple Regional Support Networks (RSNs)	Clark, Cowlitz, Skamania, Grays Harbor, King, Thurston, Mason, Pierce, Lewis, Pacific, Wahkiakum, Chelan, Douglas, Skagit, San Juan, Island, Snohomish, Whatcom, Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, WallaWalla, Whitman, Yakima, Clallam, Jefferson, Kitsap, Adams, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens	766,605	0	766,605
WA	NEMT Program (Non-Emergency Medical Transportation)	6 NEMT brokers	Statewide	15,859	10,141	26,000
WA	PACE (PACE)	Providence ElderPlace	Kings	18	417	435
WV	Mountain Health Trust (Comprehensive MCO)	Unicare	Statewide	80,658	0	80,658
WV	Mountain Health Trust (Comprehensive MCO)	Coventry Cares of WV	Statewide	62,719	0	62,719
WV	Mountain Health Trust (Comprehensive MCO)	The Health Plan of the Upper Ohio Valley	Statewide	27,000	0	27,000
WV	Physician Assured Access System (PAAS) (PCCM)	Physician Assured Access System (PAAS)	Cabell, Wayne	4,000	0	4,000
WI	Medicaid SSI Managed Care Program (Comprehensive MCO)	Wisconsin CompCare	Chippewa, Douglas, Eau Claire, Grant, Green, Iowa, Juneau, Lafayette, Richland, Vernon, Washburn	192	33	225
WI	Medicaid SSI Managed Care Program (Comprehensive MCO)	Independent Care Health Plan	Brown, Kenosha, Manitowoc, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Winnebago	5,051	3,445	8,496
WI	Medicaid SSI Managed Care Program (Comprehensive MCO)	Molina Health Plan	Brown, Dodge, Jefferson, Kenosha, Kewaunee, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha, Waupaca, Winnebago	1,205	423	1,628
WI	Medicaid SSI Managed Care Program (Comprehensive MCO)	Managed Health Services	Kenosha, Milwaukee, Racine, Waukesha	4,280	1,457	5,737
WI	Medicaid SSI Managed Care Program (Comprehensive MCO)	Network Health Plan	Brown, Calumet, Chippewa, Clark, Dodge, Door, Douglas, Eau Claire, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Monominee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk, Chippewa, Dunn, Eau	1,787	662	2,449

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
WI	Medicaid SSI Managed Care Program (Comprehensive MCO)	UnitedHealthcare Community Plan of WI	Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Dodge, Door, Douglas, Fonddulac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Polk, Portage, Racine, Rock, Sawyer, Sheboygan, St. Croix, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	9,485	4,006	13,491
WI	Medicaid SSI Managed Care Program (Comprehensive MCO)	Group Health Cooperative of Eau Claire County	Buffalo, Chippewa, Columbia, Crawford, Douglas, Eau Claire, Grant, Green, Iowa, Jackson, Juneau, La Crosse, Lafayette, Monroe, Pepin, Richland, Trempealeau, Vernon, Washburn	1,342	413	1,755
WI	BadgerCare Plus (Comprehensive MCO)	Childrens Community Health Plan	Adams, Ashland, Bayfield, Brown, Buffalo, Calumet, Chippewa, Clark, Columbia, Dane, Dodge, Dunn, Eau Claire, Fond du Lac, Grant, Green, Green Lake, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Price, Racine, Rock, Sauk, Shawano, Sheboygan, Taylor, Walworth, Washburn, Washington, Waukesha, Waupaca, Winnebago	131,616	28	131,644
WI	BadgerCare Plus (Comprehensive MCO)	Managed Health Services	Brown, Calumet, Clark, Dodge, Fond du lac, Green Lake, Jefferson, Kenosha, Langlade, Manitowoc, Marathon, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	32,673	10	32,683
WI	BadgerCare Plus (Comprehensive MCO)	Unity Health Insurance	Columbia, Dane, Dodge, Green, Jefferson, Sauk	12,417	7	12,424
WI	BadgerCare Plus (Comprehensive MCO)	UnitedHealthcare Community Plan of WI	Ashland, Barron, Bayfield, Brown, Burnett, Calumet, Dodge, Door, Douglas, Fond du Lac, Forest, GreenLake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rock, Sawyer, Shawano, Sheboygan, St.Croix, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	106,658	65	106,723

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
WI	BadgerCare Plus (Comprehensive MCO)	Security Health Plan	Adams, Ashland, Barron, Chippewa, Clark, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Oneida, Polk, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Vilas, Washburn, Waupaca, Wood	54,695	30	54,725
WI	BadgerCare Plus (Comprehensive MCO)	MercyCare Insurance Company	Dane, Green, Jefferson, Rock, Walworth	14,838	5	14,843
WI	BadgerCare Plus (Comprehensive MCO)	CommunityConnect Health Plan	Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha	52,542	13	52,555
WI	BadgerCare Plus (Comprehensive MCO)	Dean Health Plan	Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sauk, Walworth, Waukesha	41,476	10	41,486
WI	BadgerCare Plus (Comprehensive MCO)	Independent Care (iCare)	Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Washington, Waukesha	1,057	5	1,062
WI	BadgerCare Plus (Comprehensive MCO)	Gunderson Lutheran Health Plan	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, Vernon	17,135	7	17,142
WI	BadgerCare Plus (Comprehensive MCO)	Health Tradition Health Plan	Buffalo, Crawford, Grant, La Crosse, Monroe, Trempealeau, Vernon	9,191	4	9,195
WI	BadgerCare Plus (Comprehensive MCO)	Molina Health Plan	Brown, Dodge, Green Lake, Jefferson, Kenosha, Kewaunee, Lincoln, Marathon, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Shawano, Vilas, Washington, Waukesha, Waupaca, Waushara, Winnebago	94,146	23	94,169
WI	BadgerCare Plus (Comprehensive MCO)	Network Health Plan	Brown, Calumet, Clark, Dodge, Fonddulac, Forest, Green Lake, Jefferson, Kenosha, Langlade, Lincoln, Manitowoc, Marathon, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha	30,577	19	30,596
WI	BadgerCare Plus (Comprehensive MCO)	Physicians Plus Health Plan	Dane	8,836	2	8,838
WI	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative of South Central WI	Dane	3,969	1	3,970
WI	BadgerCare Plus (Comprehensive MCO)	Group Health Cooperative of Eau Claire	Columbia, Crawford, Douglas, Dunn, EauClaire, Grant, Green, Iowa, Jackson, Juneau, Lafayette, Lincoln, Marathon, Monroe, Ozaukee, Pepin, Pierce, Price, Rusk, Sauk, Sawyer, St.Croix, Taylor, Trempealeau, Vernon, Washburn	31,499	16	31,515

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
WI	BadgerCare Plus (Comprehensive MCO)	Compicare	Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Green, Jackson, Juneau, La Crosse, Marquette, Monroe, Pepin, Pierce, Polk, Richland, Rusk, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, Washburn	21,427	6	21,433
WI	Wisconsin Partnership Program (Comprehensive MCO + any other type)	Independent Care Health Plan	Kenosha, Milwaukee, Racine	311	417	728
WI	Wisconsin Partnership Program (Comprehensive MCO + any other type)	Care Wisconsin Health Plan, Inc.	Columbia, Dane, Dodge, Jefferson, Sauk	195	1,166	1,361
WI	Wisconsin Partnership Program (Comprehensive MCO + any other type)	Community Care Health Plan, Inc.	Calumet, Outagamie, Waupaca, Kenosha, Racine, Milwaukee, Ozaukee, Washington, Waukesha	104	432	536
WI	Family Care (MLTSS)	Community Care, Inc. (FC)	Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee County, Racine, Sheboygan, Walworth, Washington, Waukesha, Waupaca	1,786	6,628	8,414
WI	Family Care (MLTSS)	Community Care of Central Wisconsin (FC)	Lincoln, Langlade, Marathon, Portage, Wood	571	2,827	3,398
WI	Family Care (MLTSS)	Care Wisconsin First, Inc. (FC)	Buffalo, Clark, Jackson, LaCrosse, Monroe, Pepin, Trempealeau, Vernon, Ozaukee, Sheboygan, Walworth, Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha, Waushara, Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon, Ozaukee, Sheboygan, Walworth	636	3,060	3,696
WI	Family Care (MLTSS)	Lakeland Care District	Fond du Lac, Manitowoc, Winnebago	456	2,272	2,728
WI	Family Care (MLTSS)	Milwaukee County Department of Family Care	Kenosha, Milwaukee, Racine, Ozaukee, Sheboygan, Walworth, Washington, Waukesha	1,119	7,016	8,135
WI	Family Care (MLTSS)	Northern Bridges	Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Polk, Price, Rusk, Sawyer, Washburn	351	1,737	2,088
WI	Family Care (MLTSS)	Southwest Family Care Alliance	Chippewa, Dunn, Eau Claire, Pierce, St. Croix, Dodge, Green Lake, Jefferson, Marquette, Washington, Waushara, Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk, Chippewa, Dunn, Eau Claire, Pierce, St. Croix, Dodge, Green Lake, Jefferson, Marquette, Washington, Waushara	763	3,978	4,741
WI	Family Care (MLTSS)	Western Wisconsin Cares	Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon	724	3,293	4,017
WI	Children come First (CCF) (BHO (PIHP and/or PAHP))	Dane County Human Services Department	Dane	104	0	104

Table 4. Enrollment by Program and Plan, as of 2013¹

State	Program Name (Type)	Plan	Geographic Region (state-defined areas, counties, or zip codes)	Total Medicaid Only Enrollment	Dual Enrollment	Total Enrollment
WI	Wraparound Milwaukee (BHO (PIHP and/or PAHP))	Milwaukee County Human Services Department -- Wraparound Milwaukee	Milwaukee	980	1	981
WI	Program of All-Inclusive Care for the Elderly (PACE) (PACE)	Community Care, Inc	Waukesha, Milwaukee	83	807	890
WY	Wyoming PACE (PACE)	Wyoming PACE at Cheyenne Regional Medical Center	Laramie	0	19	19

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. Contact information can be found on state Medicaid agency websites; links to state websites are included in each state's profile on Medicaid.gov.

Table 5. State Enrollment in Managed Care Programs Covering Long Term Services and Supports (LTSS)¹ as of July 1, 2013

Entity Type	Total Managed Care Enrollees	Comprehensive Managed Care Including LTSS		Managed LTSS (MLTSS) Only ²		Other MLTSS	
		Number of Enrollees	Percent of Total	Number of Enrollees	Percent of Total	Number of Enrollees	Percent of Total
Alabama	570,924	0	0.0%	0	0.0%	0	0.0%
Alaska	0	0	0.0%	0	0.0%	0	0.0%
American Samoa	0	0	0.0%	0	0.0%	0	0.0%
Arizona ³	1,072,628	51,260	4.8%	0	0.0%	0	0.0%
Arkansas	477,391	0	0.0%	0	0.0%	0	0.0%
California	5,710,766	7,655	0.1%	0	0.0%	0	0.0%
Colorado	705,356	0	0.0%	0	0.0%	0	0.0%
Connecticut	0	0	0.0%	0	0.0%	0	0.0%
Delaware ³	182,458	10,922	6.0%	0	0.0%	0	0.0%
District of Columbia	171,064	0	0.0%	0	0.0%	0	0.0%
Florida	2,124,162	0	0.0%	20,713	1.0%	0	0.0%
Georgia	1,185,744	0	0.0%	0	0.0%	0	0.0%
Guam	0	0	0.0%	0	0.0%	0	0.0%
Hawaii	303,472	45,997	15.2%	0	0.0%	0	0.0%
Idaho	241,432	0	0.0%	0	0.0%	0	0.0%
Illinois	2,065,489	38,098	1.8%	0	0.0%	0	0.0%
Indiana	765,630	0	0.0%	0	0.0%	0	0.0%
Iowa	357,127	0	0.0%	0	0.0%	0	0.0%
Kansas ³	328,922	6,835	2.1%	0	0.0%	0	0.0%
Kentucky	716,715	0	0.0%	0	0.0%	0	0.0%
Louisiana	1,101,415	0	0.0%	0	0.0%	0	0.0%
Maine	161,367	0	0.0%	0	0.0%	0	0.0%
Maryland	865,100	0	0.0%	0	0.0%	0	0.0%
Massachusetts	903,821	28,212	3.1%	0	0.0%	0	0.0%
Michigan	1,249,015	0	0.0%	0	0.0%	0	0.0%
Minnesota	633,494	48,676	7.7%	0	0.0%	0	0.0%
Mississippi	534,029	0	0.0%	0	0.0%	0	0.0%
Missouri	844,233	0	0.0%	0	0.0%	0	0.0%
Montana	78,022	0	0.0%	0	0.0%	0	0.0%
Nebraska	185,163	0	0.0%	0	0.0%	0	0.0%

Table 5. State Enrollment in Managed Care Programs Covering Long Term Services and Supports (LTSS)¹ as of July 1, 2013

Entity Type	Total Managed Care Enrollees	Comprehensive Managed Care Including LTSS		Managed LTSS (MLTSS) Only ²		Other MLTSS	
		Number of Enrollees	Percent of Total	Number of Enrollees	Percent of Total	Number of Enrollees	Percent of Total
Nevada	180,321	0	0.0%	0	0.0%	0	0.0%
New Hampshire	0	0	0.0%	0	0.0%	0	0.0%
New Jersey	1,055,246	0	0.0%	0	0.0%	0	0.0%
New Mexico	375,775	40,465	10.8%	0	0.0%	0	0.0%
New York	4,039,442	4,212	0.1%	101,351	2.5%	0	0.0%
North Carolina ⁴	1,209,638	0	0.0%	0	0.0%	see note 4	N/A
North Dakota	42,718	0	0.0%	0	0.0%	0	0.0%
Northern Mariana Islands	0	0	0.0%	0	0.0%	0	0.0%
Ohio	1,668,069	0	0.0%	0	0.0%	0	0.0%
Oklahoma	540,164	0	0.0%	0	0.0%	0	0.0%
Oregon	626,650	0	0.0%	0	0.0%	0	0.0%
Pennsylvania ⁵	1,860,716	0	0.0%	0	0.0%	131	<.1%
Puerto Rico	1,520,960	0	0.0%	0	0.0%	0	0.0%
Rhode Island	147,668	0	0.0%	0	0.0%	0	0.0%
South Carolina	639,675	0	0.0%	0	0.0%	0	0.0%
South Dakota	90,998	0	0.0%	0	0.0%	0	0.0%
Tennessee ³	1,215,624	60,943	5.0%	0	0.0%	0	0.0%
Texas	2,999,007	408,808	13.6%	0	0.0%	0	0.0%
Utah	261,847	0	0.0%	0	0.0%	0	0.0%
Vermont	102,816	0	0.0%	0	0.0%	0	0.0%
Virgin Islands	0	0	0.0%	0	0.0%	0	0.0%
Virginia	635,734	0	0.0%	0	0.0%	0	0.0%
Washington	789,931	3,409	0.4%	0	0.0%	0	0.0%
West Virginia	170,377	0	0.0%	0	0.0%	0	0.0%
Wisconsin	740,600	2,625	0.4%	37,217	5.0%	0	0.0%
Wyoming	19	0	0.0%	0	0.0%	0	0.0%
TOTALS	44,448,934	758,117	1.7%	159,281	0.4%	131	<.1%

1. Includes both Medicaid-only and Medicare-Medicaid ("dual") enrollees. For both types of enrollees, Medicaid covers LTSS services. 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.

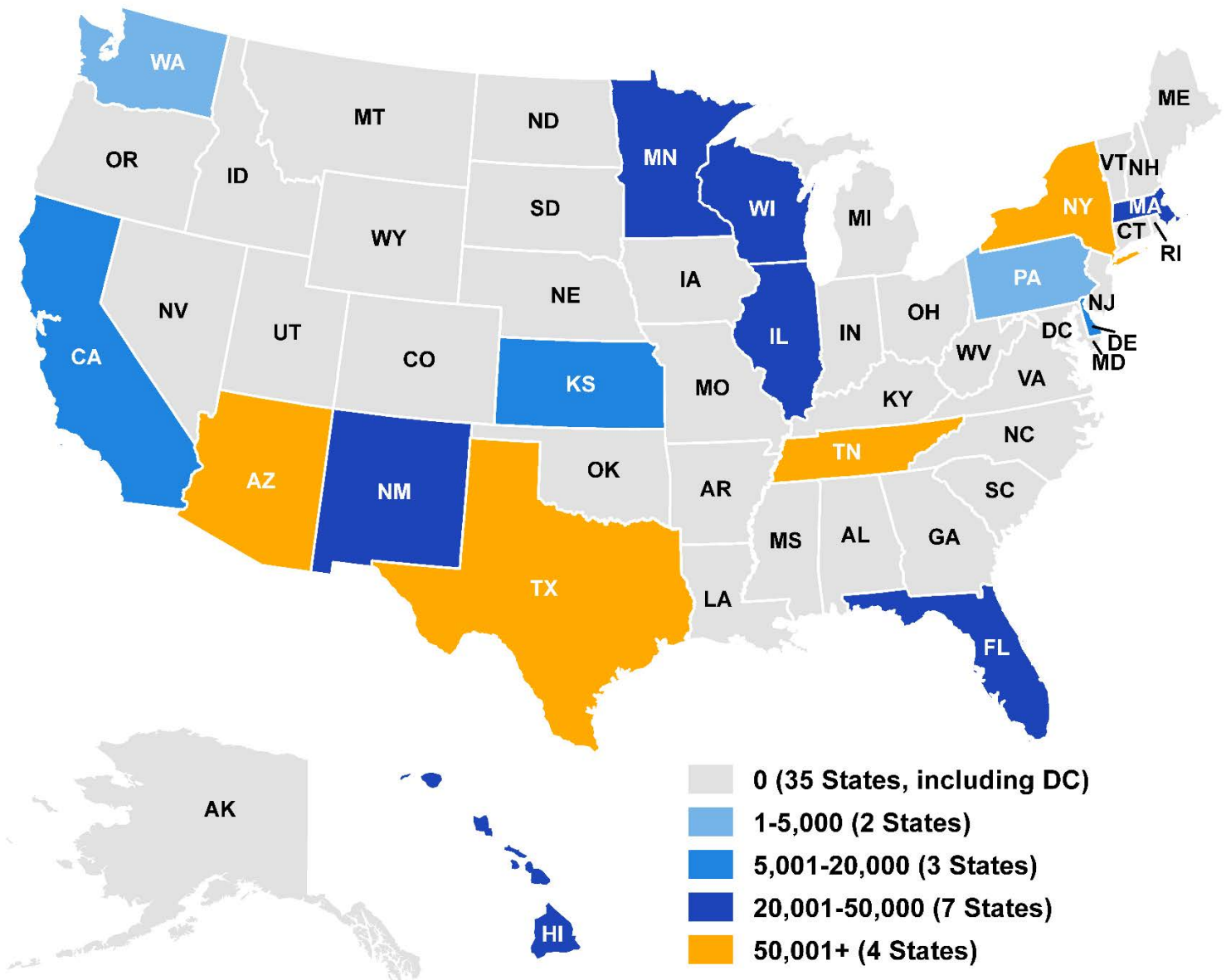
2. MLTSS Only programs cover LTSS under capitation; acute, primary, and specialty care services for these enrollees may be covered by another Medicaid MCO, Medicaid FFS, or by Medicare for dual enrollees.

3. Arizona, Delaware, Kansas, and Tennessee provide LTSS through comprehensive managed care programs; only LTSS users are included in the enrollment figures shown above.

4. North Carolina operates a statewide managed care program that contracts with two local management entities to provide all mental health, intellectual/developmental disabilities (IDD) and substance services covered in the Medicaid State Plan (e.g. inpatient, clinic and rehabilitation as well as home and community-based waiver services (HCBS) for persons with IDD. The number of beneficiaries receiving HCBS services under North Carolina's 1915(b)/1915(c) waiver was not available as part of this data collection.

5. Pennsylvania operates an Adult Community Autism Program, which contracts with a small specialty provider to provide MLTSS to adults with autism in four counties.

State Enrollment in Managed Care Programs Covering Long-Term Services and Supports



U.S. Total = 917,529

Source: Managed Care Enrollment Report, Summary Statistics as of July 1, 2013, CMS, 2015.

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

Features (N = total number of programs)	Comprehensive MCO with or without other program types (N = 76)		PCCM (N = 24)		MLTSS (N = 24)		BHO (PIHP and/or PAHP) (N = 21)		Dental (N = 7)		Transportation (N = 13)		Other PHP (N = 7)		PACE (N = 32)	
	Mandatory	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary
Low-income Adults	44	8	16	6	0	0	16	1	3	0	12	2	2	3	0	0
Aged, Blind or Disabled Children or Adults	38	13	12	9	1	0	16	1	6	1	12	2	2	3	0	25
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	39	4	16	3	0	0	15	2	6	1	10	3	1	2	0	0
Individuals receiving Limited Benefits	11	3	4	2	0	0	6	1	0	0	4	2	1	1	0	0
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	20	3	6	3	0	0	6	1	0	0	7	1	1	1	0	0
Full Duals	17	20	1	6	1	2	14	2	2	2	12	2	0	3	0	29
Partial Duals	7	6	0	2	0	1	7	1	1	0	6	2	0	2	0	23
Children with Special Health Care Needs	26	14	6	9	0	0	13	3	3	0	11	2	1	1	0	0
Native American/Alaskan Natives	16	44	6	16	0	2	11	6	3	4	7	4	0	5	0	23
Foster Care and Adoption Assistance Children	18	29	1	13	0	0	12	3	3	3	10	2	1	3	0	0
Exempt populations¹	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children	Native American/Alaskan Natives	Foster Care and Adoption Assistance Children
	16	29	2	10	1	3	4	6	0	1	2	1	2	3	9	32

1. Certain federal 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 7. Number of Managed Care Program Types, by Quality Assurance Requirements and Performance Incentives, at any point in 2013

Features	Comprehensive MCO with or without other program types (N)	PCCM (N)	MLTSS (N)	BHO (PIHP and/or PAHP) (N)	Dental (N)	Transportation (N)	Other PHP (N)	PACE (N)
Total number of programs	76	24	3	21	7	13	7	32
Quality Assurance and Data Collection								
HEDIS data required	66	8	0	10	4	0	1	5
CAHPS data required	63	9	0	4	4	2	2	4
Accreditation required	32	3	0	9	0	0	2	1
EQRO contractor used	73	0	3	16	0	0	0	8
Performance incentives								
Payment bonuses/differentials to reward MCOs	23	9	1	4	3	2	0	1
Preferential auto-enrollment to reward MCOs	16	3	1	0	3	0	0	0
Public reports comparing MCO performance on key metrics	28	4	1	1	3	2	0	0
Withholds tied to performance metrics	26	1	0	5	4	2	0	0

Alabama Managed Care Program Features, as of 2013

Features	Maternity Care Program	PACE	Patient 1st
Program type	Other PHP Plans	PACE	PCCM
Statewide or region-specific?	Statewide	Mobile, Baldwin	Statewide
Federal operating authority	1915(b) waiver	PACE	1915(b) waiver
Program start date	9/1/1988	10/1/2011	10/1/2004
Waiver expiration date (if applicable)	8/31/2015		
If the program ended in 2013, indicate the end date			8/31/2013
Populations enrolled			
Low-income Adults	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	Mandatory		Mandatory
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory		Mandatory
Full Duals		Voluntary	
Partial Duals		Voluntary	
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory		Exempt
Enrollment choice period	Pre-assigned	N/A	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period		Open enrollment that begins the first of every month; disenrollment is effective the last day of the month chosen	
Benefits covered			
Inpatient hospital physical health		X	X
Inpatient hospital behavioral health (MH and/or SUD)		X	X
Outpatient hospital physical health		X	X

Alabama Managed Care Program Features, as of 2013

Features	Maternity Care Program	PACE	Patient 1st
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	X
Lab and x-ray	X	X	X
Prescription drugs and prosthetic devices		X	X
EPSDT			X
Case management	X	X	X
Health home			X
Family planning			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			X
Private duty nursing			X
ICF-IDD			X
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.)	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
CAHPS data required?	No	No	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)			

Alabama Managed Care Program Features, as of 2013

Features	Maternity Care Program	PACE	Patient 1st
Performance incentives?	No	No	Yes
Payment bonuses/differentials to reward MCOs			X
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Maternity Program	Mercy Life of Alabama	Patient 1st Program; Patient Care Networks of Alabama (PCNA)
Notes			
Program notes	This is only a maternity care program. It is a PAHP only program.		In August 2011, Alabama added an enhanced PCCM program to its Patient 1st program, called the Patient Care Network of Alabama (PCNA), in which primary medical providers (PMPs) in four geographic regions are given the option to contract with a primary care network (PCN) and serve as medical homes for high-risk individuals. Similar to North Carolina's Community Care Networks, Alabama's PCNs support PMPs by providing intensive case management, reviewing service utilization data, monitoring capacity and referrals, facilitating quality improvement and the use of evidence-based care, and conducting education and outreach. In 2012, Alabama began operating a Health Home program which serves people with two chronic conditions, or one chronic condition and the risk of developing another. Beneficiaries must be enrolled in the Patient 1st plan before receiving services under Patient Care Networks of Alabama. However, in this report, each plan's enrollment totals are reported separately as non-overlapping.

