Kentucky Managed Care Program Features, as of 2014

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

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