**Arizona Managed Care Program Features, as of 2021**

| Features | Integrated Care Network (ICN) | PACE | Alabama Coordinated Health Network (ACHN) |
|---|---|---|---|
| Program type | Primary Care Case Management Entity (PCCM Entity) | Program of All-inclusive Care for the Elderly (PACE) | Primary Care Case Management Entity (PCCM Entity) |
| Statewide or region-specific? | Statewide | Mobile and Baldwin Counties | Statewide |
| Federal operating authority | 1915(b),1915(b)/1915(c) | PACE | 1915(b) |
| Program start date | 10/01/2018 | 01/01/2012 | 10/01/2019 |
| Waiver expiration date (if applicable) | 09/30/2023 | | 09/30/2023 |
| If the program ended in 2020, indicate the end date | | | |
| Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities) | | | Mandatory |
| Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities) | | | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | | Voluntary | Mandatory |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | | | Mandatory |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | Mandatory |
| Populations enrolled: Full Duals | | Voluntary | |
| Populations enrolled: Children with Special Health Care Needs | | | Mandatory |
| Populations enrolled: American Indian/Alaska Native | Voluntary | Voluntary | Voluntary |

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|---|---|---|---|
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Exempt | Mandatory |
| Populations enrolled: Enrollment choice period | Pre-assigned | N/A | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | | | |
| Populations enrolled: 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 | |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | | X | |
| Benefits covered: Outpatient hospital physical health | | X | |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | | X | |
| Benefits covered: Partial hospitalization | | X | |
| Benefits covered: Physician | | X | |
| Benefits covered: Nurse practitioner | | X | |
| Benefits covered: Rural health clinics and FQHCs | | | |
| Benefits covered: Clinic services | | X | |
| Benefits covered: Lab and x-ray | | X | |
| Benefits covered: Prescription drugs | | X | |
| Benefits covered: Prosthetic devices | | | |
| Benefits covered: EPSDT | | | |
| Benefits covered: Case management | X | X | X |

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|---|---|---|---|
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | | X | |
| Benefits covered: Family planning | | | |
| Benefits covered: Dental services (medical/surgical) | | X | |
| Benefits covered: Dental (preventative or corrective) | | X | |
| Benefits covered: Personal care (state plan option) | | X | |
| Benefits covered: HCBS waiver services | | | |
| Benefits covered: Private duty nursing | | X | |
| Benefits covered: ICF-IDD | | | |
| Benefits covered: Nursing facility services | | X | |
| Benefits covered: Hospice care | | X | |
| Benefits covered: Non-Emergency Medical Transportation | | X | |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | | | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | Anything else that is determined to be medically necessary by the interdisciplinary team. | |
| Quality assurance and improvement: HEDIS data required? | No | No | Yes |

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|---|---|---|---|
| Quality assurance and improvement: CAHPS data required? | No | No | No |
| Quality assurance and improvement: Accreditation required? | No | No | No |
| Quality assurance and improvement: Accrediting organization | | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | | IPRO |
| Performance incentives: Payment bonuses/differentials to reward plans | | | X |
| Performance incentives: Preferential auto-enrollment to reward plans | | | |
| Performance incentives: Public reports comparing plan performance on key metrics | | | X |
| Performance incentives: Withholds tied to performance metrics | X | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | | |
| Participating plans: Plans in Program | Alabama Select Network | Mercy Life of Alabama | Alabama Coordinated Health Network |
| Notes: Program notes | Only includes nursing home level of care for SNF recipients and those on Elderly and Disabled and Alabama Community Transitions Waivers. | | 7 networks with one per region |