Arizona Managed Care Program Features, as of 2013

Features	Arizona Health Care Cost Containment System
Program type	Comprehensive MCO + any other type
Statewide or region-specific?	Statewide
Federal operating authority	1115 demonstration
Program start date	7/13/1982
Waiver expiration date (if applicable)	9/30/2016
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	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	Voluntary
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	Pre-assigned
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

Arizona Managed Care Program Features, as of 2013

Features	Arizona Health Care Cost Containment System
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	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
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?	No
CAHPS data required?	Yes

Arizona Managed Care Program Features, as of 2013

Features	Arizona Health Care Cost Containment System
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	Health Services Advisory Group
Performance incentives?	Yes
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	X
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	X
Participating plans and regions served	
Plans in Program	AZ Dept of Economic Security, Comprehensive Medical and Dental Program; AZ Dept of Economic Security, Division of Developmental Disabilities; Care 1st; Health Choice Arizona; Maricopa Health Plan; Mercy Care Plan; Phoenix Health Plan; University Family Care; Bridgeway Health Solution; Bridgeway Health Solutions (ALTCS); United Healthcare (ALTCS); Mercy Care (ALTCS); United Healthcare
Notes	
Program notes	LTSS dual-eligible enrollment was 27,172 and LTSS non dual-eligible enrollment was 24,088. Medical enrollment total includes 37,791 SLMB Part B Buy in. Also, MCOs provided Family Planning Services only to SOBRA Family Services member. The number of SOBRA Family Services members by MCO is as follows: UnitedHealthcare: 1,000 Care 1st Arizona: 319 Health Choice AZ: 817 Maricopa Health Plan: 191 Mercy Care Plan: 1,297 Phoenix Health Plan: 939 University Family Care: 273 Bridgeway Health Solutions: 114 SOBRA Family Planning Total: 4,950.

Arkansas Managed Care Program Features, as of 2013

Features	Non-Emergency Transportation	PACE	Safety Net
Program type	Non-Emergency Medical Transportation	PACE	PCCM
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b) waiver	PACE	1115 demonstration
Program start date	2/19/1988	7/1/2004	10/1/1993
Waiver expiration date (if applicable)			
If the program ended in 2013, indicate the end date			12/31/2013
Populations enrolled			
Low-income Adults	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			Mandatory
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory		Mandatory
Full Duals	Mandatory	Voluntary	
Partial Duals		Voluntary	
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Enrollment choice period	Pre-assigned	N/A	N/A
Enrollment broker name (if applicable)			ConnectCare
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	

Arkansas Managed Care Program Features, as of 2013

Features	Non-Emergency Transportation	PACE	Safety Net
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			
Case management		X	X
Health home		X	
Family planning		X	
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		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.)		Podiatry, Nutrition, Therapy	
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	Yes	No	Yes
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)			

Arkansas Managed Care Program Features, as of 2013

Features	Non-Emergency Transportation	PACE	Safety Net
Performance incentives?	No		
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Various regional providers	PACE	Multiple primary care providers
Notes			
Program notes			The waiver authority expired on December 31, 2013; at which time this program was moved to the Arkansas Medicaid State Plan under 1932(a)(1) (A) authority with no changes to criteria or operation. Also this waiver was also included under authority 1902(a)(10)(B) . The authority under 1932(a)(1)(A) under HIFA was dissolved by the state because this population would become eligible for the marketplace or Medicaid expansion.

California Managed Care Program Features, as of 2013

Features	AIDS Health Care Foundation	County Organized Health Systems (COHS) Model	Dental Managed Care-LA	Dental Managed Care-Sacramento	Family Mosaic	Geographic Managed Care (GMC) Model	Health Plan of San Mateo CCS Demo	PACE	Senior Care Action Network (SCAN)	Two-Plan Model
Program type	Other PHP Plans	Comprehensive MCO + any other type	Dental	Dental	Other PHP Plans	Comprehensive MCO	Comprehensive MCO + any other	PACE	Comprehensive MCO + any other type	Comprehensive MCO
Statewide or region-specific?	Los Angeles	Statewide	Los Angeles	Sacramento	San Francisco	Sacramento, San Diego	San Mateo	Statewide	Riverside, San Bernardino, Los Angeles	Fresno, Kings, Madera, Alameda, Contra Costa, Kern, LA, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Tulare, Stanislaus
Federal operating authority	1915(a)/1915(c)	1115 demonstration	1915(b) waiver	1915(b) waiver	1915(a)/1915(c)	1115 demonstration	1115 demonstration	PACE	1915(a)	1115 demonstration
Program start date	1/4/2002	11/1/2010	11/1/2010	1/1/2010	1/12/1992	11/1/2010	1/6/2012	11/1/2002	1/1/2008	
Waiver expiration date (if applicable)							10/31/2015			
If the program ended in 2013, indicate the end date										
Populations enrolled										
Low-income Adults	Voluntary	Mandatory		Mandatory		Mandatory	Voluntary			Mandatory
Aged, Blind or Disabled Children or Adults		Mandatory	Voluntary	Mandatory	Voluntary			Voluntary	Voluntary	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Voluntary	Mandatory	Voluntary	Mandatory		Mandatory				Mandatory
Individuals receiving Limited Benefits		Mandatory								
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Voluntary	Mandatory				Mandatory				Mandatory
Full Duals		Mandatory	Voluntary	Voluntary	Voluntary			Voluntary	Voluntary	
Partial Duals		Mandatory			Voluntary			Voluntary	Voluntary	
Children with Special Health Care Needs		Mandatory					Mandatory			
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary	Voluntary		Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary	Voluntary	Exempt	Voluntary	Voluntary	Exempt	Exempt	Voluntary

California Managed Care Program Features, as of 2013

Features	AIDS Health Care Foundation	County Organized Health Systems (COHS) Model	Dental Managed Care-LA	Dental Managed Care-Sacramento	Family Mosaic	Geographic Managed Care (GMC) Model	Health Plan of San Mateo CCS Demo	PACE	Senior Care Action Network (SCAN)	Two-Plan Model
Enrollment choice period	Pre-assigned	Pre-assigned	60 days	60 days	Pre-assigned	Approximately 45 days	Pre-assigned	N/A	does not apply	Approximately 45 days
Enrollment broker name (if applicable)			Health Care Options/ Maximus			Health Care Options/ Maximus				Health Care Options/ Maximus
Notes on enrollment choice period										
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	X
Outpatient hospital behavioral health (MH and/or SUD)								X	X	
Partial hospitalization								X	X	
Physician	X	X				X	X	X	X	X
Nurse practitioner	X	X				X	X	X	X	X
Rural health clinics and FQHCs	X	X	X	X		X	X			X
Clinic services	X					X	X	X	X	X
Lab and x-ray	X	X				X	X	X	X	X
Prescription drugs and prosthetic devices	X					X	X	X	X	X
EPSDT	X	X	X	X		X	X	X		X
Case management	X	X	X	X		X	X	X	X	X
Health home	X	X				X	X	X	X	X
Family planning	X	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	

California Managed Care Program Features, as of 2013

Features	AIDS Health Care Foundation	County Organized Health Systems (COHS) Model	Dental Managed Care-LA	Dental Managed Care-Sacramento	Family Mosaic	Geographic Managed Care (GMC) Model	Health Plan of San Mateo CCS Demo	PACE	Senior Care Action Network (SCAN)	Two-Plan Model
Personal care (state plan option)								X	X	
HCBS waiver services							X			
Private duty nursing							X			
ICF-IDD		X								
Nursing facility services		X						X	X	
Hospice care	X	X				X	X	X	X	X
Non-Emergency Medical Transportation	X	X	X	X		X	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)					Mental Health		Pediatric specialties and subspecialties, pediatric surgical specialties	Podiatry, Specialty services as dictated by participant's care plan	Podiatry, Specialty services as dictated by participant's care plan	
Quality assurance and improvement										
HEDIS data required?	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes
CAHPS data required?	No	Yes	Yes	Yes	No	Yes	No	No	No	Yes
Accreditation required?	No	No	No	No	No	No	No	No	No	No
Accrediting organization										
EQRO contractor name (if applicable)		Health Services Advisory Group				Health Services Advisory Group				Health Services Advisory Group
Performance incentives?	No	Yes	Yes	Yes		Yes	No	No		Yes
Payment bonuses/differentials to reward MCOs			X	X						
Preferential auto-enrollment to reward MCOs			X	X		X				X
Public reports comparing MCO performance on key metrics		X	X	X		X				X
Withholds tied to performance metrics			X	X						

California Managed Care Program Features, as of 2013

Features	AIDS Health Care Foundation	County Organized Health Systems (COHS) Model	Dental Managed Care-LA	Dental Managed Care-Sacramento	Family Mosaic	Geographic Managed Care (GMC) Model	Health Plan of San Mateo CCS Demo	PACE	Senior Care Action Network (SCAN)	Two-Plan Model
Participating plans and regions served										
Plans in Program	Positive Healthcare (AHF Healthcare Centers)	CENCAL Health/San Luis Obispo; CENCAL Health/Santa Barbara; Health Plan of San Mateo; Partnership Health Plan/Solano; Central California Alliance for Health/Santa Cruz; CalOPTIMA; Partnership Health Plan/Napa; Central California Alliance for Health/Monterey; Partnership Health Plan/Yolo; Partnership Health Plan/Marin; Partnership Health Plan/Mendocino; Partnership Health Plan/Sonoma; Central California Alliance for Health Merced; Gold Coast Health Plan Ventura	Health Net; Access Dental Plan; Liberty Dental Plan	Access Dental Plan/Sacramento; Liberty Dental Plan of CA/Sacramento; Health Net of CA-Dental/Sacramento	San Francisco City & CO	Community Health Group/San Diego; Kaiser Permanente/Sacramento; Molina Health Care/San Diego; Health Net Community Solutions/Sacramento; Care 1st Healthplan/San Diego; Anthem Blue Cross Partnership Plan/Sacramento; Health Net Community Solutions/San Diego; Kaiser Permanente/San Diego; Molina Health Care/Sacramento	Health Plan of San Mateo CCS Demo	Sutter SeniorCare; Center for Elders Independence/Alameda; AltaMed Med Senior BuenaCare/LA; Center for Elders Independence/Contra Costa; On Lok Senior Health Services (On Lok Lifeways)/SF; On Lok Senior Health Services (On Lok Lifeways)/Alameda; Community Eldercare of San Diego (St. Paul's PACE); On Lok Senior Health Services (On Lok Lifeways)/Santa Clara; Brandman Centers for Senior Care/LA	SCAN/Riverside (Plan code 204); SCAN/Riverside (Plan code 205); SCAN/San Bernardino (Plan code 206); SCAN/San Bernardino (Plan code 207); SCAN/LA (plan Code 200); SCAN/LA (Plan Code 201)	CalViva Health Fresno; CalViva Health Kings; CalViva Health Madera; Alameda Alliance for Health; Contra Costa Health Plan; Kern Health Systems; LA Care Health Plan; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin; Santa Clara Family Health; Anthem Blue Cross Partnership Plan/Tulare; Health Plan of San Joaquin/Stanislaus; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership Plan/SF; Anthem Blue Cross Partnership Plan/Contra Costa; Anthem Blue Cross Partnership Plan/Santa Clara; Health Net Community Solutions/LA; Health Net Community Solutions/Tulare; Health Net Community Solutions, Inc/San Joaquin; Molina Health Care/Riverside; Molina Health Care /San Bernardino; Health Net Community Solutions/Kern; Health Net Community Solutions/Stanislaus; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera
Notes										
Program notes										

Colorado Managed Care Program Features, as of 2013

Features	Accountable Care Collaborative	Colorado Medicaid Community Behavioral Health Services Program	Managed Care Program	Primary Care Physician Program	Program of All-Inclusive Care for the Elderly (PACE)
Program type	PCCM	BHO (PIHP and/or PAHP)	Comprehensive MCO	Other PHP Plans	PACE
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115 demonstration, 1932(a)	1915(b) waiver	1915(a)	1932(a)	PACE
Program start date	5/1/2011	7/1/1995	5/1/1983	6/30/2003	4/1/2003
Waiver expiration date (if applicable)	1/1/2014	6/30/2015			
If the program ended in 2013, indicate the end date					
Populations enrolled					
Low-income Adults	Voluntary	Mandatory	Voluntary	Voluntary	
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Voluntary	Mandatory	Voluntary	Voluntary	
Individuals receiving Limited Benefits	Voluntary	Mandatory	Voluntary	Voluntary	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory				
Full Duals	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary
Partial Duals	Voluntary			Voluntary	Voluntary
Children with Special Health Care Needs	Voluntary	Mandatory	Voluntary	Voluntary	
Native American/Alaskan Natives	Voluntary	Mandatory	Exempt	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Voluntary	Voluntary	Exempt
Enrollment choice period	N/A	Pre-assigned	60 days		N/A
Enrollment broker name (if applicable)	Maximus - HealthColorado	Maximus - HealthColorado	Maximus - HealthColorado	Maximus - HealthColorado	Maximus - HealthColorado

Colorado Managed Care Program Features, as of 2013

Features	Accountable Care Collaborative	Colorado Medicaid Community Behavioral Health Services Program	Managed Care Program	Primary Care Physician Program	Program of All-Inclusive Care for the Elderly (PACE)
Notes on enrollment choice period	Any new Colorado Medicaid client will be passively enrolled into the ACC, with the exception of: clients who live in Denver City and County and clients who are members of certain, pre-defined eligibility categories. Every client who is passively enrolled in the ACC will receive notice at least 30 days before their enrollment begins and may contact the Enrollment Broker to opt out of the program during that time. Additionally, clients will have 60 days from their first day of enrollment to opt out of the program, without cause. After that time, clients may opt-out during their annual open enrollment period, without cause; or may petition to be removed from the program with cause.	BHO clients are automatically enrolled into a plan based on geography. There is not an open enrollment period or an option to opt out.	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.	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
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		
Clinic services	X	X	X	X	

Colorado Managed Care Program Features, as of 2013

Features	Accountable Care Collaborative	Colorado Medicaid Community Behavioral Health Services Program	Managed Care Program	Primary Care Physician Program	Program of All-Inclusive Care for the Elderly (PACE)
Lab and x-ray	X		X	X	X
Prescription drugs and prosthetic devices	X		X	X	X
EPSDT	X	X	X	X	
Case management	X	X	X	X	X
Health home	X		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		
Personal care (state plan option)	X		X		X
HCBS waiver services	X		X		
Private duty nursing	X		X		
ICF-IDD	X		X		
Nursing facility services	X			X	X
Hospice care	X				X
Non-Emergency Medical Transportation	X		X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable Medical Equipment (DME)		DME	DME	Optometry, podiatry, rehabilitative services, adult day health center services, transportation, respite care, caregiver education, meals and nutritional services in the PACE center, social activities in the PACE center, DME and supplies
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	Yes	No	No
CAHPS data required?	Yes	No	Yes	Yes	No
Accreditation required?	No	Yes	No	No	No
Accrediting organization	EQRO - Health Services Advisory Group, Inc	EQRO			

Colorado Managed Care Program Features, as of 2013

Features	Accountable Care Collaborative	Colorado Medicaid Community Behavioral Health Services Program	Managed Care Program	Primary Care Physician Program	Program of All-Inclusive Care for the Elderly (PACE)
EQRO contractor name (if applicable)		Health Services Advisory Group, Inc.	Health Services Advisory Group, Inc.		
Performance incentives?	Yes	Yes	Yes	No	No
Payment bonuses/differentials to reward MCOs	X	X	X		
Preferential auto-enrollment to reward MCOs					
Public reports comparing MCO performance on key metrics	X				
Withholds tied to performance metrics			X		
Participating plans and regions served					
Plans in Program	Multiple primary care providers	Behavioral Healthcare Inc.; Colorado Health Partnerships; Foothills Behavioral Health Partners; Northeast Behavioral Health Partnership; Access Behavioral Care	Denver Health Medicaid Choice; Rocky Mountain Health Plan	Multiple primary care providers	Total Long Term Care DBA InnovAge Greater Colorado PACE; Total Longterm Care - Pueblo DBA InnovAge Greater Colorado PACE; Rocky Mountain Health Care Services PACE; Volunteers of America (VOANS) PACE DBA Senior CommUnity Care

Colorado Managed Care Program Features, as of 2013

Features	Accountable Care Collaborative	Colorado Medicaid Community Behavioral Health Services Program	Managed Care Program	Primary Care Physician Program	Program of All-Inclusive Care for the Elderly (PACE)
Notes					
Program notes	<p>This program operates under 1932(a) authority. But, one population, adults without dependent children (AwDC), was mandatorily enrolled in the ACC under the authority of an 1115 Demonstration. Program is a PCCM that closely resembles an ACO organization and pays benefits on a FFS basis and also pays a pmpm for medical home, case management and care coordination. The program consists of seven regional ACO-like organizations. These organizations are called Regional Care Collaborative Organizations (RCCO) and they 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.</p>	<p>The Colorado Medicaid Community Behavioral Health Services Program is a statewide managed care program that provides comprehensive behavioral health services to all Coloradans with Medicaid. 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 for medically necessary mental health services to clients in their service areas.</p>	<p>Denver Health & Hospital Authority (DHHA) is a staff-model HMO. DHHA's Medicaid program, Denver Health Medicaid Choice (DHMC) is a full-risk capitation contract. In addition to DHHA's main medical campus (i.e. hospital, pharmacy, clinic, etc.) they operate eight (8) community health centers and 15 school-based clinics in underserved neighborhoods throughout the Denver metropolitan area. Rocky Mountain Health Plan (RMHP) is a 1915(a), non-risk Prepaid Inpatient Health Plan (PHIP). RMHP's Medicaid plan is an Administrative Services Organization (ASO) model, meaning that RMHP receives and adjudicates claims from its providers, re-prices the claims to the Medicaid Fee Schedule, and then submits them to Colorado Medicaid for payment. Claims are then paid to RMHP by the state on a fee-for-service basis. There is a performance incentive written into the contract, which is based on performance in reducing unnecessary utilization of services and meeting clinical quality indicators.</p>		

Delaware Managed Care Program Features, as of 2013

Features	Diamond State Health Plan	St. Francis Life
Program type	Comprehensive MCO + any other type	PACE
Statewide or region-specific?	Statewide	New Castle
Federal operating authority	1115 demonstration	PACE
Program start date	1/1/1996	2/1/2013
Waiver expiration date (if applicable)	12/31/2018	
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	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	Mandatory	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory	
Full Duals	Mandatory	
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives		
Foster Care and Adoption Assistance Children	Mandatory	
Enrollment choice period	30 days	N/A
Enrollment broker name (if applicable)	HP Enterprise Services L.L.C. (HP)	HP Enterprise Services LLC (HP)
Notes on enrollment choice period	New Medicaid members are provided services through FFS during the initial 30 day open enrollment period after which time they default to a pre-selected option. Each member has a 90 day period in which to request a change from the defaulted assignment.	

Delaware Managed Care Program Features, as of 2013

Features	Diamond State Health Plan	St. Francis Life
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		
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	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.)		

Delaware Managed Care Program Features, as of 2013

Features	Diamond State Health Plan	St. Francis Life
Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Mercer	Mercer
Performance incentives?	No	No
Payment bonuses/differentials to reward MCOs		
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
Participating plans and regions served		
Plans in Program	Diamond State Partners (DSP); Delaware Physicians Care; UnitedHealthcare Community Plan	St. Francis Life
Notes		
Program notes	LTSS dual-eligible enrollment was 10,108 and LTSS non dual-eligible enrollment was 814.	

District of Columbia Managed Care Program Features, as of 2013

Features	Health Services for Children with Special Needs	Medicaid Managed Care Program	Non-Emergency Medical Transportation Program
Program type	Comprehensive MCO + any other type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1115 demonstration	1902(a)(70) NEMT
Program start date	1/1/1996	10/1/2012	10/1/2007
Waiver expiration date (if applicable)			
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults		Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults			Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Voluntary
Individuals receiving Limited Benefits			Mandatory
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			
Full Duals			Mandatory
Partial Duals			
Children with Special Health Care Needs	Voluntary		Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary		Mandatory
Enrollment choice period		30 days	Pre-assigned
Enrollment broker name (if applicable)		Maximus	

District of Columbia Managed Care Program Features, as of 2013

Features	Health Services for Children with Special Needs	Medicaid Managed Care Program	Non-Emergency Medical Transportation Program
Notes on enrollment choice period	Enrollment is voluntary, else beneficiary stays in fee-for-service.	Our auto-assignment 30 day algorithm tickler begins as soon as DHCF receives notification of a new enrollee from ESA. If we have not had heard from the beneficiary with an affirmative MCO selection by the time that the 30 day deadline expires, our Enrollment Broker will auto-assign the beneficiary to an MCO. Depending on the day of the month that the 30 day deadlines concludes will determine whether the beneficiary's MCO assignment begins on the 1st of the following month or the 1st of the month following.	
Benefits covered			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health			
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	

District of Columbia Managed Care Program Features, as of 2013

Features	Health Services for Children with Special Needs	Medicaid Managed Care Program	Non-Emergency Medical Transportation Program
Prescription drugs and prosthetic devices	X	X	
EPSDT	X	X	
Case management	X	X	
Health home	X	X	
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			
Private duty nursing			
ICF-IDD			
Nursing facility services			
Hospice care	X	X	
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers	Freestanding birth centers	
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	No
CAHPS data required?	Yes	Yes	No
Accreditation required?	No	Yes	No
Accrediting organization		NCQA	
EQRO contractor name (if applicable)	DC Department of Health Care Finance	DC Department of Health Care Finance	
Performance incentives?	No	No	No
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			

District of Columbia Managed Care Program Features, as of 2013

Features	Health Services for Children with Special Needs	Medicaid Managed Care Program	Non-Emergency Medical Transportation Program
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Health Services for Children with Special Needs	AmeriHealth; MedStar Family Choice; Trusted Health Plan	MTM, Inc.
Notes			
Program notes	<p>Children with Special Health Care Needs are those who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond those required by children generally. This definition includes children who receive Supplemental Security Income (SSI), children whose disabilities meet the SSI definition, children who are or have been in foster care, and children who meet the standard of limited English proficiency. Enrollment forms are used to identify members of these groups. Enrollment numbers for Health Services for Children with Special Needs include children with special needs, in addition to well children born to children with special needs.</p>		<p>NEMT is the transportation broker to which all full eligible FFS recipients are assigned.</p>

Florida Managed Care Program Features, as of 2013

Features	1915 (b) Medicaid Managed Care	Disease Management	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + any other type	Other PHP Plans	Comprehensive MCO + any other type	PCCM	MLTSS	Dental	BHO (PIHP and/or PAHP)	PACE
Statewide or region-specific?	Statewide	Statewide	Duval, Baker, Clay, Nassau, Broward	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1915(b) waiver	1915(b) waiver	1115 demonstration	1915(b) waiver	1915(a)/1915(c)	1915(b) waiver	1915(b) waiver	PACE
Program start date	10/1/1992	10/1/1992	7/1/2006	10/1/1992	1/1/1998	7/1/2004	6/30/2000	1/1/2003
Waiver expiration date (if applicable)	1/31/2014	8/31/2014	6/30/2014	1/31/2014	7/1/2014	1/31/2014	9/30/2014	
If the program ended in 2013, indicate the end date								
Populations enrolled								
Low-income Adults	Mandatory	Mandatory	Mandatory	Mandatory		Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Varies		Mandatory	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory		Mandatory	Mandatory		Mandatory	Mandatory	
Individuals receiving Limited Benefits								
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority								
Full Duals	Voluntary		Voluntary		Voluntary	Mandatory		Voluntary
Partial Duals						Mandatory		
Children with Special Health Care Needs			Mandatory	Voluntary		Mandatory	Mandatory	
Native American/Alaskan Natives	Exempt	Exempt	Voluntary	Exempt	Voluntary	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary	Voluntary		Voluntary	Mandatory	Exempt
Enrollment choice period	30 days	30 days	30 days	N/A	Continuous	30 days	Pre-assigned	N/A
Enrollment broker name (if applicable)	Automated Health Systems, Inc.		Automated Health Systems, Inc.	Automated Health Systems, Inc.		Automated Health Systems, Inc.		
Notes on enrollment choice period	90 day change period after selection.		90 day change period after selection.	90 day change period after selection.		90 day change period after selection.		

Florida Managed Care Program Features, as of 2013

Features	1915 (b) Medicaid Managed Care	Disease Management	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans	Program of All-Inclusive Care for the Elderly (PACE)
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
Physician	X		X				X	X
Nurse practitioner	X		X				X	X
Rural health clinics and FQHCs	X		X					X
Clinic services								X
Lab and x-ray	X		X					X
Prescription drugs and prosthetic devices	X		X					X
EPSDT	X		X					
Case management				X	X		X	X
Health home								X
Family planning	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
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					X

Florida Managed Care Program Features, as of 2013

Features	1915 (b) Medicaid Managed Care	Disease Management	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans	Program of All-Inclusive Care for the Elderly (PACE)
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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	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		Copayments and coinsurance for all Medicare services up to the amount Medicaid would have paid under fee for service			
Quality assurance and improvement								
HEDIS data required?	Yes	No	Yes	No	No	Yes	Yes	No
CAHPS data required?	Yes	No	Yes	No	No	No	Yes	No
Accreditation required?	Yes	Yes	Yes	No	No	No	No	No
Accrediting organization	NCQA, JCAHO, AAAHC, URAC	NCQA	NCQA, AAAHC, URAC					
EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group		Health Services Advisory Group		Health Services Advisory Group	
Performance incentives?	No	No	No	No	No	No	No	No
Payment bonuses/differentials to reward MCOs								
Preferential auto-enrollment to reward MCOs								
Public reports comparing MCO performance on key metrics								
Withholds tied to performance metrics								

Florida Managed Care Program Features, as of 2013

Features	1915 (b) Medicaid Managed Care	Disease Management	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans	Program of All-Inclusive Care for the Elderly (PACE)
Participating plans and regions served								
Plans in Program	Amerigroup; Buena Vista; CareFlorida; Clear Health Alliance; 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 S. FL; Prestige; Integral; Salubris LLC; Better Health, LLC; Care Access PSN, LLC; First Coast Advantage, LLC; South Florida Community Care Network; WeCare Health Plans, Inc	AIDS Healthcare Foundation	Positive; Florida MHS (Magellan); Freedom; Humana; Medica; Molina Healthcare; CareFlorida; Simply Healthcare Plan; Clear Health Alliance; StayWell; Sunshine; United Healthcare Plan; Better Health, LLC; Children's Medical Services; South Florida Community Care Network; First Coast Advantage, LLC	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 FL; Public Health Trust of Dade County; North Florida Behavioral Health Par; Community Based Care Partnership; Florida Health Partners, Inc	Florida PACE Center; Hope Select Care; Chapters Health Senior Independence, Inc.; Suncoast Neighborly Care, Inc.

Florida Managed Care Program Features, as of 2013

Features	1915 (b) Medicaid Managed Care	Disease Management	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans	Program of All-Inclusive Care for the Elderly (PACE)
Notes								
Program notes		<p>The Disease Management PAHP is specifically for persons with HIV/AIDS. The Disease Management program reimbursement arrangement is per member per month. Beneficiaries enrolled in Project AIDS Care waiver are voluntary. This includes Medicare dual eligibles, a population otherwise ineligible for mandatory inclusion in Disease Management.</p>	<p>The Provider Service Networks (PSNs) are reimbursed on a fee-for-service basis for all Florida state plan covered services. Under Reform, the fee-for-service PSN must cover transportation, which is done on a capitated basis. The Children's Medical Services Network (CMS) is classified as a Provider Service Network and a specialty plan under Medicaid Reform. This plan was developed to serve children with special health care needs as defined by Florida statutes on a voluntary basis. AIDS Healthcare Foundation of Florida (AHF MCO), d/b/a Positive Health Care, is a specialty plan (HMO) for beneficiaries living with HIV/AIDS.</p>		<p>This program is open to individuals age 65 and older who are full dual eligibles and meet nursing facility level of care plus additional frailty criteria. The Nursing Home Diversion waiver provides case management and Medicare crossover payments for acute care and long-term care services to eligible participants. All participants select a case manager and their Nursing Home Diversion provider. Nursing Home Diversion service providers are managed care organizations that are approved for each county. The case manager develops an individualized care plan to be used in coordinating their medically necessary acute and long-term care services. Nursing Home Diversion providers are fully capitated and are responsible for Medicare co-payments and deductibles for covered services to all individuals enrolled in this program.</p>	<p>All eligible children under 21 years of age are mandatory for the prepaid dental health plans.</p>	<p>Recipients enrolled in the Medipass primary care case management program are mandatorily enrolled in a Prepaid Mental Health Plan. There is one PMHP in each of Medicaid's 11 regions.</p>	

Georgia Managed Care Program Features, as of 2013

Features	Georgia Families	Planning for Healthy Babies (P4HB)
Program type	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1932(a)	1115 demonstration
Program start date	6/1/2006	1/1/2011
Waiver expiration date (if applicable)		2/28/2015
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	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	Mandatory	Voluntary
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		
Full Duals		
Partial Duals		
Children with Special Health Care Needs		
Native American/Alaskan Natives	Exempt	
Foster Care and Adoption Assistance Children	Exempt	
Enrollment choice period	30 days	open and rolling enrollment
Enrollment broker name (if applicable)	Maximus	
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	

Georgia Managed Care Program Features, as of 2013

Features	Georgia Families	Planning for Healthy Babies (P4HB)
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	
Health home	X	
Family planning	X	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	X	
Nursing facility services	X	
Hospice care		
Non-Emergency Medical Transportation		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Nurse practitioner, Nurse midwife	
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA, JCAHO, URAC	
EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	
Performance incentives?	Yes	No

Georgia Managed Care Program Features, as of 2013

Features	Georgia Families	Planning for Healthy Babies (P4HB)
Payment bonuses/differentials to reward MCOs		
Preferential auto-enrollment to reward MCOs	X	
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
Participating plans and regions served		
Plans in Program	Amerigroup Community Care; Peach State Health Plan; WellCare of Georgia	Planning for Healthy Babies (P4HB)
Notes		
Program notes		Family planning demonstration. Only covers inpatient care when it is a result of a complication related to contraceptive. Interpregnancy Care component of P4HB only covers substance abuse treatment services (primarily outpatient) for women that delivered very low birthrate babies.

Hawaii Managed Care Program Features, as of 2013

Features	Hawaii QUEST	Hawaii QUEST Expanded Access (QExA)
Program type	Comprehensive MCO	Comprehensive MCO + any other type
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1115 demonstration	1115 demonstration
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 2013, indicate the end date		
Populations enrolled		
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	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	Beneficiaries are offered a 60 days choice period after initial choice	Beneficiaries are offered a 60 days choice period after initial choice

Hawaii Managed Care Program Features, as of 2013

Features	Hawaii QUEST	Hawaii QUEST Expanded Access (QExA)
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	X	
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
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.)		

Hawaii Managed Care Program Features, as of 2013

Features	Hawaii QUEST	Hawaii QUEST Expanded Access (QExA)
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?	Yes	No
Payment bonuses/differentials to reward MCOs	X	
Preferential auto-enrollment to reward MCOs	X	
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
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		

Idaho Managed Care Program Features, as of 2013

Features	Idaho Behavioral Health Plan	Idaho Health Homes	Idaho Healthy Connections	Idaho Medicare-Medicaid Coordinated Plan	Idaho Non-Emergency Medical Transportation - AMR	Idaho Smiles - Blue Cross
Program type	BHO (PIHP and/or PAHP)	PCCM	PCCM	Other PHP Plans	Non-Emergency Medical Transportation	Dental
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1915(b) waiver	1945 Health Homes	1932(a)/1915(i)	1937 Alt Benefit Plan	1902(a)(70) NEMT	1915(b) waiver
Program start date	9/1/2013	1/1/2013	10/1/1993	4/1/2007	9/1/2010	8/1/2007
Waiver expiration date (if applicable)	8/31/2015					
If the program ended in 2013, indicate the end date						
Populations enrolled						
Low-income Adults	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	Mandatory					
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory				Mandatory	
Full Duals	Mandatory	Voluntary	Mandatory	Voluntary	Mandatory	Mandatory
Partial Duals						
Children with Special Health Care Needs		Voluntary	Mandatory		Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Voluntary	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary	Exempt	Mandatory	Mandatory
Enrollment choice period	Pre-assigned	N/A	N/A	Medicaid participants can enroll any month	Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)						
Notes on enrollment choice period						

Idaho Managed Care Program Features, as of 2013

Features	Idaho Behavioral Health Plan	Idaho Health Homes	Idaho Healthy Connections	Idaho Medicare-Medicaid Coordinated Plan	Idaho Non-Emergency Medical Transportation - AMR	Idaho Smiles - Blue Cross
Benefits covered						
Inpatient hospital physical health						
Inpatient hospital behavioral health (MH and/or SUD)						
Outpatient hospital physical health						
Outpatient hospital behavioral health (MH and/or SUD)						
Partial hospitalization						
Physician						
Nurse practitioner						
Rural health clinics and FQHCs				X		
Clinic services						
Lab and x-ray						
Prescription drugs and prosthetic devices						
EPSDT	X					
Case management	X	X				
Health home		X				
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			Voluntary		X	

Idaho Managed Care Program Features, as of 2013

Features	Idaho Behavioral Health Plan	Idaho Health Homes	Idaho Healthy Connections	Idaho Medicare-Medicaid Coordinated Plan	Idaho Non-Emergency Medical Transportation - AMR	Idaho Smiles - Blue Cross
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Outpatient Behavioral Health services including mental health and substance use disorder services	State provides direct PCCM services	State provides direct PCCM services	Medicare part D excluded drugs covered by Medicaid		
Quality assurance and improvement						
HEDIS data required?	No	No	No	No	No	No
CAHPS data required?	Yes	No	No	No	No	No
Accreditation required?	Yes	Yes	No	No	No	No
Accrediting organization	NCQA, JCAHO, Any other national accreditation agency credential covering the provision of behavioral health managed care and/or managed care	NCQA			URAC	
EQRO contractor name (if applicable)						
Performance incentives?	Yes	No	No	No	Yes	Yes
Payment bonuses/differentials to reward MCOs	X					
Preferential auto-enrollment to reward MCOs						
Public reports comparing MCO performance on key metrics						
Withholds tied to performance metrics	X				X	X

Idaho Managed Care Program Features, as of 2013

Features	Idaho Behavioral Health Plan	Idaho Health Homes	Idaho Healthy Connections	Idaho Medicare-Medicaid Coordinated Plan	Idaho Non-Emergency Medical Transportation - AMR	Idaho Smiles - Blue Cross
Participating plans and regions served						
Plans in Program	Idaho Behavioral Health Plan - Optum	50 patient-centered medical home clinics	Multiple primary care providers	Blue Cross of Idaho	Idaho Non-Emergency Medical Transportation-American Medical Response	Idaho Smiles - Blue Cross

Idaho Managed Care Program Features, as of 2013

Features	Idaho Behavioral Health Plan	Idaho Health Homes	Idaho Healthy Connections	Idaho Medicare-Medicaid Coordinated Plan	Idaho Non-Emergency Medical Transportation - AMR	Idaho Smiles - Blue Cross
Notes						
Program notes	No changes since implementation on September 1, 2013	<p>For quality assurance and improvement: Clinics must report quarterly on one of the following bundles: Diabetes, Cardiac, Mental Health or Asthma. In addition they must report on 2 of 6 possible preventive measures and 2 practice transformation measures. Generally the measures are either NQF, HEDISS or NCQF based. Additionally, although CAHPS data is not required, clinics are required to complete a patient satisfaction survey and report the outcomes semi-annually. Other notes: During 2013 one organization withdrew from the program based on inadequate resources to achieve NCQA in 2 years and one other clinic reduced their service location enrollment from six to two clinics. Idaho Medicaid participated as a payer from 1/1/13 – 12/31/14 in the Idaho Medical Home Collaborative, along with three other statewide payers in a Medical Home Pilot Project supported by a Governor's Executive Order initiated in Sept. 2010. As of December 2013, there are 34 organizations serving as Health Home providers at 54 locations.</p>			Accreditation is not required by contract, broker achieved accreditation on their own.	Currently applying for 1915(b) waiver - expiration date TBD.

Illinois Managed Care Program Features, as of 2013

Features	Care Coordination Entities	Illinois Health Connect Primary Care Case Management	Integrated Care Program	Voluntary Managed Care
Program type	PCCM	PCCM	Comprehensive MCO + any other type	Comprehensive MCO + any other type
Statewide or region-specific?	Bureau, Carroll, Cook, DeWitt, LaSalle, Lee, Logan, Macon, Mercer, Moultrie, Ogle, Piatt, Putnam, Rock Island, Shelby, Whiteside	Statewide	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, Winnebago	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, Woodford
Federal operating authority	1932(a)	1932(a)	1932(a)	1915(a)
Program start date	12/13/2012	7/1/2006	5/1/2011	11/1/1974
Waiver expiration date (if applicable)				
If the program ended in 2013, indicate the end date				
Populations enrolled				
Low-income Adults	Mandatory	Mandatory		Voluntary
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory		Voluntary
Individuals receiving Limited Benefits				
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority				
Full Duals				
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	Exempt

Illinois Managed Care Program Features, as of 2013

Features	Care Coordination Entities	Illinois Health Connect Primary Care Case Management	Integrated Care Program	Voluntary Managed Care
Enrollment choice period	N/A	N/A	60 days	Beneficiaries can enroll or disenroll at any time.
Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS	MAXIMUS
Notes on enrollment choice period	If no choice is made within the 60 day enrollment period, the enrollee is automatically enrolled with a PCP in a health plan.	If no choice is made within the 60 day enrollment period, the enrollee is automatically enrolled with a PCP in Illinois Health Connect.	If enrollee does not make a choice within the 60 day enrollment period, the enrollee is automatically enrolled with a health plan.	
Benefits covered				
Inpatient hospital physical health	X	X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X
Outpatient hospital physical health	X	X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X
Partial hospitalization			X	
Physician	X	X	X	X
Nurse practitioner			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	
EPSDT	X	X	X	X
Case management	X	X	X	X
Health home				
Family planning	X	X	X	X
Dental services (medical/surgical)	X	X	X	X
Dental (preventative or corrective)			X	
Home health agency services	X	X	X	X
Personal care (state plan option)				
HCBS waiver services			X	

Illinois Managed Care Program Features, as of 2013

Features	Care Coordination Entities	Illinois Health Connect Primary Care Case Management	Integrated Care Program	Voluntary Managed Care
Private duty nursing			X	
ICF-IDD			X	X
Nursing facility services	X	X	X	
Hospice care	X	X	X	X
Non-Emergency Medical Transportation	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, 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, disease management, durable and non-durable medical equipment and supplies, immunization,
Quality assurance and improvement				
HEDIS data required?	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes	Yes
Accreditation required?	No	No	No	No
Accrediting organization				
EQRO contractor name (if applicable)			Health Services Advisory Group	Health Services Advisory Group
Performance incentives?	Yes	Yes	Yes	Yes
Payment bonuses/differentials to reward MCOs	X	X	X	X
Preferential auto-enrollment to reward MCOs				
Public reports comparing MCO performance on key metrics			X	X
Withholds tied to performance metrics			X	X

Illinois Managed Care Program Features, as of 2013

Features	Care Coordination Entities	Illinois Health Connect Primary Care Case Management	Integrated Care Program	Voluntary Managed Care
Participating plans and regions served				
Plans in Program	Medical Home Network; My Health Care Coordination (Macon County); Together4Health CCE; Precedence CCE	Illinois Health Connect	Aetna Better Health; IlliniCare Health Plan, Inc.; Community Care Alliance of Illinois; Health Alliance Medical Plans, Inc.; Meridian Health Plan; Molina Healthcare of Illinois, Inc.	Harmony Health Plan; Meridian Health Plan; Family Health Network
Notes				
Program notes	Initial CCE health plans were implemented during this reporting period. Additional plans will be implemented in CY 2014. The program also enrolls children with "complex medical needs."		Preventive and restorative dental was covered for 19 and 20 year olds in ICP. ICF-IDD clients are enrolled in ICP but their waiver services are excluded.	

Indiana Managed Care Program Features, as of 2013

Features	Care Select	Healthy Indiana Plan	Hoosier Healthwise
Program type	PCCM	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1115 demonstration	1115 demonstration, 1932(a)
Program start date	11/1/2007	1/1/2008	1/1/2000
Waiver expiration date (if applicable)		12/31/2015	
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults		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 not otherwise eligible and covered prior to 2014 under a waiver or other authority			
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	see additional notes.	see additional notes.
Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Notes on enrollment choice period		Members have 14 days to decide and then are auto-assigned if they haven't. from there they have 90 day window to change.	Members have 14 days to decide and then are auto-assigned if they haven't. from there they have 90 day window to change.

Indiana Managed Care Program Features, as of 2013

Features	Care Select	Healthy Indiana Plan	Hoosier Healthwise
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
Case management	X	X	X
Health home		X	X
Family planning		X	X
Dental services (medical/surgical)			
Dental (preventative or corrective)			
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			
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			

Indiana Managed Care Program Features, as of 2013

Features	Care Select	Healthy Indiana Plan	Hoosier Healthwise
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?	Yes	Yes	Yes
Payment bonuses/differentials to reward MCOs	X	X	X
Preferential auto-enrollment to reward MCOs	X	X	X
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics	X	X	X
Participating plans and regions served			
Plans in Program	MDWise; Advantage Health Solutions	Enhanced Services Plan; MDWise; Anthem; Managed Health Services	Managed Health Services; MDWise; Anthem
Notes			
Program notes			

Iowa Managed Care Program Features, as of 2013

Features	Health Maintenance Organization	Iowa Plan	MediPass	NEMT	PACE
Program type	Comprehensive MCO	BHO (PIHP and/or PAHP)	PCCM	Non-Emergency Medical Transportation	PACE
Statewide or region-specific?	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	Statewide	Statewide with the exception of Dubuque, Poweshiek, Ringgold, Washington, Louisa, and Des Moines counties	Statewide	Cherokee, Monona, Plymouth, Woodbury, Harrison, Mills, Pottawattamie
Federal operating authority	1932(a)	1915(b) waiver, 1915(b)/1915(i)	1932(a)	1902(a)(70) NEMT	PACE
Program start date	4/1/2012	7/1/2008	1/1/1990	1/1/2009	9/1/2009
Waiver expiration date (if applicable)					
If the program ended in 2013, indicate the end date					
Populations enrolled					
Low-income Adults	Mandatory	Mandatory	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	Mandatory	Mandatory	
Individuals receiving Limited Benefits					
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority				Mandatory	
Full Duals	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary
Partial Duals					
Children with Special Health Care Needs		Mandatory		Mandatory	

Iowa Managed Care Program Features, as of 2013

Features	Health Maintenance Organization	Iowa Plan	MediPass	NEMT	PACE
Native American/Alaskan Natives	Exempt	Voluntary	Exempt	Voluntary	Exempt
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt	Mandatory	Exempt
Enrollment choice period	Pre-assigned	Pre-assigned	N/A	Pre-assigned	N/A
Enrollment broker name (if applicable)					
Notes on enrollment choice period	Members are tentatively assigned for 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 45 days at which point they are default enrolled unless they opt for another form of managed care under the 1932a.		
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	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
Prescription drugs and prosthetic devices	X		X		X
EPSDT	X		X		
Case management		X			X
Health home					
Family planning	X		X		
Dental services (medical/surgical)	X		X		X
Dental (preventative or corrective)	X		X		X

Iowa Managed Care Program Features, as of 2013

Features	Health Maintenance Organization	Iowa Plan	MediPass	NEMT	PACE
Home health agency services	X		X		X
Personal care (state plan option)					
HCBS waiver services					
Private duty nursing	X		X		X
ICF-IDD					
Nursing facility services					X
Hospice care	X		X		X
Non-Emergency Medical Transportation				X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Psychiatric medical institutions for children, behavioral health intervention services, habilitation, mental health institutes, clinical counseling, psychologist, psychiatric nursing, crisis stabilization, mobile crisis, 1915(b)(3) services			
Quality assurance and improvement					
HEDIS data required?	Yes	No	No	No	No
CAHPS data required?	Yes	No	No	No	No
Accreditation required?	Yes	Yes	No, but accreditation considered in plan selection criteria	No	No
Accrediting organization	NCQA	NCQA	Must be a licensed MD or DO		
EQRO contractor name (if applicable)	McCurry Swartz Consulting	McCurry Swartz Consulting			
Performance incentives?	No	Yes	No	No	No
Payment bonuses/differentials to reward MCOs		X			
Preferential auto-enrollment to reward MCOs					

Iowa Managed Care Program Features, as of 2013

Features	Health Maintenance Organization	Iowa Plan	MediPass	NEMT	PACE
Public reports comparing MCO performance on key metrics					
Withholds tied to performance metrics		X			
Participating plans and regions served					
Plans in Program	Meridian Health Plan of Iowa	Magellan Behavioral Health of Iowa	MediPass PCCM	TMS	Immanuel Pathways & Siouxland PACE
Notes					
Program notes					

Kansas Managed Care Program Features, as of 2013

Features	KanCare	PACE (Program of All-Inclusive Care for the Elderly)
Program type	Comprehensive MCO + any other type	PACE
Statewide or region-specific?	Statewide	Sedgwick, Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie, Wabaunsee
Federal operating authority	1115 demonstration	PACE
Program start date	1/1/2013	8/1/2002
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	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	On initial application, enrollee has 90 days and can choose the MCO as part of the application process.	

Kansas Managed Care Program Features, as of 2013

Features	KanCare	PACE (Program of All-Inclusive Care for the Elderly)
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		
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		
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.

Kansas Managed Care Program Features, as of 2013

Features	KanCare	PACE (Program of All-Inclusive Care for the Elderly)
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?	Yes	No
Payment bonuses/differentials to reward MCOs		
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
Participating plans and regions served		
Plans in Program	Amerigroup Kansas, Inc.; UnitedHealthcare Community Plan of Kansas; Sunflower State Health Plan	Midland PACE; Via Christi HOPE
Notes		
Program notes	LTSS dual-eligible enrollment was 23,528 and LTSS non dual-eligible enrollment was 6,835. LTSS is defined as enrollment under the Physically Disabled Waiver, Money Follows Person Physically Disabled, Frail Elderly Waiver, Money Follows Person Frail Elderly, Developmentally Disabled Waiver and Nursing Facility.	

Kentucky Managed Care Program Features, as of 2013

Features	Managed Care
Program type	Comprehensive MCO + any other type
Statewide or region-specific?	Statewide
Federal operating authority	1915(b) waiver
Program start date	11/1/2011
Waiver expiration date (if applicable)	
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	
Full Duals	Mandatory
Partial Duals	Mandatory
Children with Special Health Care Needs	Mandatory
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Mandatory
Enrollment choice period	30 days
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

Kentucky Managed Care Program Features, as of 2013

Features	Managed Care
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	
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	X
ICF-IDD	
Nursing facility services	X
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	DME, podiatry, nurse midwife, chiropractic
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	Yes
Accrediting organization	NCQA

Kentucky Managed Care Program Features, as of 2013

Features	Managed Care
EQRO contractor name (if applicable)	Island Peer Review
Performance incentives?	
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	Coventry; Humana; KY Spirit; Passport; WellCare
Notes	
Program notes	KY Spirit chose to leave the KY Managed Care program in July, 2013.

Louisiana Managed Care Program Features, as of 2013

Features	Bayou Health - Prepaid	Bayou Health - Shared Savings	Greater New Orleans Community Health Connection	Louisiana Behavioral Health Partnership	PACE
Program type	Comprehensive MCO + any other type	PCCM	PCCM	BHO (PIHP and/or PAHP)	PACE
Statewide or region-specific?	Statewide	Statewide	Jefferson, Orleans, Plaquemines, St. Bernard	Statewide	East Baton Rouge, West Baton Rouge, 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
Federal operating authority	1932(a)	1932(a)	1115 demonstration	1915(b)/1915(c), 1915(b)/1915(i)	PACE
Program start date	2/1/2012	2/1/2012	10/1/2010	3/1/2012	9/1/2007
Waiver expiration date (if applicable)			12/31/2016	2/28/2017	
If the program ended in 2013, indicate the end date					
Populations enrolled					
Low-income Adults	Mandatory	Mandatory			
Aged, Blind or Disabled Children or Adults	Varies	Varies		Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory		Mandatory	
Individuals receiving Limited Benefits					
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			Voluntary		
Full Duals				Mandatory	Voluntary
Partial Duals					Voluntary
Children with Special Health Care Needs	Voluntary	Voluntary		Mandatory	

Louisiana Managed Care Program Features, as of 2013

Features	Bayou Health - Prepaid	Bayou Health - Shared Savings	Greater New Orleans Community Health Connection	Louisiana Behavioral Health Partnership	PACE
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Exempt	Mandatory	Exempt
Enrollment choice period	30 days	N/A	N/A	Pre-assigned	N/A
Enrollment broker name (if applicable)	Maximus Health Services	Maximus Health Services			
Notes on enrollment choice period	Newly eligible pregnant women had a variable and shorter enrollment choice period based on their date of first eligibility.	Newly eligible pregnant women had a variable and shorter enrollment choice period based on their date of first eligibility.			
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	X
Nurse practitioner	X	X	X	X	X
Rural health clinics and FQHCs	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
EPSDT	X	X		X	
Case management	X	X	X	X	X
Health home					X
Family planning	X	X			X

Louisiana Managed Care Program Features, as of 2013

Features	Bayou Health - Prepaid	Bayou Health - Shared Savings	Greater New Orleans Community Health Connection	Louisiana Behavioral Health Partnership	PACE
Dental services (medical/surgical)	X	X			X
Dental (preventative or corrective)					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	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 age 21 only; Certified Nurse Midwives are covered and practice within the scope of their license; Podiatry services are 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 limited to a list of payable procedures		Nurse Practitioner is specific to APRN	All specialized services authorized by IDT including podiatry
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	No	No	No
CAHPS data required?	Yes	Yes	No	No	No
Accreditation required?	Yes	No	No	Yes	No
Accrediting organization	NCQA, URAC			NCQA, URAC	
EQRO contractor name (if applicable)	IPRO; Myers and Stauffer			IPRO	
Performance incentives?	Yes	Yes	No	Yes	No

Louisiana Managed Care Program Features, as of 2013

Features	Bayou Health - Prepaid	Bayou Health - Shared Savings	Greater New Orleans Community Health Connection	Louisiana Behavioral Health Partnership	PACE
Payment bonuses/differentials to reward MCOs		X			
Preferential auto-enrollment to reward MCOs					
Public reports comparing MCO performance on key metrics	X	X			
Withholds tied to performance metrics	X			X	
Participating plans and regions served					
Plans in Program	Amerigroup Louisiana; LaCare (now AmeriHealth Caritas Louisiana); Louisiana Healthcare Connections	Community Health Solutions; UnitedHealthcare Community Plan	Greater New Orleans Community Health Connection	Louisiana Behavioral Health Partnership	PACE - Greater New Orleans; PACE - Baton Rouge
Notes					
Program notes	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. It is up to the plan to choose.	Adults who are aged, blind or disabled are mandatorily enrolled. Children who are blind or disabled are voluntarily enrolled. Accreditation was optional.			

Maine Managed Care Program Features, as of 2013

Features	Primary Care Case Management
Program type	PCCM
Statewide or region-specific?	Statewide
Federal operating authority	1932(a), 1945 Health Homes
Program start date	5/1/1999
Waiver expiration date (if applicable)	
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Mandatory
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	

Maine Managed Care Program Features, as of 2013

Features	Primary Care Case Management
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	X
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	
Nursing facility services	
Hospice care	
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	

Maine Managed Care Program Features, as of 2013

Features	Primary Care Case Management
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	Yes
Payment bonuses/differentials to reward MCOs	X
Preferential auto-enrollment to reward MCOs	
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	Multiple primary care providers
Notes	
Program notes	As of January 1, 2013, Non-Categorical members were no longer eligible for Maine Medicaid.

Maryland Managed Care Program Features, as of 2013

Features	HealthChoice	Primary Adult Care	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	Comprehensive MCO	PACE
Statewide or region-specific?	Statewide	Statewide	21052, 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237
Federal operating authority	1115 demonstration	1115 demonstration	PACE
Program start date	6/2/1997	7/1/2006	11/1/2002
Waiver expiration date (if applicable)	12/31/2016		
If the program ended in 2013, indicate the end date		12/31/2013	
Populations enrolled			
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	.	.	
Full Duals	.	.	Voluntary
Partial Duals	.	.	Voluntary
Children with Special Health Care Needs	Mandatory		
Native American/Alaskan Natives	Mandatory	Exempt	Exempt
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Exempt
Enrollment choice period	21 days	21 days	N/A
Enrollment broker name (if applicable)	MAXIMUS, Inc.	MAXIMUS, Inc.	
Notes on enrollment choice period	Foster care children or kinship have 60 days to select an MCO.		All PACE enrollees are assigned to Hopkins Elder Plus, which has a provider number for adults ages 55-64 and adults ages 65 and over.

Maryland Managed Care Program Features, as of 2013

Features	HealthChoice	Primary Adult Care	Program of All-Inclusive Care for the Elderly
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)			
Partial hospitalization			
Physician	X	X	
Nurse practitioner	X	X	
Rural health clinics and FQHCs			
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	.	X	
EPSDT	X		
Case management	X		
Health home	X		
Family planning	X	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			
Nursing facility services			
Hospice care	X		
Non-Emergency Medical Transportation			
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Chiropractic, disease management, durable medical equipment, hearing, immunization, podiatry, speech therapy, occupational therapy	Routine annual gynecological visits, diabetes-related services, mental health services provided by PCP, community-based substance abuse services	All benefits listed under 42 CFR 460.90 - 460.106

Maryland Managed Care Program Features, as of 2013

Features	HealthChoice	Primary Adult Care	Program of All-Inclusive Care for the Elderly
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	No
CAHPS data required?	Yes	Yes	No
Accreditation required?	Yes	No	No
Accrediting organization	NCQA, JCAHO		
EQRO contractor name (if applicable)	Delmarva Foundation for Medical Care, Inc.	Delmarva Foundation for Medical Care, Inc.	Maryland (as SAA) and CMS
Performance incentives?	Yes	No	No
Payment bonuses/differentials to reward MCOs	X		
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Amerigroup Community Care; Diamond Plan from Coventry Health Care, Inc.; Jai Medical Systems; Maryland Physicians Care; MedStar Family Choice, Inc.; Priority Partners; Riverside Health of Maryland, Inc.; United Healthcare of the Mid-Atlantic, Inc.	Amerigroup Community Care; Jai Medical Systems; Priority Partners; United Healthcare	Hopkins Elder Plus
Notes			
Program notes	The Diamond Plan of Coventry Health Care of Delaware, Inc. exited the HealthChoice program in October 2013. Riverside Health of Maryland joined the HealthChoice program in February 2013.		

Massachusetts Managed Care Program Features, as of 2013

Features	MassHealth MCO	MassHealth MH/SUD PIHP	MassHealth PCCM Plan	One Care	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Options
Program type	Comprehensive MCO + any other type	BHO (PIHP and/or PAHP)	PCCM	Comprehensive MCO + any other type	PACE	Comprehensive MCO + any other type
Statewide or region-specific?	Statewide	Statewide	Statewide	Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Greater Boston, North Shore, Central Massachusetts	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Federal operating authority	1115 demonstration	1115 demonstration	1115 demonstration	1115 demonstration	PACE	1915(a)/1915(c)
Program start date	7/1/1998	7/1/1997	7/1/1995	10/31/2013	7/1/1990	7/1/2004
Waiver expiration date (if applicable)	6/30/2019	6/30/2019	6/30/2019	6/30/2019	6/30/2019	6/30/2019
If the program ended in 2013, indicate the end date						
Populations enrolled						
Low-income Adults	Voluntary	Mandatory	Mandatory			
Aged, Blind or Disabled Children or Adults	Mandatory				Voluntary	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Mandatory			
Individuals receiving Limited Benefits						
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Mandatory	Mandatory			
Full Duals				Voluntary	Voluntary	Voluntary
Partial Duals					Voluntary	Voluntary
Children with Special Health Care Needs	Mandatory	Voluntary	Voluntary			
Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary	Exempt		
Enrollment choice period	within 14 days	14 days	N/A	Pre-assigned	N/A	enrollment open all year, effective the 1st day of the month
Enrollment broker name (if applicable)	Maximus	Maximus	Maximus	Maximus		
Notes on enrollment choice period						

Massachusetts Managed Care Program Features, as of 2013

Features	MassHealth MCO	MassHealth MH/SUD PIHP	MassHealth PCCM Plan	One Care	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Options
Benefits covered						
Inpatient hospital physical health	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
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
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	X
Health home			X	X	X	X
Family planning	X		X	X	X	X
Dental services (medical/surgical)	X		X	X	X	X
Dental (preventative or corrective)			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	X	X
Private duty nursing			X		X	X
ICF-IDD						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

Massachusetts Managed Care Program Features, as of 2013

Features	MassHealth MCO	MassHealth MH/SUD PIHP	MassHealth PCCM Plan	One Care	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Options
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Childrens' Behavioral Health Initiative (CBHI) services	Podiatrist services, nurse midwife, hearing aid, speech and hearing, renal dialysis, therapy services, ambulatory surgery	Nurse Midwife, Chiropractic, Group Foster Care, Respite Care		
Quality assurance and improvement						
HEDIS data required?	Yes	Yes	No	Yes	No	Yes
CAHPS data required?	Yes	No	No	Yes	No	No
Accreditation required?	Yes	Yes	No	No	No	No
Accrediting organization	NCQA	NCQA	Voluntary participation in EQRO review of PMs			
EQRO contractor name (if applicable)	APS Healthcare	APS Healthcare		APS Healthcare		APS Healthcare
Performance incentives?	Yes	Yes	No	Yes	No	Yes
Payment bonuses/differentials to reward MCOs						
Preferential auto-enrollment to reward MCOs						
Public reports comparing MCO performance on key metrics	X	X				X
Withholds tied to performance metrics				X		
Participating plans and regions served						
Plans in Program	Boston Medical Center Healthnet Plan; Health New England; Neighborhood Health Plan; Fallon Community Health Plan; Network Health	MassHealth Behavioral Partnership	Multiple primary care providers	Commonwealth Care Alliance; Fallon Total Care; Network Health	Elder Service Plan East Boston Neighborhood Health; UPHAMS's Elder Service Plan; Harbor Community Health Center; Elder Service Plan at Fallon; Elder Service Plan of the Cambridge Hospital; Element Care Inc.	United Health Care; Senior Whole Health; Fallon Community Health Plan; Commonwealth Care Alliance; Tufts Health Plan

Massachusetts Managed Care Program Features, as of 2013

Features	MassHealth MCO	MassHealth MH/SUD PIHP	MassHealth PCCM Plan	One Care	Program of All-Inclusive Care for the Elderly (PACE)	Senior Care Options
Notes						
Program notes		There were no significant changes to this contract during 2013, it was the first year of a 5 year contract term. The most significant programmatic element that was new since 2012 was the onset of a Care Management Program in 2013.				The SCO program is a voluntary program offered to MassHealth Standard eligible members age 65 and older residing in the service area of a Senior Care Organization. In CY 2103, 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 2013

Features	Healthy Kids Dental	Medicaid Health Plans	Program of All-Inclusive Care for the Elderly	Specialty Prepaid Inpatient Health Plans
Program type	Dental	Comprehensive MCO	PACE	BHO (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1915(b) waiver	1915(b) waiver	PACE	1915(b)/1915(c)
Program start date	4/1/2009	7/1/1997	10/1/1994	10/1/1998
Waiver expiration date (if applicable)	10/31/2015	10/31/2015		
If the program ended in 2013, indicate the end date				9/30/2013
Populations enrolled				
Low-income Adults		Mandatory		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 not otherwise eligible and covered prior to 2014 under a waiver or other authority		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
Foster Care and Adoption Assistance Children	Mandatory	Mandatory		Mandatory
Enrollment choice period	Does not apply because State only contracts with one managed care entity.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number	N/A	No lock in period
Enrollment broker name (if applicable)		Michigan Enrolls		
Notes on enrollment choice period				

Michigan Managed Care Program Features, as of 2013

Features	Healthy Kids Dental	Medicaid Health Plans	Program of All-Inclusive Care for the Elderly	Specialty Prepaid Inpatient Health Plans
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				
Physician		X	X	
Nurse practitioner		X	.	.
Rural health clinics and FQHCs		X	.	.
Clinic services		X	.	.
Lab and x-ray		X	.	.
Prescription drugs and prosthetic devices		X	X	
EPSDT		X		
Case management		X		
Health home		X		
Family planning		X		
Dental services (medical/surgical)			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	X	
Hospice care		X		
Non-Emergency Medical Transportation		X		

Michigan Managed Care Program Features, as of 2013

Features	Healthy Kids Dental	Medicaid Health Plans	Program of All-Inclusive Care for the Elderly	Specialty Prepaid Inpatient Health Plans
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, 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, and Environmental Modifications
Quality assurance and improvement				
HEDIS data required?	No	Yes	No	No
CAHPS data required?	No	Yes	No	No
Accreditation required?	No	Yes	No	No
Accrediting organization		NCQA, URAC		
EQRO contractor name (if applicable)		Health Services Advisory Group (HSAG)		
Performance incentives?	No	Yes	No	No
Payment bonuses/differentials to reward MCOs		X		
Preferential auto-enrollment to reward MCOs		X		
Public reports comparing MCO performance on key metrics		X		
Withholds tied to performance metrics		X		

Michigan Managed Care Program Features, as of 2013

Features	Healthy Kids Dental	Medicaid Health Plans	Program of All-Inclusive Care for the Elderly	Specialty Prepaid Inpatient Health Plans
Participating plans and regions served				
Plans in Program	Healthy Kids Dental	Blue Cross Complete; CoventryCares of Michigan; HealthPlus Partners Inc.; McLaren Health Plan; Meridian Health Plan of Michigan, Inc.; Midwest Health Plan; Molina Healthcare of Michigan; PHP of Mid-Michigan-FamilyCare; Priority Health Government Programs, Inc.; ProCare Health Plan; Total Health Care; UnitedHealthcare Community Plan, Inc.; Upper Peninsula Health Plan	Care Resources; Comprehensive Senior Care Corporation; Life Circles; PACE of Southwest Michigan; Center for Senior Independence	Access Alliance; CMH Affiliation of Mid-Michigan; CMH for Central Michigan; CMH Partnership of SE MI; Detroit Wayne County CMH Agency; Genesee County CMH Services; Lakeshore Behavioral Health Alliance; Lifeways; Macomb County CMH Services; Network 180; North Care; Northern Affiliation; Northwest CMH Affiliation; Oakland County CMH Authority; Saginaw County CMH Authority; Southwest Affiliation; Thumb Alliance; Venture Behavioral Health

Michigan Managed Care Program Features, as of 2013

Features	Healthy Kids Dental	Medicaid Health Plans	Program of All-Inclusive Care for the Elderly	Specialty Prepaid Inpatient Health Plans
Notes				
Program notes	<p>MDCH contracts for the administration of the Medicaid dental benefit called Healthy Kids Dental in 65 counties and 10 expansion counties. The contractor administers the Medicaid dental benefit to all Medicaid beneficiaries under age 21 in the participating counties. The dental services provided through the contractor mimic the dental services provided through the FFS Medicaid program. Medicaid beneficiaries have access to dentists through the contractor's participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract.</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>Michigan has incorporated services to persons with Developmental Disabilities into a 1915(b) Freedom of Choice "managed care" waiver. Also, all persons adjudicated Medicaid eligible are deemed enrolled in this Specialty Community Mental Health Services and Supports managed care program. Included services are offered under the authority of 1915(b)(3).</p>

Minnesota Managed Care Program Features, as of 2013

Features	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option	MinnesotaCare PMAP	Preferred Integrated	Prepaid Medical Assistance Plan	Special Needs Basic Care
Program type	Comprehensive MCO + any other	Comprehensive MCO + any other	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Dakota	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	1915(a)/1915(c)	1115 demonstration	1915(a), 1915(a)/1915(c)	1115 demonstration,	1915(a), 1915(a)/1915(c)
Program start date	6/1/2005	3/1/1997	7/1/1995	9/1/2009	12/1/1985	1/1/2008
Waiver expiration date (if applicable)	6/30/2016		12/31/2014			
If the program ended in 2013, indicate the end date						
Populations enrolled						
Low-income Adults			Mandatory		Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary		Voluntary	Voluntary	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)			Mandatory		Mandatory	
Individuals receiving Limited Benefits						
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			Mandatory		Mandatory	
Full Duals	Mandatory	Voluntary			Voluntary	Voluntary
Partial Duals						
Children with Special Health Care Needs			Voluntary	Voluntary	Voluntary	
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary
Enrollment choice period	30 days	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	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X	X

Minnesota Managed Care Program Features, as of 2013

Features	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option	MinnesotaCare PMAP	Preferred Integrated	Prepaid Medical Assistance Plan	Special Needs Basic Care
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
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	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	
Case management	X	X				X
Health home					X	
Family planning	X	X	X	X	X	X
Dental services (medical/surgical)	X	X	X	X	X	X
Dental (preventative or corrective)	X	X	X	X	X	X
Home health agency services	X	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	X	X
ICF-IDD						
Nursing facility services	X	X				X
Hospice care					X	
Non-Emergency Medical Transportation	X	X	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)				Mental Health services, including targeted case	Rehabilitation, therapeutic services, chemical	Mental Health

Minnesota Managed Care Program Features, as of 2013

Features	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option	MinnesotaCare PMAP	Preferred Integrated	Prepaid Medical Assistance Plan	Special Needs Basic Care
Quality assurance and improvement						
HEDIS data required?	Yes	Yes	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes	Yes	Yes	Yes
Accreditation required?	No	No	No	No	No	No
Accrediting organization						
EQRO contractor name (if applicable)	Michigan Peer Review	Michigan Peer Review	Michigan Peer Review Organization	Michigan Peer Review	Michigan Peer Review	Michigan Peer Review
Performance incentives?	Yes	Yes	Yes	Yes	Yes	Yes
Payment bonuses/differentials to reward MCOs						
Preferential auto-enrollment to reward MCOs						
Public reports comparing MCO performance on key metrics						
Withholds tied to performance metrics	X	X	X	X	X	X
Participating plans and regions served						
Plans in Program	Blue Plus; Health Partners; Itasca Medical Care; Medica; Metropolitan Health; Prime West Health; South Country Health Alliance; UCare	Blue Plus; Health Partners; Itasca Medical Care; Medica; Metropolitan Health Plan; Prime West Health Alliance; South Country Health Alliance; UCare	Blue Plus; Health Partners; Itasca Medical Care; Medica; Prime West Health; South Country Health Alliance; UCare	Medica	Blue Plus; Health Partners; Medica; UCare; Hennepin Health; Itasca Medical Care; Prime West Health; South Country Health Alliance	Medica; Metropolitan Health Plan; Prime West Health; South Country Health Alliance; UCare

Minnesota Managed Care Program Features, as of 2013

Features	Minnesota Senior Care Plus (MSC+)	Minnesota Senior Health Option	MinnesotaCare PMAP	Preferred Integrated	Prepaid Medical Assistance Plan	Special Needs Basic Care
Notes						
Program notes			<p>MinnesotaCare Parents and Adults without Children had to pay monthly premiums and had more limited benefits. The benefit set offered to MinnesotaCare Caretaker Adults and Adults without Children is identical to the benefit set offered to categorically eligible individuals under Minnesota's Medicaid State Plan, except that the services listed in (1) through (8) below are excluded, and inpatient hospital services are limited for certain participants as described in (9) below.</p> <p>1. Services included in an individual's education plan; 2. Private duty nursing; 3. Orthodontic services; 4. Non-emergency medical transportation services; 5. Personal Care Services; 6. Targeted case management services (except Mental Health targeted case management which is a covered service for MinnesotaCare caretaker adults to the degree that it is covered in the Medicaid State plan); 7. Nursing facility services; and 8. ICF/MR services. 9. Inpatient Hospital Limit: MinnesotaCare Caretaker Adults (except pregnant women) with income above 215 percent of the FPL are subject to a \$10,000 annual limit on inpatient hospitalization. MinnesotaCare Adults without Children are subject to a \$10,000 annual limit and a 10% copay on inpatient hospital stays. The copay is capped at \$1,000 per year.</p>			

Mississippi Managed Care Program Features, as of 2013

Features	Mississippi Coordinated Access Network (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 2013, indicate the end date	
Populations enrolled	
Low-income Adults	Mandatory
Aged, Blind or Disabled Children or Adults	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	
Individuals receiving Limited Benefits	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	
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	30 days
Enrollment broker name (if applicable)	Xerox Enrollment Services
Notes on enrollment choice period	In addition to initial enrollment, members may submit a change up to 90 days after enrollment. There is also an annual enrollment period Oct - Dec.

Mississippi Managed Care Program Features, as of 2013

Features	Mississippi Coordinated Access Network (MississippiCAN)
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)	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	X
Family planning	
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	X
ICF-IDD	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	

Mississippi Managed Care Program Features, as of 2013

Features	Mississippi Coordinated Access Network (MississippiCAN)
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
EQRO contractor name (if applicable)	The Carolinas Center for Medical Excellence
Performance incentives?	Yes
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	X
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	UnitedHealthcare Community Plan of Mississippi; Magnolia Health Plan
Notes	
Program notes	<p>On January 1, 2011, the Division of Medicaid implemented the MississippiCAN program. The 2011 Mississippi Legislature passed House Bill 421 which authorized certain changes to the Mississippi Division of Medicaid's (DOM) coordinated care program. On December 1, 2012, this program expanded to include both mandatory and optional populations (previously included only optional populations). Also, on December 1, 2012, the program expanded to included behavioral health services. Beneficiaries not eligible for MississippiCAN include those on waiver programs, those in institutions, and those dually eligible for Medicare and Medicaid. Services not covered under MississippiCAN include inpatient hospital services and non-emergency transportation. These services are presently covered by regular Medicaid for MississippiCAN members.</p> <p>MississippiCAN Mandatory Populations (SSI - Age 19-65; Working Disabled - Age 19-65; Breast and Cervical Cancer - Age 19-65; Pregnant Women and Infants - Ages 0-1 and Ages 8-65; TANF Family/Children - Ages 0-1 and Ages 19-65; Other Children - Ages 0-1) MississippiCAN Optional Populations (SSI - Ages 0-19; Disabled Children Living at Home - Ages 0-19; DHS Foster Children - Ages 0-19; and DHS Foster Children Adoption Assistance - Ages 0-19).</p>

Missouri Managed Care Program Features, as of 2013

Features	MO HealthNet Managed Care	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	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, Saline, Shelby, Vernon, Warren, Washington	Statewide	St. Louis
Federal operating authority	1915(b) waiver	1902(a)(70) NEMT	PACE
Program start date	9/1/1995	10/1/2006	11/1/2001
Waiver expiration date (if applicable)	2/28/2015		
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority			
Full Duals		Mandatory	Voluntary
Partial Duals		Mandatory	Voluntary
Children with Special Health Care Needs	Mandatory	Mandatory	

Missouri Managed Care Program Features, as of 2013

Features	MO HealthNet Managed Care	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
Native American/Alaskan Natives			
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	
Enrollment choice period	15 days		N/A
Enrollment broker name (if applicable)	Wipro Infocrossing	Medicaid State Plan	
Notes on enrollment choice period	Children in the care and custody of the State of Missouri have 90 calendar days to choose a MO HealthNet Managed Care health plan.	NEMT members are automatically enrolled when qualifications are met. There is not an enrollment period for this.	
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	X		X
Family planning	X		X
Dental services (medical/surgical)	X		X
Dental (preventative or corrective)	X		X
Home health agency services	X		X

Missouri Managed Care Program Features, as of 2013

Features	MO HealthNet Managed Care	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
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.)	Adult Day Care, Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision		Adult Day Care, 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?	Yes	No	No
Payment bonuses/differentials to reward MCOs	X		
Preferential auto-enrollment to reward MCOs	X		
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			

Missouri Managed Care Program Features, as of 2013

Features	MO HealthNet Managed Care	Non-Emergency Medical Transportation Program (NEMT)	Program of All-inclusive Care for the Elderly (PACE)
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 Health Plan Eastern; Home State Health Plan Central; Home State Health Plan Western	Logisticare Solutions	Alexian Brothers Community Services
Notes			
Program notes			

Montana Managed Care Program Features, as of 2013

Features	Passport to Health
Program type	PCCM
Statewide or region-specific?	Statewide
Federal operating authority	1915(b) waiver
Program start date	1/1/1994
Waiver expiration date (if applicable)	3/31/2016
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	
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	X
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X

Montana Managed Care Program Features, as of 2013

Features	Passport to Health
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	
Family planning	X
Dental services (medical/surgical)	X
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	
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Birth centers, chiropractic, podiatry, Physical/Occupational/Speech therapy, respiratory therapy, transplants, urgent care services
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	

Montana Managed Care Program Features, as of 2013

Features	Passport to Health
Performance incentives?	No
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	Passport to Health
Notes	
Program notes	<p>Montana has four programs that operate under the authority of the 1915 (b) waiver. The Passport to Health program is the Primary Care Case Management (PCCM) program. The Team Care program is a sub-program of Passport which began in 2004. Enrollment in Team Care is based on utilization that is found to be excessive, inappropriate or fraudulent with respect to need. Members enrolled in Team Care are restricted from changing their primary care provider (PCP) without good cause and are restricted to one pharmacy. The Health Improvement program, the EPCCM program, began in 2009 as an enhancement to Passport. The EPCCM operates through a network of Passport providers who receive an enhanced case management fee. Nurses and health coaches provide care management services to Passport eligible members who have been identified as high risk/high cost through predictive modeling, or have been referred by a PCP. The Nurse First program is the nurse advice line that began in 2004. The advice line is a 24 hour a day, 7 days a week, 365 days a year free and confidential nurse triage line staffed by licensed-registered nurses operated by NurseWise. The advice line provides triage and treatment recommendations for injuries and health conditions based on nationally recognized guidelines. It also provides general health information about diseases, treatments, and medications. After each call, the advice line contractor faxes a description of the member's concern to the member's PCP, if the member is enrolled with a Passport provider.</p>

Nebraska Managed Care Program Features, as of 2013

Features	Behavioral Health Managed Care	Magellan Behavioral Health	Nebraska Managed Care	PACE Nebraska (Immanuel Pathways)
Program type	BHO (PIHP and/or PAHP)	BHO (PIHP and/or PAHP)	Comprehensive MCO	PACE
Statewide or region-specific?	Statewide	Statewide	Statewide	Cass, Dodge, Douglas, Sarpy, Saunders, Washington
Federal operating authority	1915(b) waiver	1915(b) waiver	1915(b) waiver, 1932(a)	PACE
Program start date	9/1/2013		7/1/1995	5/1/2013
Waiver expiration date (if applicable)	6/30/2014	6/30/2014	6/30/2014	
If the program ended in 2013, indicate the end date		8/31/2013		
Populations enrolled				
Low-income Adults	Mandatory	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory	
Individuals receiving Limited Benefits	Mandatory	Mandatory	Mandatory	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory	Mandatory	Mandatory	
Full Duals	Mandatory	Mandatory	Mandatory	
Partial Duals	Mandatory	Mandatory	Mandatory	
Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory		Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Mandatory		Mandatory	
Enrollment choice period	Pre-assigned	Pre-assigned	15 days	N/A
Enrollment broker name (if applicable)	The Medicaid Enrollment Center		The Medicaid Enrollment Center	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	X
Outpatient hospital physical health			X	X

Nebraska Managed Care Program Features, as of 2013

Features	Behavioral Health Managed Care	Magellan Behavioral Health	Nebraska Managed Care	PACE Nebraska (Immanuel Pathways)
Outpatient hospital behavioral health (MH and/or SUD)	X	X	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
EPSDT			X	X
Case management			X	X
Health home			X	X
Family planning			X	
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			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, occupational therapy	
Quality assurance and improvement				
HEDIS data required?	No	No	No	No
CAHPS data required?	No	No	Yes	No
Accreditation required?	Yes	No	Yes	No
Accrediting organization	URAC		NCQA, URAC	

Nebraska Managed Care Program Features, as of 2013

Features	Behavioral Health Managed Care	Magellan Behavioral Health	Nebraska Managed Care	PACE Nebraska (Immanuel Pathways)
EQRO contractor name (if applicable)	ISLAND PEER REVIEW ORGANIZATION (IPRO)		ISLAND PEER REVIEW ORGANIZATION (IPRO)	
Performance incentives?	Yes	No	No	No
Payment bonuses/differentials to reward MCOs	X			
Preferential auto-enrollment to reward MCOs				
Public reports comparing MCO performance on key metrics				
Withholds tied to performance metrics	X			
Participating plans and regions served				
Plans in Program	Magellan Behavioral Health of Nebraska	Magellan Behavioral Health	AmeriHealth Caritas DBA Arbor Health Plan; Coventry Health Care of Nebraska (aka Aetna); United Health Care of Nebraska	PACE Nebraska (DBA Immanuel Pathways)
Notes				
Program notes	The Behavioral Health contract changed as of September 1, 2013. Prior to that date, Magellan was the authorization entity for the FFS people. On September 1, 2013, they entered into a contract to provide behavioral health care as a managed care contractor. Service includes Substance use disorders (SUD).		Arbor: 23,867; United: 57,931; Coventry:103,285. Total physical health managed care: 185,083. Behavioral health : 212,330. Dual plan member: 185,083. Single plan of behavioral health only: 27,247. Enrollees in PH Managed Care are also enrolled in behavioral health plus some qualified that are with FFS. Total Medicaid eligible: 244,441 ; Fee for service: 59,358. Nebraska Medicaid medical home pilot was discontinued in 2011. Nebraska contracts with 3 MCOs. Bidding process is based on RFP requirements and capitation rates prepared and certified by an actuary.	

Nevada Managed Care Program Features, as of 2013

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation
Program type	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Urban Clark, Washoe	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT
Program start date	10/31/1998	10/31/1998
Waiver expiration date (if applicable)		
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults		Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Individuals receiving Limited Benefits		
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Mandatory
Full Duals		Mandatory
Partial Duals		
Children with Special Health Care Needs	Voluntary	Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Mandatory
Enrollment choice period	90 days	Pre-assigned
Enrollment broker name (if applicable)	Hewlett Packard Enterprise Services (HPES)	LogistiCare
Notes on enrollment choice period		

Nevada Managed Care Program Features, as of 2013

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation
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		
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		
ICF-IDD		
Nursing facility services	X	
Hospice care		
Non-Emergency Medical Transportation		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	*Nursing Facility Services only for up to 45 days;	

Nevada Managed Care Program Features, as of 2013

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation
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 (HSAG)	
Performance incentives?		
Payment bonuses/differentials to reward MCOs	No	No
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
Participating plans and regions served		
Plans in Program	Amerigroup Community Care; Health Plan of Nevada	LogistiCare
Notes		
Program notes	No significant changes during 2013.	No significant changes during 2013.

New Hampshire Managed Care Program Features, as of 2013

Features	Medicaid Care Management
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	12/1/2013
Waiver expiration date (if applicable)	
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	
Full Duals	Voluntary
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	60 days
Enrollment broker name (if applicable)	Maximus
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

New Hampshire Managed Care Program Features, as of 2013

Features	Medicaid Care Management
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	X
Family planning	X
Dental services (medical/surgical)	
Dental (preventative or corrective)	
Home health agency services	X
Personal care (state plan option)	X
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 birth centers, podiatry, community mental health centers, psychology
Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	Yes
Accrediting organization	NCQA
EQRO contractor name (if applicable)	HSAG
Performance incentives?	Yes

New Hampshire Managed Care Program Features, as of 2013

Features	Medicaid Care Management
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	Meridian; Well Sense; New Hampshire Healthy Families
Notes	
Program notes	This program did not come into existence until December 2013. Therefore, all of the plan enrollments at the point in time being requested under this data collection (July 1, 2013), were zero.

New Jersey Managed Care Program Features, as of 2013

Features	LogistiCare	NJ FamilyCare	PACE
Program type	Non-Emergency Medical Transportation	Comprehensive MCO	PACE
Statewide or region-specific?	Statewide	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, 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
Federal operating authority	1902(a)(70) NEMT	1115 demonstration, 1932(a)	PACE
Program start date	7/1/2009	9/1/1995	4/9/2009
Waiver expiration date (if applicable)			
If the program ended in 2013, indicate the end date			

New Jersey Managed Care Program Features, as of 2013

Features	LogistiCare	NJ FamilyCare	PACE
Populations enrolled			
Low-income Adults	Mandatory		
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	
Individuals receiving Limited Benefits			
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			
Full Duals	Mandatory	Mandatory	Voluntary
Partial Duals	Mandatory		Voluntary
Children with Special Health Care Needs	Mandatory	Mandatory	
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Enrollment choice period	Enrolled simultaneously with MCO	10 days	N/A
Enrollment broker name (if applicable)		Xerox	
Notes on enrollment choice period		Enrollment is open to all eligibles by contacting the Enrollment Broker and selecting an MCO or may be auto-assigned if no selection is made. Self selection locks Member into that MCO for 12 months. Auto-assignment permits a change to another MCO within 90 days.	

New Jersey Managed Care Program Features, as of 2013

Features	LogistiCare	NJ FamilyCare	PACE
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		X	X
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			
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, immunization, MDC, supplies, optical appliances, optometrist, organ transplants, orthotics, spec hosp, outpatient rehab, podiatrist, post-acute care, prev health, vision	

New Jersey Managed Care Program Features, as of 2013

Features	LogistiCare	NJ FamilyCare	PACE
Quality assurance and improvement			
HEDIS data required?	No	Yes	No
CAHPS data required?	No	Yes	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)		Island Peer Review Organization	
Performance incentives?	No	No	No
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Logisticare	Horizon NJ Health; Healthfirst; Amerigroup; UnitedHealthcare Community Plan; Amerivantage Specialty + RX; Healthfirst NJ Maximum Plan; Horizon Medicare Blue Totalcare; UnitedHealthcare Dual Complete	Lutheran Senior LIFE; LIFE (Living Independently For Elders) St. Francis; Inspira LIFE (formerly South Jersey Healthcare LIFE); LIFE at Lourdes

New Jersey Managed Care Program Features, as of 2013

Features	LogistiCare	NJ FamilyCare	PACE
Notes			
Program notes		<p>In October 2012, CMS approved NJ's 1115 Waiver Demonstration as the new operating authority for NJ FamilyCare. While the 1932a was not closed out until April 1, 2014, the State operated under the 1115 Demonstration on July 1, 2013; the date of this measurement. Healthfirst exited the NJ Medicaid market 11/1/13 when it sold its NJ Medicaid line of business to WellCare. Healthfirst continued its D-SNP business in NJ until 12/31/14. Nursing facility services covered under managed care for first 30 days, then by FFS. Behavioral health clinics are FFS. Acute care clinics are managed care. PDN is covered as a State Plan service under EPSDT and as a waiver service under the 1115. The two previous 1915(b) waivers were folded into the 1115 Demonstration making Full Duals and Children with Special HC Needs Mandatorily enrolled in the program. 1932(a) managed State Plan services subsumed by 1115 4/1/2014 with an amendment added 12/23/2013. NF Managed Care for first 30 days/FFS after 30 days until 7/1/14, then new NF admissions are Managed Care, existing NF is FFS until change in living arrangement (NJFC A only). Existing SCNF FFS until 7/1/16, Managed Care thereafter. New SCNF admissions are Managed Care. HCBS and PDN available to NJFC A only starting 7/1/14. In State Fiscal Year 2015, an incentive payment will be paid to the MCO if it has excellent or commendable NCQA accreditation status prior to June 1, 2015.</p>	<p>All Medicare and Medicaid benefits are provided by the PACE organization. All persons 55 and over including private pay are eligible.</p>

New Mexico Managed Care Program Features, as of 2013

Features	Coordination of Long-Term Services (CoLTS)	New Mexico Salud!	New Mexico State Coverage Insurance Section 1115 Demonstration	Program of All-Inclusive Care for the Elderly	Salud! Behavioral Health
Program type	Comprehensive MCO + any other type	Comprehensive MCO + any other type	Comprehensive MCO + any other type	PACE	BHO (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide	Bernalillo, Sandoval, Valencia	Statewide
Federal operating authority	1915(b)/1915(c)	1915(b) waiver	1115 demonstration	PACE	1915(b) waiver
Program start date	8/1/2008	7/1/1997	1/1/2010	7/1/2004	7/1/2005
Waiver expiration date (if applicable)					
If the program ended in 2013, indicate the end date	12/31/2013	12/31/2013	12/31/2013		12/31/2013
Populations enrolled					
Low-income Adults		Mandatory	Voluntary		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
Individuals receiving Limited Benefits		Mandatory			Mandatory
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Mandatory			Mandatory
Full Duals	Mandatory	Mandatory		Voluntary	Mandatory
Partial Duals					
Children with Special Health Care Needs	Mandatory	Mandatory			Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Exempt	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt	Exempt	Exempt
Enrollment choice period	16 days	16 days	90 days	N/A	Pre-assigned
Enrollment broker name (if applicable)					

New Mexico Managed Care Program Features, as of 2013

Features	Coordination of Long-Term Services (CoLTS)	New Mexico Salud!	New Mexico State Coverage Insurance Section 1115 Demonstration	Program of All-Inclusive Care for the Elderly	Salud! Behavioral Health
Notes on enrollment choice period	If no selection has been made, members are auto assigned to an MCO and have 90 days to switch to another MCO.	If no selection has been made, members are auto assigned to an MCO and have 90 days to switch to another MCO.	Members selected Managed Care Organization at application and had 90 day switch period.	Disenrollments permitted every 30 days.	There was only one Behavioral Health Entity for members to enroll with.
Benefits covered					
Inpatient hospital physical health	X	X	X	X	
Inpatient hospital behavioral health (MH and/or SUD)			X	X	X
Outpatient hospital physical health	X	X	X	X	
Outpatient hospital behavioral health (MH and/or SUD)			X	X	X
Partial hospitalization					
Physician	X	X	X	X	
Nurse practitioner	X	X	X	X	
Rural health clinics and FQHCs		X	X		
Clinic services		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	
Health home					
Family planning	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	

New Mexico Managed Care Program Features, as of 2013

Features	Coordination of Long-Term Services (CoLTS)	New Mexico Salud!	New Mexico State Coverage Insurance Section 1115 Demonstration	Program of All-Inclusive Care for the Elderly	Salud! Behavioral Health
HCBS waiver services	X				
Private duty nursing	X	X		X	
ICF-IDD					
Nursing facility services	X	X		X	
Hospice care	X	X		X	
Non-Emergency Medical Transportation	X	X		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Chiropractic, Chiropractic, Disease Management, Durable Medical Equipment, Family Planning, Hearing, Immunization, Occupational Therapy, Physical Therapy, Podiatry, Skilled Nursing Facility, Respite, Speech Therapy, Vision	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	Diagnostics, Disease Management, Durable Medical Equipment, Emergency, Home Health, Maternity, Occupational Therapy, Physical Therapy, Pre/Post Natal Care, Preventive, Speech Therapy, Urgent Care	Adult Day/Health Center, Optometry, Audiology, Podiatry, Alternative Therapies (Chiropractic, Acupuncture)	Mental Health Residential, Mental Health Support, Opioid Treatment Programs, Peer Support for Substance Use Disorders, Peer Support Services for Mental Health, Pharmacy, Residential Substance Use Disorders Treatment Programs, Substance Use Disorders
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes	No	Yes
Accreditation required?	Yes	Yes	Yes	No	Yes
Accrediting organization	NCQA	NCQA	NCQA		NCQA

New Mexico Managed Care Program Features, as of 2013

Features	Coordination of Long-Term Services (CoLTS)	New Mexico Salud!	New Mexico State Coverage Insurance Section 1115 Demonstration	Program of All-Inclusive Care for the Elderly	Salud! Behavioral Health
EQRO contractor name (if applicable)	HealthInsight New Mexico dba New Mexico Medical Review Organization	HealthInsight New Mexico dba New Mexico Medical Review Association	HealthInsight New Mexico dba New Mexico Medical Review Association		HealthInsight New Mexico dba New Mexico Medical Review Association
Performance incentives?	Yes	No	No	No	No
Payment bonuses/differentials to reward MCOs					
Preferential auto-enrollment to reward MCOs					
Public reports comparing MCO performance on key metrics					
Withholds tied to performance metrics	X				
Participating plans and regions served					
Plans in Program	Amerigroup Community Care of New Mexico, Inc.; United Healthcare	Blue Cross Blue Shield of New Mexico; Lovelace Community Health Plan; Molina Healthcare of New Mexico; Presbyterian Health Plan	Lovelace Community Health Plan; Molina Healthcare of New Mexico; Presbyterian Health Plan; Blue Cross Blue Shield of New Mexico; Molina UNM SCI	Innovage Greater New Mexico PACE dba Total Community Care	OptumHealth New Mexico

New Mexico Managed Care Program Features, as of 2013

Features	Coordination of Long-Term Services (CoLTS)	New Mexico Salud!	New Mexico State Coverage Insurance Section 1115 Demonstration	Program of All-Inclusive Care for the Elderly	Salud! Behavioral Health
Notes					
Program notes	The original waiver authority expiration date was July 31, 2012. The 1915(c) operated on 90 day extensions from 8/1/12-12/31/2013 and the 1915(b) operated on 90 day extensions from 8/1/2013-12/31/13.	The Waiver Expiration Date was originally for 6/30/2013. There was an extension granted to the 1915(b) Waiver through 12/31/2013.	There were 2 Section 1115 waivers for SCI through September 30, 2013, one under Title XIX and one under Title XXI. The Title XXI waiver expired September 30, 2013 and those parents were moved under the Title XIX waiver with the childless adults through December 31, 2013. Then Title XIX expired on December 31, 2013.		The Waiver Expiration Date was originally for 6/30/2013. There was an extension granted to the 1915(b) Waiver through 12/31/2013.

New York Managed Care Program Features, as of 2013

Features	FSHRP Medicaid Advantage	FSHRP Medicaid Managed Care	Managed Long Term Care	Medicaid Advantage Plus	PACE	Partnership Plan Family Health Plus	Partnership Plan Medicaid Managed Care
Program type	Comprehensive MCO	Comprehensive MCO	MLTSS	Comprehensive MCO + any other type	PACE	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	New York City and 24 Upstate Counties	Statewide	New York City and 32 Upstate Counties	Statewide	Albany, Allegany, Cattaraugus, Erie, Monroe, Nassau, Niagara, Onondaga, Schenectady, Suffolk, Westchester Counties and New York City	Statewide	Statewide
Federal operating authority	1115 demonstration	1115 demonstration	1115 demonstration	1915(a)	PACE	1115 demonstration	1115 demonstration
Program start date	10/1/2006	9/29/2006	1/1/1998	1/1/2007	1/1/1990	9/4/2001	10/1/1997
Waiver expiration date (if applicable)	3/31/2014	3/31/2014				12/31/2014	12/31/2014
If the program ended in 2013, indicate the end date							
Populations enrolled							
Low-income Adults		Mandatory				Voluntary	Mandatory
Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory				Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory					
Individuals receiving Limited Benefits							
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority							
Full Duals	Voluntary		Mandatory	Voluntary	Voluntary		
Partial Duals							

New York Managed Care Program Features, as of 2013

Features	FSHRP Medicaid Advantage	FSHRP Medicaid Managed Care	Managed Long Term Care	Medicaid Advantage Plus	PACE	Partnership Plan Family Health Plus	Partnership Plan Medicaid Managed Care
Children with Special Health Care Needs							
Native American/Alaskan Natives	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt	Exempt	Exempt	Mandatory	Mandatory
Enrollment choice period	NA	30 days	30 days	NA	N/A	30 days	30 days
Enrollment broker name (if applicable)	Maximus		New York Medicaid Choice/Maximus			Maximus	Maximus
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
Nurse practitioner		X			X	X	
Rural health clinics and FQHCs							
Clinic services	X	X			X		
Lab and x-ray	X	X			X	X	X
Prescription drugs and prosthetic devices	X	X		X	X	X	X
EPSDT		X			X	X	X
Case management		X	X	X	X	X	X
Health home			X				
Family planning		X			X		X

New York Managed Care Program Features, as of 2013

Features	FSHRP Medicaid Advantage	FSHRP Medicaid Managed Care	Managed Long Term Care	Medicaid Advantage Plus	PACE	Partnership Plan Family Health Plus	Partnership Plan Medicaid Managed Care
Dental services (medical/surgical)							
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
HCBS waiver services							
Private duty nursing	X		X	X	X		
ICF-IDD							
Nursing facility services	X	X	X	X			
Hospice care							
Non-Emergency Medical Transportation	X	X		X	X		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)							
Quality assurance and improvement							
HEDIS data required?	Yes	No	No	No	No	Yes	Yes
CAHPS data required?	Yes	No	No	No	No	Yes	Yes
Accreditation required?	No	No	No	No	No	No	No
Accrediting organization							
EQRO contractor name (if applicable)	Quality Improvement Organization	Quality Improvement Organization	Island Peer Review Organization	IPRO - Island Peer Review Organization	Island Peer Review Organization	Quality Improvement Organization	Island Peer Review Organization
Performance incentives?	No	Yes	Yes	No	No	Yes	Yes
Payment bonuses/differentials to reward MCOs		X	X			X	X
Preferential auto-enrollment to reward MCOs		X	X			X	X
Public reports comparing MCO performance on key metrics		X	X			X	X

New York Managed Care Program Features, as of 2013

Features	FSHRP Medicaid Advantage	FSHRP Medicaid Managed Care	Managed Long Term Care	Medicaid Advantage Plus	PACE	Partnership Plan Family Health Plus	Partnership Plan Medicaid Managed Care
Withholds tied to performance metrics							
Participating plans and regions served							
Plans in Program	Affinity/Medicaid Advantage; Elderplan/Medicaid Advantage; Guildnet/Medicaid Advantage; HIP Health Plan/Medicaid Advantage; Liberty Health Advantage/Medicaid Advantage; Managed Health Inc/Medicaid Advantage; MetroPlus/Medicaid Advantage; NYS Catholic Health Plan/Medicaid Advantage; Touchstone/Prestige/Medicaid Advantage; United HealthCare/Medicaid Advantage; VNS Choice/Medicaid Advantage; WellCare/Medicaid Advantage	Affinity Health Plan; Amerigroup; Amida Care Special Needs; Capital District Physicians Health Plan; Excellus; HealthFirst; HealthNow; HIP Combined; HIP UFT; Hudson Health Plan; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MetroPlus Special Needs Plan; MVP Health Plan; Neighborhood Health Providers; NYS Catholic Health Plan/Fidelis; SCHC Total Care; United HealthCare; Univera Community Health; VNS Choice Special Needs; WellCare	Aetna Better Health; Agewell New York; AmeriGroup Community Connections; ArchCare Community Life; Centerlight Select; Centers Plan For Health Living; ElderPlan; Elderserve; Fidelis Care at Home; Guildnet; Health Advantage/Elant Choice; HHH Choices; HIP; Independent Care Systems; MetroPlus; Senior Health Partners; Senior Network Health; Senior Whole Health; Total Aging in Place; United Healthcare; Village Care Max; VNA HomeCare Options; VNS Choice; WellCare Advocate	Amerigroup Advantage Plus; ElderPlan; GuildNet; HealthFirst; HHH Choices; HIP of Greater NY; NYS Catholic Health Plan/Fidelis; Senior Whole Health; VNS Choice Plus; WellCare Advantage Plus	ArchCare Senior Life; Catholic Health - Life; Complete Senior Care; Comprehensive Care Management; Eddy Senior Care; Independent Living for Seniors; PACE CNY; Total Senior Care	Affinity Health Plan; Amerigroup; Capital District Physicians 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; SCHC Total Care; United HealthCare; Univera Community Health; WellCare	Capital District Physicians Health Plan; Excellus; Health Now; HIP Combined; HIP UFT; Independent Health/Hudson Valley & WNY; MVP Health Plan; United Healthcare; WellCare; Affinity Health Plan; Amerigroup; HealthFirst; Hudson Health Plan; MetroPlus; Neighborhood Health Providers; NYS Catholic Health Plan/Fidelis; SCHC Total Care; Univera Community Health; Amida Care Special Needs; MetroPlus Special Needs; VNS Choice Special Needs

New York Managed Care Program Features, as of 2013

Features	FSHRP Medicaid Advantage	FSHRP Medicaid Managed Care	Managed Long Term Care	Medicaid Advantage Plus	PACE	Partnership Plan Family Health Plus	Partnership Plan Medicaid Managed Care
Notes							
Program notes		Community Based Foster Care Children are required to be enrolled. Foster Children who are in institutions or managed by voluntary agencies are excluded from enrollment.	Full duals are mandatorily enrolled after 120 days of long-term services and supports (LTSS).	As such, Medicare covers comprehensive medical services and Medicaid Advantage Plus only pays for the services indicated, including long-term services and supports (LTSS). Because the full package of benefits covered under Medicaid Advantage Plus includes Medicare and is comprehensive, it is considered a Comprehensive MCO + any other type Medicaid managed care program type. The "any other type" is Medicaid LTSS. LTSS dual-eligible enrollment was 4,212 and LTSS non-dual eligible enrollment was 0.		Community Based Foster Care Children are required to be enrolled. Foster Children who are in institutions or managed by voluntary agencies are excluded from enrollment.	Community Based Foster Care Children are required to be enrolled. Foster Children who are in institutions or managed by voluntary agencies are excluded from enrollment.

North Carolina Managed Care Program Features, as of 2013

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Carolina ACCESS/ Community Care of North Carolina	Program of All Inclusive Care for the Elderly (PACE)
Program type	BHO (PIHP and/or PAHP)	PCCM	PACE
Statewide or region-specific?	Statewide	Statewide	Catawba, New Hanover, 27231, 27243, 27278, 27302, 27510, 27514, 27516, 27517, 27541, 27572, 27705, 27583, 27707, 27712, 27207, 27208, 27252, 27298, 27312, 27330, 27344, 27349, 27355, 27502, 27519, 27523, 27559, 27562, 27713, 27332, 27505, 28326, 28301, 28302, 28303, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28311, 28312, 28314, 28318, 28342, 28344, 28348, 28356, 28371, 28382, 28390, 28391, 28395, 28315, 28373, 28376, 28357, 28377, 28384, 28386, 28334, 28339, 27027, 27048, 27288, 27235, 27282, 27301, 27310, 27377, 27401, 27403, 27405, 27406, 27407, 27408, 27409, 27410, 27455, 27495, 27025, 27214, 27233, 27244, 27249, 27260, 27262, 27263, 27265, 27283, 27284, 27311, 27313, 27320, 27326, 27357, 27358, 28037, 28092, 28168, 28601, 28602, 28609, 28610, 28612, 28613, 28630, 28637, 28638, 28650, 28658, 28673, 28678, 28681, 28682, 28690, 27012, 27107, 27127, 27239, 27292, 27295, 27299, 27360, 28127, 27013, 27054, 28023, 28071, 28081, 28083, 28088, 28125, 28137, 28138, 28144, 28146, 28147, 28159, 27006, 27028, 27020, 28115, 28117, 28166, 28625, 28634, 28636, 28660, 28677, 28689, 28025, 28027, 28031, 28036, 28075, 28078, 28079, 28097, 28103, 28104, 28105, 28107, 28109, 28110, 28112, 28124, 28129, 28134, 28215, 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, 27503, 27613, 27701, 27703, 27704, 27706, 27511, 27513, 27518, 27526, 27529, 27539, 27540, 27545, 27560, 27571, 27587, 27591, 27592, 27597, 27601, 27603, 27604, 27605, 27606, 27607, 27608, 27609, 27610, 27612, 27614, 27615, 27616, 27617, 27509, 27522, 28006, 28012, 28016, 28021, 28032, 28033, 28034, 28052, 28053, 28054, 28055, 28056, 28077, 28080, 28086, 28098, 28101, 28120, 28164, 28073, 28150, 28152, 28422, 28451, 28461
Federal operating authority	1915(b)/1915(c)	1932(a)	PACE
Program start date	1/1/2012	4/1/1991	2/1/2008
Waiver expiration date (if applicable)	7/1/2018		

North Carolina Managed Care Program Features, as of 2013

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Carolina ACCESS/ Community Care of North Carolina	Program of All Inclusive Care for the Elderly (PACE)
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults	Mandatory	Voluntary	
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Individuals receiving Limited Benefits			
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			
Full Duals	Mandatory	Voluntary	Voluntary
Partial Duals			Voluntary
Children with Special Health Care Needs	Mandatory	Voluntary	
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Exempt
Enrollment choice period	Pre-assigned	N/A	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period	Assignment based on county of Medicaid eligibility		
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

North Carolina Managed Care Program Features, as of 2013

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Carolina ACCESS/ Community Care of North Carolina	Program of All Inclusive Care for the Elderly (PACE)
Clinic services			X
Lab and x-ray			X
Prescription drugs and prosthetic devices			X
EPSDT			
Case management		X	X
Health home			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
ICF-IDD	X		X
Nursing facility services			X
Hospice care			X
Non-Emergency Medical Transportation			X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Outpatient behavioral health, 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 department		Recreational services; nutrition planning; adult day health

North Carolina Managed Care Program Features, as of 2013

Features	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services	Carolina ACCESS/ Community Care of North Carolina	Program of All Inclusive Care for the Elderly (PACE)
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	No
CAHPS data required?	No	Yes	No
Accreditation required?	Yes	No	No
Accrediting organization	NCQA, URAC		
EQRO contractor name (if applicable)	Carolinas Center for Medical Excellence (CCME)		
Performance incentives?	No	No	No
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Alliance Behavioral Health; CenterPoint Human Services; CoastalCare; East Carolina Behavioral Health; Eastpointe Human Services; MeckLINK Behavioral Healthcare; Partners Behavioral Health; Cardinal Innovations Healthcare Solutions; Sandhills Center for MH/DD/SAS; Western Highlands Network; Smoky Mountain Center	Carolina ACCESS/ Community Care of North Carolina	Carolina SeniorCare; Elderhaus Inc.; PACE at Home Inc.; LIFE Saint Joseph of the Pines; Piedmont Health Senior Care; PACE of the Triad
Notes			
Program notes		The populations enrolled in Carolina ACCESS and Community Care of North Carolina are the same.	This program only serves a portion of the following zip codes: 27278, 28037, 28168, 28601, 28602, 28609, 28610, 28612, 28613, 28630, 28637, 28638, 28650, 28658, 28673, 28678, 28681, 28682, 28690.

North Dakota Managed Care Program Features, as of 2013

Features	Health Management	PACE	PCCM
Program type	BHO (PIHP and/or PAHP)	PACE	PCCM
Statewide or region-specific?	Statewide	58501, 58502, 58503, 58504, 58554, 58558, 58601, 58602, 58652, 58655, 58656	Statewide
Federal operating authority	1932(a)	PACE	1932(a)
Program start date	8/1/2007	8/1/2008	11/1/1994
Waiver expiration date (if applicable)			
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	Voluntary		Mandatory
Full Duals		Voluntary	
Partial Duals		Voluntary	
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary		Exempt
Enrollment choice period	open enrollment at all times	N/A	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period	Enrollment is voluntary and disenrollment can happen at any time the recipient chooses.	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 6 months during the open enrollment period.

North Dakota Managed Care Program Features, as of 2013

Features	Health Management	PACE	PCCM
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			
Case management	X	X	
Health home		X	X
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			X
Private duty nursing			X
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.)			

North Dakota Managed Care Program Features, as of 2013

Features	Health Management	PACE	PCCM
Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	No, but accreditation considered in plan selection criteria	No	No
Accrediting organization	URAC		North Dakota State
EQRO contractor name (if applicable)	North Dakota State	CMS and North Dakota State	
Performance incentives?	No	No	No
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Health Management	Northland PACE	Multiple primary care providers

North Dakota Managed Care Program Features, as of 2013

Features	Health Management	PACE	PCCM
Notes			
<p>Program notes</p>	<p>No major changes 01-01-2013 through 12-31-2013. The following is further explanation of who can enroll: Certain Medicaid recipients may be eligible for Health Management services through their local Provider, Clinic or a Disease Management Organization. If you have been diagnosed with Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, or Congestive Heart Failure, you may be able to received additional care coordination services through your local provider, clinic, or a health management nurse within the state. Excluded populations include: Medicare coverage (dual eligible) Additional Major Medical Coverage Recipient Liability Resides in a Nursing Facility or Intermediate Care Facility for the Intellectually Disabled (ICF/ID) Enrolled with another Health Management Provider - you may be enrolled with only one health management provider at a time This is a voluntary, free program. You may disenroll from the program at any time.</p>	<p>This program only serves a portion of the following zip codes: 58503, 58504, 58554, 58558, 58602, 58652, 58655, 58656.</p>	<p>The PCCM program requires that eligible recipients choose a Primary Care Provider(PCP) who will provide the majority of their health care and give referrals for the services that are needed when it is a service that the PCP cannot provide. The services are paid for on a fee-for-services basis. There is also a \$2.00 PMPM rate paid but, RHC, FQHC and HIS are excluded from this due to the encounter fee paid to these facilities. The objective of this program is to assure Medicaid recipients receive: Adequate access; Coordination and continuity of Health care services; and Quality Care. Providers can be chosen as PCP if they are enrolled with Medicaid and enrolled as a PCP provider. Once a recipient is determined eligible for Medicaid and the PCCM program, they are mailed a letter of notification that they are eligible and have two weeks to choose a PCP. Assistance with selecting a PCP is provided by eligibility workers at the county as needed. If a recipient fails to choose a PCP during that two week time period, one will be selected for them and a notification of this selection and contact information for the selected PCP will be mailed to the recipient. Recipients can request a change in PCP in the first 90 days, every six months or for good cause. Medical services as needed will be provided by the PCP and the PCP will make referrals as needed for services that are medically necessary that they cannot provide. If the recipient sees a provider other than the PCP or the providers that the PCP has made a referral to, the recipient will be responsible to pay for those services. Out of state referrals to providers who practice further than 50 miles from the ND border, require approval from the ND state agency.</p>

Ohio Managed Care Program Features, as of 2013

Features	Medicaid Managed Care	PACE
Program type	Comprehensive MCO	PACE
Statewide or region-specific?	Statewide	Cuyahoga, Butler, Clermont, Hamilton, Warren
Federal operating authority	1915(b) waiver, 1932(a)	PACE
Program start date	7/1/2005	11/1/2002
Waiver expiration date (if applicable)	6/30/2015	
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority		
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Varies	
Native American/Alaskan Natives	Voluntary	
Foster Care and Adoption Assistance Children	Voluntary	
Enrollment choice period	See above box.	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 Managed Care Program Features, as of 2013

Features	Medicaid Managed Care	PACE
Benefits covered		
Inpatient hospital physical health	X	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		
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		
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

Ohio Managed Care Program Features, as of 2013

Features	Medicaid Managed Care	PACE
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse Midwife; 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; and Ambulette	
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	N/A
Performance incentives?	Yes	No
Payment bonuses/differentials to reward MCOs	X	
Preferential auto-enrollment to reward MCOs	X	
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics		
Participating plans and regions served		
Plans in Program	Buckeye Community Healthplan of Ohio; CareSource; Molina Healthcare of Ohio; Paramount Advantage; United Healthcare Community Plan of Ohio	TriHealth Senior Link; McGregor PACE

Ohio Managed Care Program Features, as of 2013

Features	Medicaid Managed Care	PACE
Notes		
Program notes	Regarding mandatory enrollment in Ohio Medicaid Managed Care for children with special health care needs: Mandatory enrollment applies only to the SSI population of children with special health care needs. In addition to the 1932a SPA (which was implemented in 2005), a 1915b waiver was implemented on July 1, 2013, and covers the SSI child population.	

Oklahoma Managed Care Program Features, as of 2013

Features	PACE	SoonerCare Choice	SoonerRide
Program type	PACE	PCCM	Non-Emergency Medical Transportation
Statewide or region-specific?	74464,74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439	Statewide	Statewide
Federal operating authority	PACE	1115 demonstration	1902(a)(70) NEMT
Program start date	8/1/2008	1/1/1996	6/1/2006
Waiver expiration date (if applicable)		12/31/2015	
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults		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			
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			
Full Duals	Voluntary		Mandatory
Partial Duals	Voluntary		
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
Enrollment choice period	N/A	N/A	Pre-assigned
Enrollment broker name (if applicable)		Maximus	Logisticare
Notes on enrollment choice period			

Oklahoma Managed Care Program Features, as of 2013

Features	PACE	SoonerCare Choice	SoonerRide
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			
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	

Oklahoma Managed Care Program Features, as of 2013

Features	PACE	SoonerCare Choice	SoonerRide
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No, but accreditation considered in plan selection criteria
Accrediting organization		States specific PCMH	None
EQRO contractor name (if applicable)	N/A		
Performance incentives?	No	No	No
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Cherokee Elder Care	SoonerCare Choice	SoonerRide
Notes			
Program notes			

Oregon Managed Care Program Features, as of 2013

Features	Oregon Health Plan (OHP)	PACE	Primary Care Manager (PCM)
Program type	Comprehensive MCO + any other type	PACE	PCCM
Statewide or region-specific?	Statewide	Multnomah, Washington, Clackamas	Statewide
Federal operating authority	1115 demonstration	PACE	1115 demonstration
Program start date	2/1/1994	11/1/2003	2/1/1994
Waiver expiration date (if applicable)	6/30/2017		6/30/2017
If the program ended in 2013, indicate the end date			9/30/2013
Populations enrolled			
Low-income Adults	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	Mandatory		Voluntary
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory		Voluntary
Full Duals	Voluntary	Voluntary	Voluntary
Partial Duals	Voluntary	Voluntary	Voluntary
Children with Special Health Care Needs	Mandatory		Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Voluntary
Enrollment choice period	Pre-assigned	N/A	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period	OHP clients have up to 12 months to change plans		Individuals must pick a plan the day they enroll, or they are assigned by the state. If assigned by the state they may change plans if they do not like the initial assignment; otherwise they must wait a year to change plans.

Oregon Managed Care Program Features, as of 2013

Features	Oregon Health Plan (OHP)	PACE	Primary Care Manager (PCM)
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	X
Nurse practitioner	X	X	X
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	
EPSDT	X		X
Case management	X	X	X
Health home	X	X	X
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	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	Podiatry, recreational therapy, housing, Language interpretation, dietary supplements, DME,	

Oregon Managed Care Program Features, as of 2013

Features	Oregon Health Plan (OHP)	PACE	Primary Care Manager (PCM)
Quality assurance and improvement			
HEDIS data required?	No	No	No
CAHPS data required?	Yes	Yes	Yes
Accreditation required?	No	No, but accreditation considered in plan selection criteria	No
Accrediting organization	NCQA, URAC	NCQA, AAAHC, URAC	
EQRO contractor name (if applicable)	Acumentra	Oregon	
Performance incentives?	Yes	Yes	No
Payment bonuses/differentials to reward MCOs		X	
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics	X		
Withholds tied to performance metrics	X		
Participating plans and regions served			
Plans in Program	CareOregon; Kaiser; AllCare Health Plan; Columbia Pacific; Eastern Oregon CCO; FamilyCare; InterCommunity Health Network; Jackson Care Connect; PacificSource Community Solutions; PrimaryHealth of Josephine County; Trillium Community Health Plan; Umpqua Health Alliance; Western Oregon Advanced Health; Willamette Valley Community Health; Yamhill Community Care; Access Dental Plan; Advantage Dental; Capitol Dental; CareOregon Dental; Family Dental Care; ODS Dental; Greater Oregon Behavioral Health; Cascade Comprehensive Care; Managed Dental Care; Willamette Dental; Jefferson Behavioral Health; Mid-Valley Behavioral Care; Health Share of Oregon	Providence Elder Place	Multiple primary care providers

Oregon Managed Care Program Features, as of 2013

Features	Oregon Health Plan (OHP)	PACE	Primary Care Manager (PCM)
Notes			
Program notes	<p>For persons who have an exemption from managed care for all their care (Tribes, TPL, and Medicare), they can still choose to enroll to have their BH and Dental managed, which is why some plans under OHP are DCOs and BHOs, rather than CCOs. Additionally, in 2013 there were still some having those services managed by DCOs and MHOs because the new CCO contractors had not integrated all those services. All services should be provided by CCOs in 2014.</p>	<p>Margaret May, APD PACE Coordinator can be reached at 503-945-6418.</p>	

Pennsylvania Managed Care Program Features, as of 2013

Features	Adult Community Autism Program	HealthChoices/Behavioral Health	HealthChoices/Physical Health	LIFE	Transportation PAHP - Risk Based Capitation
Program type	BHO (PIHP and/or PAHP)	BHO (PIHP and/or PAHP)	Comprehensive MCO + any other type	PACE	Non-Emergency Medical Transportation
Statewide or region-specific?	Cumberland, Dauphin, Lancaster, Chester	Statewide	Statewide	Statewide	Philadelphia
Federal operating authority	1915(a)	1915(b) waiver	1915(b) waiver	PACE	1902(a)(70) NEMT
Program start date	8/1/2009	1/1/1999	2/1/1997	1/1/1998	11/1/2005
Waiver expiration date (if applicable)		12/31/2016	12/31/2014		
If the program ended in 2013, indicate the end date					
Populations enrolled					
Low-income Adults		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		Voluntary
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			Mandatory		
Full Duals	Voluntary	Mandatory	Mandatory	Voluntary	Voluntary
Partial Duals		Mandatory	Mandatory	Voluntary	Voluntary
Children with Special Health Care Needs		Mandatory	Mandatory		Voluntary
Native American/Alaskan Natives		Mandatory	Mandatory	Voluntary	Voluntary
Foster Care and Adoption Assistance Children		Mandatory	Mandatory		Voluntary
Enrollment choice period	30 days	Pre-assigned	The consumer has the right to initiate a change in MCOs at any time.	N/A	Does not apply
Enrollment broker name (if applicable)			Maximus		

Pennsylvania Managed Care Program Features, as of 2013

Features	Adult Community Autism Program	HealthChoices/Behavioral Health	HealthChoices/Physical Health	LIFE	Transportation PAHP - Risk Based Capitation
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	X	
Nurse practitioner	X		X	X	
Rural health clinics and FQHCs	X		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	X	X	
Health home			X	X	
Family planning	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
Private duty nursing	X		X		
ICF-IDD	X		X		

Pennsylvania Managed Care Program Features, as of 2013

Features	Adult Community Autism Program	HealthChoices/Behavioral Health	HealthChoices/Physical Health	LIFE	Transportation PAHP - Risk Based Capitation
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.)	optometrist, chiropractors, audiologists, podiatrists, health promotion and disease prevention services, medical supplies and durable medical equipment, prosthetic eye and other appliances, mental health crisis intervention services, support coordination, assistive technology, behavioral support, community transition services, adult day habilitation, environmental modifications, family counseling, habilitation services, occupational therapy, outpatient mental health, physical therapy, pre-vocational services, residential support, respite services, speech therapy, supportive employment, addictionologists, clinical social workers, family practitioners, Federally qualified health centers, general practitioners, internists, obstetricians/gynecologists, addiction professionals, (substance use disorder counselors, alcohol and drug counselors, other specialists approved on a case by case basis		Nurse midwife services, CRNP services, freestanding birth centers, podiatry, chiropractic services, optometrists, renal dialysis center, ambulatory surgical center, medical supplies & equipment, home health (visiting nurse)	Podiatry, Optometry	

Pennsylvania Managed Care Program Features, as of 2013

Features	Adult Community Autism Program	HealthChoices/Behavioral Health	HealthChoices/Physical Health	LIFE	Transportation PAHP - Risk Based Capitation
Quality assurance and improvement					
HEDIS data required?	No	Yes	Yes	Yes	No
CAHPS data required?	No	No	Yes	No	No
Accreditation required?	No	No	No	No	No
Accrediting organization					
EQRO contractor name (if applicable)			Island Peer Review Organization (IPRO)		
Performance incentives?	No	No	Yes	No	Yes
Payment bonuses/differentials to reward MCOs			X		
Preferential auto-enrollment to reward MCOs					
Public reports comparing MCO performance on key metrics			X		X
Withholds tied to performance metrics			X		X

Pennsylvania Managed Care Program Features, as of 2013

Features	Adult Community Autism Program	HealthChoices/Behavioral Health	HealthChoices/Physical Health	LIFE	Transportation PAHP - Risk Based Capitation
Participating plans and regions served					
Plans in Program	ACAP Keystone Autism Services	Value BH-PA - Westmoreland; Value BH-PA - Greene; CCBH - Northeast Behavioral Health Care Consortium; CCBH - Community Care Behavioral Health-NC; CBHNP - Behavioral Health Services - Somerset and Bedford; CCBH - Blair HealthChoices; Value BH-PA - Cambria; CCBH - Carbon/Monroe/Pike Joinder Board; CCBH - Erie; CBHNP - Tuscarora Managed Care Alliance; Value BH-PA - Northwest Behavioral Health Partnership, Inc.; CCBH - Lycoming/Clinton Joinder Board; Value BH-PA - Beaver; Value BH-PA - Butler; Value BH-PA - Fayette; Value BH-PA - Lawrence; Value BH-PA - Washington; CCBH - Adams; CCBH - Berks; CBHNP - Cumberland; CBHNP - Dauphin; CBHNP - Lancaster; CBHNP - Lebanon; Magellan BH - Lehigh; Magellan BH - Northampton; CBHNP - Perry; CCBH - York; Magellan - Bucks; CCBH - Chester; Magellan BH - Delaware; Magellan - Montgomery; Community BH - Philadelphia; CCBH - Allegheny; Value BH-PA - Armstrong/Indiana Behavioral & Developmental Health Program	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; Vista	LIFE - Upenn; Mercy - LIFE; LIFE St Mary; Senior LIFE Washington; Senior LIFE York; Senior LIFE Altoona; Senior LIFE Greensburg; LIFE Pittsburgh; LIFE Geisinger; Community LIFE; Senior LIFE Johnstown; New Courtland LIFE; Albright LIFE; LIFE NWPA; LIFE Butler; LIVE Beaver/Vie; LIFE Lutheran; Everyday Life	Logisticare Solutions

Pennsylvania Managed Care Program Features, as of 2013

Features	Adult Community Autism Program	HealthChoices/Behavioral Health	HealthChoices/Physical Health	LIFE	Transportation PAHP - Risk Based Capitation
Notes					
Program notes	An individual has to meet Level of Care, be 21 years of age, have a diagnosis of Autism, and not require more than 16 hours of care a day.		<p>1) Effective March 1, 2013, the New East Zone started mandatory managed care in the following counties: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming.</p> <p>2) Under Benefits Covered, Private Duty Nursing is only covered for children under 21 years old.</p> <p>3) Under Enrollment, only children under 21 years old, Full Duals, and Partial Duals are enrolled mandatorily in HealthChoices.</p>		

Puerto Rico Managed Care Program Features, as of 2013

Features	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud	Medicare Platino	Mi Salud
Program type	BHO (PIHP and/or PAHP)	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b) waiver, 1915(a)	1915(b) waiver, 1915(a)	1915(b) waiver, 1915(a)
Program start date	2/1/1994	1/1/2006	2/1/1994
Waiver expiration date (if applicable)			
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority			
Full Duals	Mandatory	Voluntary	Mandatory
Partial Duals			
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt	Voluntary
Enrollment choice period	Pre-assigned	No specific time	Pre-assigned
Enrollment broker name (if applicable)			
Notes on enrollment choice period		Open Enrollment Period from October 15 to December 7. If no change is made from the individual, he will be automatically re-enrolled in current plan. Newly enrollees to Medicare must have 65 years of age and the enrollment period is three months before, during current month or three months after reaching 65 years.	

Puerto Rico Managed Care Program Features, as of 2013

Features	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud	Medicare Platino	Mi Salud
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			
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.)			

Puerto Rico Managed Care Program Features, as of 2013

Features	Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud	Medicare Platino	Mi Salud
Quality assurance and improvement			
HEDIS data required?	Yes	Yes	Yes
CAHPS data required?	No	No	Yes
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?	Yes	No	Yes
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics	X		X
Participating plans and regions served			
Plans in Program	APS	American Health Medicare; First Medical/First Plus; Humana Health Plans of Puerto Rico; MCS Advantage; MMM Healthcare Inc.; PMC Medicare Choice; Triple S, Inc.	Triple S, Inc.; Humana Health Plans of Puerto Rico
Notes			
Program notes		Medicare Platino includes the Physician Incentive Plan (PIP).	

Rhode Island Managed Care Program Features, as of 2013

Features	Connect Care Choice	PACE	Rhody Health Partners	Rlte Care	Rlte Smiles
Program type	PCCM	PACE	Comprehensive MCO	Comprehensive MCO	Dental
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115 demonstration	1115 demonstration, PACE ¹	1115 demonstration	1115 demonstration	1115 demonstration
Program start date	6/1/2007	1/1/2006	4/1/2008	8/1/1994	5/1/2006
Waiver expiration date (if applicable)	12/31/2018	12/31/2018	12/31/2018	12/31/2018	12/31/2018
If the program ended in 2013, indicate the end date					
Populations enrolled					
Low-income Adults	Voluntary		Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)				Mandatory	Mandatory
Individuals receiving Limited Benefits				Mandatory	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority					
Full Duals		Voluntary			
Partial Duals		Voluntary			
Children with Special Health Care Needs				Mandatory	Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt	Mandatory	Mandatory
Enrollment choice period	N/A	N/A	30 days	30 days	Pre-assigned
Enrollment broker name (if applicable)					
Notes on enrollment choice period	Enrollment is on a monthly basis and it is prospective.				There is only 1 plan, members are auto-enrolled into this plan.

Rhode Island Managed Care Program Features, as of 2013

Features	Connect Care Choice	PACE	Rhody Health Partners	Rlte Care	Rlte Smiles
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	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	
Case management	X	X	X	X	
Health home		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	X	
Private duty nursing			X	X	
ICF-IDD					
Nursing facility services		X	X	X	
Hospice care		X	X	X	
Non-Emergency Medical Transportation		X		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Podiatry, Vision, Interpreter		

Rhode Island Managed Care Program Features, as of 2013

Features	Connect Care Choice	PACE	Rhody Health Partners	Rlte Care	Rlte Smiles
Quality assurance and improvement					
HEDIS data required?	No	No	Yes	Yes	No
CAHPS data required?	No	No	Yes	Yes	Yes
Accreditation required?	No	No	Yes	Yes	No
Accrediting organization		RI EOHHS and CMS Team	NCQA	NCQA	
EQRO contractor name (if applicable)			IPRO	IPRO	
Performance incentives?	No	No	Yes	Yes	No
Payment bonuses/differentials to reward MCOs			X	X	
Preferential auto-enrollment to reward MCOs					
Public reports comparing MCO performance on key metrics			X	X	
Withholds tied to performance metrics					
Participating plans and regions served					
Plans in Program	Multiple primary care providers	PACE Organization of RI (PORI)	Neighborhood Health Plan of Rhode Island; United HealthCare of New England	Neighborhood Health Plan of Rhode Island; United HealthCare of New England	United HealthCare Dental

Rhode Island Managed Care Program Features, as of 2013

Features	Connect Care Choice	PACE	Rhody Health Partners	Rlte Care	Rlte Smiles
Notes					
<p>Program notes</p>	<p>Connect Care Choice is a primary care case management program for adults with Medicaid coverage who are 21 years old or older. The goal is to provide improved access to a person's primary care doctor and nurse case manager so they can better manage chronic illnesses and conditions. Emphasis is placed on preventive and primary care and teaching self-management skills to optimize wellness and reduce illness and hospitalizations. To be able to enroll, individuals must live in the community (at home, in assisted living, or in a group home). Features include coverage for co-located behavioral health and nutrition services.</p>		<p>Rhody Health Partners is a managed care program for adults on Medical Assistance. Eligible clients are enrolled on a monthly basis and can choose between 2 health plans (Neighborhood Health Plan of RI or United HealthCare of New England) or Connect Care Choice. Connect Care Choice is a primary care physician practice model, that offers on-site nurse care management. Rhody Health Partners is a traditional MCO model.</p>	<p>Rlte Care is a capitated managed care program which has been implemented since 1994.</p>	<p>Rlte Smiles is a children's dental program only covering those born on or after May 1, 2000. It was originally implemented on May 1st, 2006 under 1915(b) authority and was subsumed into the Rhode Island Global Consumer Choice Compact 1115(a) Demonstration, as of January 16, 2009, and it was renewed to December 31, 2018.</p>

1. PACE beneficiaries are covered under Rhode Island's 1115 demonstration as well as under PACE authority.

South Carolina Managed Care Program Features, as of 2013

Features	Medical Homes Networks	Non Emergency Medical Transportation	SC PACE	South Carolina Managed Care Organizations
Program type	PCCM	Non-Emergency Medical Transportation	PACE	Comprehensive MCO + any other type
Statewide or region-specific?	Statewide	Statewide	Richland, Orangeburg	Statewide
Federal operating authority	1915(a)	1902(a)(70) NEMT	PACE	1915(a)
Program start date	8/1/2007	5/1/2007	1/1/1990	9/1/1996
Waiver expiration date (if applicable)				
If the program ended in 2013, indicate the end date				
Populations enrolled				
Low-income Adults	Mandatory	Mandatory		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		
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Voluntary	Mandatory		
Full Duals	Voluntary	Mandatory	Voluntary	
Partial Duals		Mandatory		
Children with Special Health Care Needs	Voluntary	Mandatory		Voluntary
Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Exempt	Voluntary
Enrollment choice period	90 days	Recipient chooses to use transportation services based on identifying the need for access to service providers.	N/A	90 days
Enrollment broker name (if applicable)	Maximus			Maximus
Notes on enrollment choice period				

South Carolina Managed Care Program Features, as of 2013

Features	Medical Homes Networks	Non Emergency Medical Transportation	SC PACE	South Carolina Managed Care Organizations
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			X	
Family planning				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			X	
Private duty nursing			X	
ICF-IDD				
Nursing facility services			X	X
Hospice care				
Non-Emergency Medical Transportation		X		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)				Nurse Midwife, Birth Centers, Chiropractic Services, Therapy services (e.g. speech, hearing, language, etc.), vision services

South Carolina Managed Care Program Features, as of 2013

Features	Medical Homes Networks	Non Emergency Medical Transportation	SC PACE	South Carolina Managed Care Organizations
Quality assurance and improvement				
HEDIS data required?	Yes	No	No	Yes
CAHPS data required?	Yes	Yes	No	Yes
Accreditation required?	No	No	No	Yes
Accrediting organization				NCQA
EQRO contractor name (if applicable)				The Carolina Center for Medical Excellence
Performance incentives?	Yes	Yes	No	Yes
Payment bonuses/differentials to reward MCOs	X	X		X
Preferential auto-enrollment to reward MCOs	X			X
Public reports comparing MCO performance on key metrics	X	X		X
Withholds tied to performance metrics				X
Participating plans and regions served				
Plans in Program	South Carolina Solutions; Carolina Medical Homes; Palmetto Physician Connections	Logisticare	Palmetto Senior Care; The Oaks	Absolute Total Care; BlueChoice HealthPlan Medicaid; Select Health of South Carolina; United HealthCare of South Carolina
Notes				
Program notes	Most of the program ended at the end of December 2013. There is a small program still in existence for children with complex medical needs that still continues to operate. Otherwise all members transitioned to the fully capitated managed care program.			

South Dakota Managed Care Program Features, as of 2013

Features	PRIME
Program type	PCCM
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/1/2002
Waiver expiration date (if applicable)	
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	
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	

South Dakota Managed Care Program Features, as of 2013

Features	PRIME
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	
Health home	
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	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry, Chiropractic, Diabetes Education, Mental Health, Vision

South Dakota Managed Care Program Features, as of 2013

Features	PRIME
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	No
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	PRIME
Notes	
Program notes	Recipients under the age of 19 who are blind or disabled are not required to be part of the managed care program.

Tennessee Managed Care Program Features, as of 2013

Features	PACE	TennCare II
Program type	PACE	Comprehensive MCO + any other type
Statewide or region-specific?	Hamilton	Statewide
Federal operating authority	PACE	1115 demonstration
Program start date	1/11/2002	7/1/2002
Waiver expiration date (if applicable)	6/30/2016	6/30/2016
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults		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		
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Mandatory
Full Duals	Voluntary	Mandatory
Partial Duals		
Children with Special Health Care Needs		Mandatory
Native American/Alaskan Natives	Voluntary	
Foster Care and Adoption Assistance Children	Exempt	Mandatory
Enrollment choice period	N/A	Pre-assigned
Enrollment broker name (if applicable)		
Notes on enrollment choice period	Enrollment is voluntary and based on availability of open slots.	TennCare pre-assigns enrollees but provides them 45 days to transfer to another TennCare MCO without cause. After this 45-day period, enrollees may transfer to another TennCare MCO only for cause as defined in federal regulation or during a specified annual MCO change period.

Tennessee Managed Care Program Features, as of 2013

Features	PACE	TennCare II
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		
Family planning		X
Dental services (medical/surgical)		X
Dental (preventative or corrective)		
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
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	All Medicare Services and other services determined necessary by the inter disciplinary team.	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).

Tennessee Managed Care Program Features, as of 2013

Features	PACE	TennCare II
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)	Qsource	Qsource
Performance incentives?	No	Yes
Payment bonuses/differentials to reward MCOs		X
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics		X
Withholds tied to performance metrics		X
Participating plans and regions served		
Plans in Program	Alexian Brothers Community Services	Amerigroup; Delta Dental of Tennessee; 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)

Tennessee Managed Care Program Features, as of 2013

Features	PACE	TennCare II
Notes		
Program notes		<p>LTSS dual-eligible enrollment was 32,138 and LTSS non dual-eligible enrollment was 28,805. 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. 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 a) orthodontic treatment when an orthodontic treatment plan was approved before the enrollee was 20.5 years old and treatment was initiated before the enrollee was 21 years old; and b) the EMTALA screening and treatment of an emergency medical condition when an enrollee presents to an Emergency Department with a dental problem. The orthodontic coverage for adults described above was discontinued on 10/1/13. The "Dental (Preventative or Corrective)" box has not been checked because this benefit is included within TennCare's EPSDT benefit. 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. 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). 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. The TennCare Demonstration was renewed for the period of 7/1/13 through 6/30/16. Magellan Health Services replaced Catamaran as TennCare's Pharmacy Benefits Manager on 6/1/13. DentaQuest USA Insurance Company replaced Delta Dental of Tennessee as TennCare's Dental Benefits Manager on 10/1/13.</p>

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Program type	Dental	Non-Emergency Medical Transportation	BHO (PIHP and/or PAHP)	PACE	Comprehensive MCO + any other type	Comprehensive MCO + any other type	Comprehensive MCO + any other type	Other PHP Plans
Statewide or region-specific?	Statewide	Statewide	Dallas	Amarillo/Canyon, El Paso, Lubbock	Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Lubbock, MRSA Central, MRSA Northeast, MRSA West, Nueces, Tarrant, Travis	Statewide	Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Lubbock, Nueces, Tarrant, Travis	Statewide
Federal operating authority	1115 demonstration, 1915(b) waiver	1915(b) waiver, 1902(a)(70) NEMT	1915(b) waiver	PACE	1115 demonstration	1915(a)	1115 demonstration	1915(b) waiver
Program start date	12/12/2011	4/1/2011	11/1/1999	6/1/2001	12/12/2011	4/1/2008	12/12/2011	3/1/2011
Waiver expiration date (if applicable)	9/30/2016	9/30/2016	9/30/2015		9/30/2016		9/30/2016	5/31/2015
If the program ended in 2013, indicate the end date								
Populations enrolled								
Low-income Adults		Varies	Mandatory		Mandatory			Voluntary
Aged, Blind or Disabled Children or Adults	Mandatory	Varies	Mandatory	Voluntary	Mandatory		Varies	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Varies			Mandatory			

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Individuals receiving Limited Benefits		Varies						
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Varies						
Full Duals		Varies	Mandatory	Voluntary			Mandatory	
Partial Duals		Varies	Mandatory	Voluntary				
Children with Special Health Care Needs		Varies						
Native American/Alaskan Natives	Voluntary	Voluntary		Voluntary	Voluntary		Voluntary	
Foster Care and Adoption Assistance Children	Exempt	Voluntary		Exempt	Exempt	Voluntary	Exempt	
Enrollment choice period			Pre-assigned	N/A	15 days		15 days	
Enrollment broker name (if applicable)	Maximus		Maximus		Maximus		Maximus	

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Notes on enrollment choice period	15 days for Children's Medicaid Dental (30 for CHIP)	Members are automatically enrolled by the full-risk broker if they meet the eligibility requirements.	There is only one plan available for NorthStar, so members are automatically assigned.	Open enrollment subject to facility availability		Members are auto-enrolled by the MCO.	15 days for SSI members 30 days for Special Population(inte rest list release, age-out and MFPs)	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.
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		
Physician			X	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	X	

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Prescription drugs and prosthetic devices				X	X	X	X	
EPSDT	X				X	X	X	
Case management			X	X				X
Health home				X	X	X	X	
Family planning					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	
Personal care (state plan option)				X		X	X	
HCBS waiver services				X			X	
Private duty nursing				X		X	X	
ICF-IDD								
Nursing facility services				X				
Hospice care				X			X	
Non-Emergency Medical Transportation		X		X		X		

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
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, 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	
Quality assurance and improvement								
HEDIS data required?	Yes	No	No	No	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	No	No	No	Yes	Yes	Yes	Yes
Accreditation required?	No	No	No	No	Yes	Yes	Yes	Yes
Accrediting organization			URAC		NCQA, URAC	NCQA	NCQA	NCQA, URAC
EQRO contractor name (if applicable)			Institute for Child Health Policy		Institute of Child Health Policy	Institute of Child Health Policy	Institute for Child Health Policy	
Performance incentives?	Yes	No	No	No	No	Yes	Yes	No
Payment bonuses/differentials to reward MCOs	X					X	X	

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Preferential auto-enrollment to reward MCOs	X							
Public reports comparing MCO performance on key metrics	X						X	
Withholds tied to performance metrics	X							
Participating plans and regions served								

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Plans in Program	MCNA; DentaQuest	MTM; Logisticare	ValueOptions	Bienvivir Senior Health Services; The Basics at Jan Werner; Silver Star Health Network	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	Superior HealthPlan	Amerigroup; Cigna-Health Spring; Molina; Superior HealthPlan; United Healthcare	McKesson Health Solutions

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Notes								
Program notes	<p>The following policy applies to the population category of "Non-Disabled Children Enrolled Mandatorily": As of March 1, 2012, children's Medicaid dental services are provided through a managed care model to children birth through age 20, those eligible for Medicaid Texas Health Steps Comprehensive Care services, including Supplemental Security Income (SSI) clients. The following Medicaid clients are not eligible to participate in the Dental program and will continue to receive dental services through their existing service delivery models: Medicaid clients age 21 and over; 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); and STAR Health program clients. This program covers the category "Aged, Blind, or Disabled Children and Adults" only for children but excludes adults.</p>	<p>The Texas Non-Emergency Medical Transportation program operates under the Federal Operating Authority 1915(b)(4) waiver for Selective Contracting and 1902(a)(70) for NEMT Broker. NEMT services are provided in accordance with the federal regulations 42 CFR §§ 431.53, 440.170. NEMT services are arranged through competitively procured contracts with public and private transportation providers. NEMT also provides mileage reimbursement to persons enrolled as Individual Transportation Participant (ITPs). Eligible beneficiaries through age 20, may receive advance funds for meals and lodging when an overnight stay is medically necessary. The beneficiary's parent or guardian may also qualify for meals and lodging. The beneficiary or the beneficiary's parent or guardian may also receive funds in advance for mileage, when necessary. A portion of the funding appropriated to the Medical Transportation Program (MTP) was utilized to implement a regionalized full-risk transportation brokerage model in areas of the state that can sustain such model. The brokerage model utilizes a pre-payment methodology (capitation) to reimburse the broker. The broker is a single point of contact for beneficiaries to request transportation assistance. The broker then directly arranges the least costly and most appropriate type of transportation for each beneficiary. Broker services are authorized under SEC. 1902 [42 U.S.C. 1396a] (a) (70). Enrollment in the program 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.</p>	<p>Individuals on SSI and QMB plus are the only Medicare dual eligibles that are eligible to enroll. The program is mostly fee-for-service but on occasions there are some risk based arrangements. NorthSTAR covers labs, but not X-Rays. Pregnant women in the Medicaid Medically Needy Population are excluded from NorthSTAR.</p>		<p>Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations.</p>	<p>Enrollment in the STAR Health Program is voluntary for the following population categories: 1. Children and young adults in DFPS conservatorship 2. Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement 3. Young adults age 18-21 who have exited care and are participating in the Medicaid for Transitional Foster Care Youth (MTFCY) or Former Foster Care Children (FFCC) program 4. Young adults age 21 through the month of their 23rd birthday who are not eligible for the Former Foster Care Children program, but are enrolled in an institute of higher education</p>	<p>For the Aged, Blind, or Disabled Children and Adults population enrollment, only children are voluntary and Adults are mandatory.</p>	<p>The goal of the Wellness Program is to promote improved health outcomes by supporting and sustaining the client-provider relationship and building connections between HHSC, providers, clients, and community resources. A focused provider outreach team informs providers of services available through the program, provides practice support, and enables collaboration among providers and regional care teams. Community-based multidisciplinary care teams provide intensive care coordination, one-on-one patient counseling, health assessments, and personalized care plans to help clients better self-manage their conditions. The teams live in the clients' communities and use evidence-based clinical guidelines to coordinate care with the clients' physicians and treatment teams and advocate on their clients' behalf. The clients benefit by having access to regionally-based resources that help implement personalized care plans, manage follow-up appointments, obtain equipment and medications, and arrange transportation to appointments. Also included for educational purposes are program mailings and focused communications applicable to the Wellness Program population, including children and their caregivers. 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: [1] Blind/Disabled Children and Related Populations, Voluntary [2] Blind/Disabled Adults and Related Populations, Voluntary [3] Section 1931 Children and Related Populations, Voluntary [4] Section 1931 Adults and Related Populations, Voluntary</p>

Utah Managed Care Program Features, as of 2013

Features	Choice of Health Care Delivery	Healthy Outcomes Medical Excellence (HOME)	Prepaid Mental Health	Substance Use Disorder	Transportation
Program type	Comprehensive MCO	Comprehensive MCO	BHO (PIHP and/or PAHP)	BHO (PIHP and/or PAHP)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide with the exception of Wasatch County	Statewide with the exception of Box Elder, Cache, Rich, and Wasatch counties	Statewide
Federal operating authority	1915(b) waiver	1915(a)	1915(b) waiver	1915(b) waiver	1915(b) waiver
Program start date	3/23/1982	7/1/2011	7/1/1991	7/1/2012	7/1/2001
Waiver expiration date (if applicable)	12/31/2017		12/31/2016	12/31/2016	2/1/2014
If the program ended in 2013, indicate the end date					
Populations enrolled					
Low-income Adults	Mandatory		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		Mandatory	Mandatory	Mandatory
Individuals receiving Limited Benefits					
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority					
Full Duals	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory
Partial Duals	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory
Children with Special Health Care Needs	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Mandatory	Exempt
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Mandatory	Mandatory	Mandatory
Enrollment choice period	30 days	No enrollment period	Pre-assigned	Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)					
Notes on enrollment choice period		Waiting list for the program. Enrollees apply and if there's room, they are enrolled.			

Utah Managed Care Program Features, as of 2013

Features	Choice of Health Care Delivery	Healthy Outcomes Medical Excellence (HOME)	Prepaid Mental Health	Substance Use Disorder	Transportation
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		X	
Lab and x-ray	X	X			
Prescription drugs and prosthetic devices	X	X			
EPSDT	X	X			
Case management	X	X			
Health home	X	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					

Utah Managed Care Program Features, as of 2013

Features	Choice of Health Care Delivery	Healthy Outcomes Medical Excellence (HOME)	Prepaid Mental Health	Substance Use Disorder	Transportation
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, freestanding birth centers, ambulatory surgical center	vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, freestanding birth centers, ambulatory cervical center			
Quality assurance and improvement					
HEDIS data required?	Yes	No	Yes	Yes	No
CAHPS data required?	Yes	No	No	No	No
Accreditation required?	No	No	No	No	No
Accrediting organization					
EQRO contractor name (if applicable)	HSAG	HSAG	Office of Health Care Statistics	Office of Health Care Statistics	
Performance incentives?	No	No	No	No	No
Payment bonuses/differentials to reward MCOs					
Preferential auto-enrollment to reward MCOs					
Public reports comparing MCO performance on key metrics					
Withholds tied to performance metrics					

Utah Managed Care Program Features, as of 2013

Features	Choice of Health Care Delivery	Healthy Outcomes Medical Excellence (HOME)	Prepaid Mental Health	Substance Use Disorder	Transportation
Participating plans and regions served					
Plans in Program	Health Choice Utah; Healthy U; SelectHealth; Molina	Healthy Outcomes Medical Excellence (HOME)	Bear River Mental Health; OptumHealth/Salt Lake County; Central Utah Mental Health; Davis Behavioral Health; Wasatch Mental Health; Northeastern Counseling; Valley Mental Health; Southwest Center; Weber Mental Health; Four Corners Community Behavioral Health	Central UT SA; Davis Behavioral SA; Four Corners SA; Northeastern SA; Valley SA; Southwest Center SA; Weber SA; Utah County Drug & Alcohol Prevention & Treatment; Optum HLTH Salt Lake Co SA	Pick Me UP
Notes					
Program notes	Mandatory enrollment is required in Davis, Weber, Salt Lake and Utah Counties. All other counties are voluntary enrollment in managed care.	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) developmental disability.	Foster Care clients are mandatorily enrolled in mental health for inpatient only. They are FFS for outpatient services.	Foster care are exempted from this plan since it only covers out patient substance abuse services. Only the adoption assistance kids are included unless they request exemption.	

Vermont Managed Care Program Features, as of 2013

Features	Global Commitment to Health Demonstration	PACE Vermont
Program type	Comprehensive MCO + any other type	PACE
Statewide or region-specific?	Statewide	Chittenden, Rutland, Southern Grand Isle
Federal operating authority	1115 demonstration	1115 demonstration, PACE ¹
Program start date	10/1/2005	3/1/2007
Waiver expiration date (if applicable)	12/31/2016	
If the program ended in 2013, indicate the end date		4/1/2013
Populations enrolled		
Low-income Adults	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	Mandatory	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory	
Full Duals	Mandatory	Voluntary
Partial Duals	Mandatory	Voluntary
Children with Special Health Care Needs		
Native American/Alaskan Natives	Mandatory	Voluntary
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

Vermont Managed Care Program Features, as of 2013

Features	Global Commitment to Health Demonstration	PACE Vermont
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	X	X
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	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.)	Nurse midwives, chiropractor, podiatry, physical therapy, occupational therapy, and speech language therapy	Nurse midwives, chiropractor, podiatry, physical therapy, occupational therapy, and speech language therapy
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	No	No
Accreditation required?	No	No, but accreditation considered in plan selection criteria

Vermont Managed Care Program Features, as of 2013

Features	Global Commitment to Health Demonstration	PACE Vermont
Accrediting organization		PACE was required to have a strictly defined QUAPI plan that was approved by CMS and reviewed during the CMS annual site visit.
EQRO contractor name (if applicable)	EQRO Contractor (with Agency of Human Services) – Health Services Advisory Group	
Performance incentives?	No	No
Payment bonuses/differentials to reward MCOs		
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
Participating plans and regions served		
Plans in Program	Division of Vermont Health Access	PACE Vermont
Notes		
Program notes		PACE started in 2007 and closed March 2013 and was covered in our 1115 Waiver (Choices for Care). Enrollment for PACE participants is effective the first day of the month. Disenrollment is effective the last day of the month. However, notification must be submitted to the Department of Children and Families that the individual desires to enroll in PACE and is clinically and financially eligible by the 15th of the previous month so enrollment is effective on the first of the month.

1. PACE beneficiaries are covered under Vermont's 1115 demonstration as well as under PACE authority.

Virginia Managed Care Program Features, as of 2013

Features	Medallion 3.0	PACE
Program type	Comprehensive MCO	PACE
Statewide or region-specific?	Statewide	23002, 23004, 23027, 23040, 23083, 23123, 23824, 23894, 23901, 23909, 23921, 23922, 23923, 23930, 23934, 23936, 23937, 23939, 23941, 23942, 23943, 23947, 23952, 23954, 23955, 23958, 23959, 23960, 23963, 23966, 23974, 23976, 24599, 24501, 24502, 24503, 24504, 24521, 24522, 24528, 24536, 24538, 24550, 24551, 24553, 24554, 24556, 24572, 24574, 24588, 24593, 23112, 23113, 23114, 23120, 23124, 23129, 23139, 23140, 23141, 23146, 23173, 23181, 23221, 23224, 23225, 23226, 23227, 23228, 23231, 23232, 23234, 23235, 23236, 23237, 23238, 23240, 23241, 23249, 23260, 23261, 23269, 23273, 23274, 23276, 23278, 23279, 23282, 23284, 23285, 23286, 23289, 23290, 23291, 23293, 23295, 22546, 23005, 23009, 23011, 23015, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23116, 23150, 23162, 23192, 23218, 23219, 23220, 23222, 23223, 23229, 23230, 23233, 23242, 23250, 23255, 23288, 23801, 23803, 23804, 23805, 23806, 23830, 23831, 23832, 23833, 23834, 23836, 23838, 23840, 23841, 23842, 23850, 23860, 23875, 23882, 23885, 23601, 23605, 23607, 23651, 23661, 23662, 23663, 23664, 23665, 23666, 23669, 23602, 23603, 23604, 23606, 23608, 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, 22150, 22151, 22152, 22153, 22180, 22181, 22182, 22303, 22306, 22307, 22308, 22309, 22310, 22312, 22315, 22201, 22202, 22203, 22204, 22205, 22206, 22207, 22209, 22211, 22213, 22301, 22302, 22304, 22305, 22311, 22314, 20109, 20110, 20111, 20112, 20136, 20137, 20143, 20155, 20169, 20181, 22025, 22026, 22134, 22172, 22191, 22192, 22193
Federal operating authority	1915(b) waiver	PACE
Program start date	1/1/1996	11/1/2007
Waiver expiration date (if applicable)	7/1/2015	
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	Mandatory	

Virginia Managed Care Program Features, as of 2013

Features	Medallion 3.0	PACE
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 not otherwise eligible and covered prior to 2014 under a waiver or other authority		
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	
Foster Care and Adoption Assistance Children	Mandatory	
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)	Maximus	
Notes on enrollment choice period	New members presassigned with option to change plans for 90 days. After the 90 day window, member is locked in until next open enrollment.	Enrollment begins on the first day of the month, each month. For example, if a participant want to join PACE and is assessed as eligible and signs the enrollment agreement on Feb. 5th, they are enrolled, start receiving benefits, and can begin attending the PACE center on March 1st.
Benefits covered		
Inpatient hospital physical health	X	X
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

Virginia Managed Care Program Features, as of 2013

Features	Medallion 3.0	PACE
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	
Health home	X	X
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		
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.)	certified nurse midwife	Adult day care, respite services
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	
Performance incentives?	No	No
Payment bonuses/differentials to reward MCOs		
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		

Virginia Managed Care Program Features, as of 2013

Features	Medallion 3.0	PACE
Participating plans and regions served		
Plans in Program	Healthkeepers Inc. (Anthem Healthkeepers Plus); CoventryCares of Virginia; INTotal Health; Carilion Clinic Medicare Resources (MajestaCare); Optima Family Care; Virginia Premier Health Plan	AllCare for Seniors PACE; Mountian Empire Older Citizens PACE; Sentara PACE - Virginia Beach; Sentara PACE - Portsmouth; Centra PACE - Lynchburg; Centra PACE - Farmville; Riverside PACE - Manchester; Riverside PACE - McTavish; Riverside PACE - Hampton; Riverside PACE - Newport News; Riverside PACE - Petersburg; Inova Cares PACE
Notes		
Program notes	<p>Benefits section Supplemental Notes from Medallion 3.0 Contract:</p> <p>7.2.A.1.a(i) Inpatient Behavioral Health Services: Inpatient psychiatric services rendered in a psychiatric unit of a general acute care hospital shall be covered for all eligible members regardless of the age of the member, as set forth in 12 VAC 30-50-100. The Contractor shall cover all medically necessary services rendered in freestanding psychiatric hospitals to members up to twenty-one (21) years of age and members over sixty-four (64) years of age. The Contractor shall cover inpatient substance abuse treatment services for children under age 21 when medically necessary in accordance with EPSDT criteria. The Contractor may authorize admission to a freestanding psychiatric hospital as an enhanced service to Medicaid members in accordance with the Contractor's overall mental health protocols, policies, and network requirements. If a member aged 21 through 64 is admitted to a freestanding psychiatric facility, and the admittance is not part of a pre-arranged admission by the Contractor and reimbursed by the Contractor as an enhanced service, that member will be excluded from managed care participation, effective one day prior to admission.*</p> <p>7.2.A.1.a(ii) Outpatient Behavioral Health and Substance Abuse Treatment Services (Traditional Individual, Family, and Group Therapies) The Contractor shall provide coverage for medically necessary outpatient individual, family, and group behavioral health and substance abuse treatment services for children, adolescents, and adults, except for carved out non-traditional, community based BHS. Enrollment - Special Pops. We do not have any Native American Populations that qualify under the Enrollment - Special Populations & Other Options tab. Therefore, enrollment for Native Americans is "not applicable." Also, while the 1915(b) waiver has an end date, Virginia plans to renew this waiver.</p>	

Washington Managed Care Program Features, as of 2013

Features	Apple Health/Healthy Options Health Home Program	Bridge Waiver Program - Basic Health	Bridge Waiver Program - Medical Care Services	Healthy Options	Healthy Options - Blind/Disabled	NEMT Program	PACE	PCCM	Washington State Integrated Community Mental Health Program (ICMH)	Washington Medicaid Integration Partnership (WMIP)
Program type	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation	PACE	PCCM	BHO (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide with the exceptions of King and Snohomish counties	Statewide	Statewide	Statewide	Statewide	Statewide	King	Benton, Clallam, Ferry, Grays Harbor, King, Lincoln, Okanogan, Pacific, Snohomish, Spokane, Stevens, Whatcom, Yakima	Statewide	Snohomish
Federal operating authority	1945 Health Homes	1115 demonstration	1115 demonstration	1932(a)	1915(b) waiver	1902(a)(70) NEMT	PACE	1932(a)	1915(b) waiver	1932(a)
Program start date	7/1/2013	1/1/2011	1/11/2011	7/1/1994	7/1/2012	10/1/2008	10/1/1995	7/1/1995	7/1/1993	1/1/2005
Waiver expiration date (if applicable)					3/31/2015				9/30/2016	
If the program ended in 2013, indicate the end date		12/31/2013	12/31/2013							
Populations enrolled										
Low-income Adults	Voluntary	Voluntary		Mandatory		Mandatory		Voluntary	Mandatory	Voluntary
Aged, Blind or Disabled Children or Adults	Voluntary		Voluntary	Mandatory	Mandatory	Mandatory	Voluntary	Voluntary	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Voluntary		Mandatory		Mandatory			Mandatory	
Individuals receiving Limited Benefits						Mandatory				
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Voluntary	Voluntary			Mandatory				
Full Duals	Voluntary					Mandatory			Mandatory	
Partial Duals						Mandatory			Mandatory	

Washington Managed Care Program Features, as of 2013

Features	Apple Health/Healthy Options Health Home Program	Bridge Waiver Program - Basic Health	Bridge Waiver Program - Medical Care Services	Healthy Options	Healthy Options - Blind/Disabled	NEMT Program	PACE	PCCM	Washington State Integrated Community Mental Health Program (ICMH)	Washington Medicaid Integration Partnership (WMIP)
Children with Special Health Care Needs	Voluntary				Mandatory	Mandatory		Voluntary	Mandatory	
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory	Voluntary	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Exempt		Voluntary	Voluntary	Mandatory	Exempt	Voluntary	Mandatory	Voluntary
Enrollment choice period	Pre-assigned	20 days open enrollment	Pre-assigned	Pre-assigned	Pre-assigned	N/A	N/A	N/A	Pre-assigned	Pre-assigned
Enrollment broker name (if applicable)						Regional brokers based on county of residence			Regional Support Networks	
Notes on enrollment choice period			Pre-assigned with the ability to opt out.	Potential managed care enrollees are pre-assigned to Healthy Options with at least 10 days to request enrollment in a different MCO. Enrollees may also change MCOs without cause every month.	Potential managed care enrollees are pre-assigned to Healthy Options with at least 10 days to request enrollment in a different MCO. Enrollees may also change MCOs without cause every month.				All individuals are mandatorily enrolled into this waiver upon approval for Medicaid.	
Benefits covered										
Inpatient hospital physical health		X	X	X	X		X	X		X
Inpatient hospital behavioral health (MH and/or SUD)										
Outpatient hospital physical health		X	X	X	X		X	X		X
Outpatient hospital behavioral health (MH and/or SUD)		X	X	X	X		X	X	X	X

Washington Managed Care Program Features, as of 2013

Features	Apple Health/Healthy Options Health Home Program	Bridge Waiver Program - Basic Health	Bridge Waiver Program - Medical Care Services	Healthy Options	Healthy Options - Blind/Disabled	NEMT Program	PACE	PCCM	Washington State Integrated Community Mental Health Program (ICMH)	Washington Medicaid Integration Partnership (WMIP)
Partial hospitalization				X	X		X	X	X	X
Physician		X	X	X	X		X	X		X
Nurse practitioner		X	X	X	X		X	X		X
Rural health clinics and FQHCs		X	X	X	X		X	X	X	X
Clinic services				X	X		X	X	X	X
Lab and x-ray		X	X	X	X		X	X		X
Prescription drugs and prosthetic devices		X	X	X	X		X	X		X
EPSDT				X	X			X	X	X
Case management			X	X	X		X	X	X	X
Health home	X									
Family planning		X	X	X	X			X		X
Dental services (medical/surgical)				X	X		X	X		X
Dental (preventative or corrective)							X			
Home health agency services		X	X	X	X			X		X
Personal care (state plan option)							X			
HCBS waiver services										
Private duty nursing		X	X	X	X			X		X
ICF-IDD										
Nursing facility services		X	X	X	X		X	X		X
Hospice care		X	X	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?	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes
CAHPS data required?	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes

Washington Managed Care Program Features, as of 2013

Features	Apple Health/Healthy Options Health Home Program	Bridge Waiver Program - Basic Health	Bridge Waiver Program - Medical Care Services	Healthy Options	Healthy Options - Blind/Disabled	NEMT Program	PACE	PCCM	Washington State Integrated Community Mental Health Program (ICMH)	Washington Medicaid Integration Partnership (WMIP)
Accreditation required?	No	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	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	No	Yes	No, but accreditation considered in plan selection criteria
Accrediting organization		NCQA	NCQA	NCQA	NCQA		NCQA		RSNs contract with accredited community mental health agencies.	NCQA
EQRO contractor name (if applicable)	Accumentra (end date of 12/31/2014)	Accumentra Health	Accumentra Health	Accumentra Health	Accumentra Health		Accumentra Health		Accumentra Health (end date of 12/31/2014)	Accumentra Health
Performance incentives?	Yes	No	No	No	No	Yes	No	No	No	No
Payment bonuses/differentials to reward MCOs						X				
Preferential auto-enrollment to reward MCOs										
Public reports comparing MCO performance on key metrics										
Withholds tied to performance metrics	X									

Washington Managed Care Program Features, as of 2013

Features	Apple Health/Healthy Options Health Home Program	Bridge Waiver Program - Basic Health	Bridge Waiver Program - Medical Care Services	Healthy Options	Healthy Options - Blind/Disabled	NEMT Program	PACE	PCCM	Washington State Integrated Community Mental Health Program (ICMH)	Washington Medicaid Integration Partnership (WMIP)
Participating plans and regions served										
Plans in Program	OptumHealth; Community Health Plan of Washington; Molina Health Care; Coordinated Care Corporation; United Health Care; Amerigroup RealSolutions	Amerigroup RealSolutions; Community Health Plan of Washington; Coordinated Care Corporation; Molina Healthcare of Washington; United Healthcare Community Plan	Community Health Plan of Washington	Community Health Plan of Washington; Coordinated Care Corporation; Molina Healthcare of Washington; United Healthcare Community Plan; Amerigroup RealSolutions	Community Health Plan of Washington; Coordinated Care Corporation; Molina Healthcare of Washington; United Healthcare Community Plan; Amerigroup RealSolutions	6 NEMT brokers	Providence ElderPlace	Multiple primary care providers	Multiple Regional Support Networks (RSNs)	Molina

Washington Managed Care Program Features, as of 2013

Features	Apple Health/Healthy Options Health Home Program	Bridge Waiver Program - Basic Health	Bridge Waiver Program - Medical Care Services	Healthy Options	Healthy Options - Blind/Disabled	NEMT Program	PACE	PCCM	Washington State Integrated Community Mental Health Program (ICMH)	Washington Medicaid Integration Partnership (WMIP)
Notes										
Program notes		Please note that for benefits covered, prescription drugs are covered but prosthetics are not.	Enrolls adult residents of Washington State with incomes up to 133 percent of the Federal poverty level, who due to a disability were enrolled in the State-funded Medical Care Services program (formerly the Disability Lifeline program).		The Community Options Program Entry System (COPEs) population was added in September 2013.	Regarding the Enrollment tab, please note that the populations outlined are categorized differently than in Washington current SPA language. Please refer to pages 62d and 62e of Attachment 3.1-A at this link: http://www.hca.wa.gov/medicaid/medicaidsp/Pages/index.aspx . Brokers are based on county - see this link - http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx .		Indian Health Services administers this program for Yakama, Spokane, and Confederated Tribes of the Colville Reservation. There are two FQHCs: Seattle Indian Health Board and Native Project. The tribal clinics are as follows: Lower Elwha Klallam, Lummi Nation, Nooksack Tribe, Tulalip Nation, Confederated Tribes of the Colville Reservation (non-HIS managed facility), Puyallup Tribe, Quileute Tribe, Quinault Indian Nation, Shoalwater Bay Tribe, Port Gamble S'Klallam Tribe. PCCMs are located in the following counties: Clallam, Grays Harbor, Pacific, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton, and Yakima.	Please note that all individuals are mandatorily enrolled into this waiver upon approval for Medicaid. There is no separate count of eligibility.	

West Virginia Managed Care Program Features, as of 2013

Features	Mountain Health Trust	Physician Assured Access System (PAAS)
Program type	Comprehensive MCO	PCCM
Statewide or region-specific?	Statewide	Cabell, Wayne
Federal operating authority	1915(b) waiver, 1937 Alt Benefit Plan	1915(b) waiver
Program start date	12/1/1996	12/1/1996
Waiver expiration date (if applicable)	7/1/2014	7/1/2014
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory	Mandatory
Full Duals		
Partial Duals		
Children with Special Health Care Needs	Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Mandatory
Foster Care and Adoption Assistance Children		Exempt
Enrollment choice period	60 days	N/A
Enrollment broker name (if applicable)	Automated Health Systems	
Notes on enrollment choice period		

West Virginia Managed Care Program Features, as of 2013

Features	Mountain Health Trust	Physician Assured Access System (PAAS)
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		
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		
Family planning	X	X
Dental services (medical/surgical)		
Dental (preventative or corrective)		
Home health agency services	X	X
Personal care (state plan option)		
HCBS waiver services		
Private duty nursing	X	X
ICF-IDD		
Nursing facility services		
Hospice care	X	X
Non-Emergency Medical Transportation		
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		

West Virginia Managed Care Program Features, as of 2013

Features	Mountain Health Trust	Physician Assured Access System (PAAS)
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?	Yes	Yes
Payment bonuses/differentials to reward MCOs	X	X
Preferential auto-enrollment to reward MCOs	X	X
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		
Participating plans and regions served		
Plans in Program	Unicare; Coventry Cares of WV; The Health Plan of the Upper Ohio Valley	Physician Assured Access System (PAAS)
Notes		
Program notes	Pharmacy benefits were included into the managed care contracts on April 1, 2013. Mountain Health Trust includes Mountain Health Choices, which covers enhanced benefits not otherwise covered by Medicaid, such as nutritional education and cardiac rehabilitation, for beneficiaries who agree to comply with specific care requirements, such as getting certain screenings and attending health improvement classes.	

Wisconsin Managed Care Program Features, as of 2013

Features	BadgerCare Plus	Children come First (CCF)	Family Care	Medicaid SSI Managed Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Wraparound Milwaukee
Program type	Comprehensive MCO	BHO (PIHP and/or PAHP)	MLTSS	Comprehensive MCO	PACE	Comprehensive MCO + any other type	BHO (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Dane	Ashland, Barron, Bayfield, Burnett, Buffalo, Calumet, Chippewa, Clark, Columbia, Crawford, Dodge, Douglas, Dunn, Eau Claire, Fond du Lac, Grant, Green, Green Lake, Iowa, Iron, Jackson, Juneau, Jefferson, Kenosha, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marquette, Milwaukee, Monroe, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Racine, Richland, Rusk, Sauk, Sawyer, Sheboygan, St. Croix, Trempealeau, Vernon, Walworth, Washington, Washburn, Waukesha, Waupaca, Waushara, Winnebago, Wood	Statewide	Milwaukee, Waukesha	Columbia, Dane, Dodge, Jefferson, Sauk, Kenosha, Milwaukee, Racine, Calumet, Outagamie, Waupaca, Ozaukee, Washington, Waukesha	Milwaukee
Federal operating authority	1932(a)	1915(a)	1915(b)/1915(c)	1932(a)	PACE	1932(a)/1915(c)	1915(a)
Program start date	2/1/2008	4/1/1993	1/1/2001	4/1/2005	11/1/2003	1/1/1999	3/1/1997
Waiver expiration date (if applicable)			12/31/2014			12/31/2014	

Wisconsin Managed Care Program Features, as of 2013

Features	BadgerCare Plus	Children come First (CCF)	Family Care	Medicaid SSI Managed Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Wraparound Milwaukee
If the program ended in 2013, indicate the end date							
Populations enrolled							
Low-income Adults	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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory						
Full Duals			Voluntary	Voluntary	Voluntary	Voluntary	
Partial Duals			Voluntary		Voluntary	Voluntary	
Children with Special Health Care Needs		Voluntary					Voluntary
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	
Foster Care and Adoption Assistance Children	Exempt	Exempt		Exempt			
Enrollment choice period	90 Day - open enrollment period.	Open Voluntary Enrollment.	Open Enrollment	90 days -open enrollment	N/A	Open Enrollment	Open voluntary enrollment
Enrollment broker name (if applicable)	Automated Health Systems Incorporated (AHSI)	Automated Health Services, Inc.		Automated Health Systems Incorporated(AHSI)			
Notes on enrollment choice period							

Wisconsin Managed Care Program Features, as of 2013

Features	BadgerCare Plus	Children come First (CCF)	Family Care	Medicaid SSI Managed Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Wraparound Milwaukee
Benefits covered							
Inpatient hospital physical health	X			X	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	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	
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	X	X	
Case management	X		X	X	X	X	
Health home					X	X	
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	X	
Personal care (state plan option)	X		X	X	X	X	
HCBS waiver services			X			X	
Private duty nursing	X			X	X	X	

Wisconsin Managed Care Program Features, as of 2013

Features	BadgerCare Plus	Children come First (CCF)	Family Care	Medicaid SSI Managed Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Wraparound Milwaukee
ICF-IDD	X		X	X	X	X	
Nursing facility services	X		X	X	X	X	
Hospice care	X			X	X	X	
Non-Emergency Medical Transportation	X		X	X	X	X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, podiatry, chiropractic.	This program provides outpatient mental health services for children with a diagnosis of severe emotional disturbance (SED)	adaptive aids, adult day care services, communication aids, community support program, consumer education and training service, financial management services, habilitation services, home delivered meals, home modifications, housing counseling, personal emergency response system, relocation services, residential care, respite care services, skilled nursing, specialized medical equipment and supplies, specialized transportation, support broker, supportive home care		adaptive aids, adult day care services, communication aids, consumer education and training services, counseling and therapeutic services, financial management services, habilitation services, home delivered meals, home modifications, housing counseling, personal emergency response system, relocation services, residential care, respite care services, skilled nursing, specialized medical, equipment and supplies, specialized transportation, support broker, supportive home care	Adaptive aids, adult daycare, communication aids, consumer education & training services, counseling & therapy, financial management services, habilitation, home delivered meals, home modifications, housing counseling, relocation services, personal emergency response system, residential care, respite care services, skilled nursing, specialized medical equipment and supplies, support broker, supportive home care	This program provides outpatient mental health services for children with a diagnosis of severe emotional disturbance (SED)
Quality assurance and improvement							
HEDIS data required?	Yes	No	No	Yes	No	No	No
CAHPS data required?	No	No	No	No	No	No	No

Wisconsin Managed Care Program Features, as of 2013

Features	BadgerCare Plus	Children come First (CCF)	Family Care	Medicaid SSI Managed Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Wraparound Milwaukee
Accreditation required?	No	No	No	No	No	No	No
Accrediting organization							
EQRO contractor name (if applicable)	Wisconsin MetaStar, Inc	MetaStar	MetaStar	MetaStar	MetaStar	MetaStar	MetaStar
Performance incentives?	Yes	No	No	Yes	No	No	No
Payment bonuses/differentials to reward MCOs	X			X			
Preferential auto-enrollment to reward MCOs							
Public reports comparing MCO performance on key metrics	X			X			
Withholds tied to performance metrics	X			X			

Wisconsin Managed Care Program Features, as of 2013

Features	BadgerCare Plus	Children come First (CCF)	Family Care	Medicaid SSI Managed Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Wraparound Milwaukee
Participating plans and regions served							
Plans in Program	Unity Health Insurance; UnitedHealthcare Community Plan of WI; Security Health Plan; MercyCare Insurance Company; CommunityConnect Health Plan; Dean Health Plan; Independent Care (iCare); Gunderson Lutheran Health Plan; Health Tradition Health Plan; Molina Health Plan; Network Health Plan; Physicians Plus Health Plan; Group Health Cooperative of South Central WI; Group Health Cooperative of Eau Claire; CompCare; Managed Health Services; Childrens Community Health Plan	Dane County Human Services Department	Community Care, Inc. (FC); Community Care of Central Wisconsin (FC); Care Wisconsin First, Inc. (FC); Lakeland Care District; Milwaukee County Department of Family Care; Northern Bridges; Southwest Family Care Alliance; Western Wisconsin Cares	Wisconsin CompCare; Independent Care Health Plan; Molina Health Plan; Managed Health Services; Network Health Plan; UnitedHealthcare Community Plan of WI; Group Health Cooperative of Eau Claire County	Community Care, Inc	Independent Care Health Plan; Care Wisconsin Health Plan, Inc.; Community Care Health Plan, Inc.	Milwaukee County Human Services Department -- Wraparound Milwaukee

Wisconsin Managed Care Program Features, as of 2013

Features	BadgerCare Plus	Children come First (CCF)	Family Care	Medicaid SSI Managed Care Program	Program of All-Inclusive Care for the Elderly (PACE)	Wisconsin Partnership Program	Wraparound Milwaukee
Notes							
Program notes			<p>Populations enrolled voluntarily: adults who are aged, blind, or disabled.</p> <p>Plan changes: CHP-LTS, Inc. (FC) plan has been discontinued. Southwest Family Care Alliance – name change to Continuus on August 1, 2013.</p>		<p>Populations enrolled voluntarily: adults who are aged, blind, or disabled.</p>	<p>Populations enrolled voluntarily: adults who are aged, blind, or disabled which is the selection. Partnership Health Plan, Inc., has been discontinued.</p>	

Wyoming Managed Care Program Features, as of 2013

Features	Wyoming PACE
Program type	PACE
Statewide or region-specific?	Laramie
Federal operating authority	PACE
Program start date	2/1/2013
Waiver expiration date (if applicable)	
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	
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 not otherwise eligible and covered prior to 2014 under a waiver or other authority	
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)	
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

Wyoming Managed Care Program Features, as of 2013

Features	Wyoming PACE
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	
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	
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, 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?	No

Wyoming Managed Care Program Features, as of 2013

Features	Wyoming PACE
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	Wyoming PACE at Cheyenne Regional Medical Center
Notes	
Program notes	This program started February 1, 2013 in Cheyenne with Cheyenne Regional Medical Center as the sole PACE participating provider and five participants. The program grew to 19 participants by July 1, 2013 and has continued to grow in number of participants since that time.