## Pennsylvania Managed Care Program Features, as of 2019 (1 of 2)

| Features   | HealthChoices - Physical Health | Medical Assistance Transportation Program (MATP) | Adult Community Autism Program                       |
|--|---------------------------------|--|--|
| Program type   | Comprehensive MCO               | Non-Emergency Medical Transportation             | Other Prepaid Health Plan (PHP) (limited benefits)   |
| Statewide or region-specific?  | Statewide                       | Philadelphia                                     | Dauphin, Cumberland, Lancaster and Chester counties. |
| Federal operating authority  | 1915(b)                         | 1902(a)(70) NEMT                                 | 1915(a)  |
| Program start date   | 02/01/1997                      | 11/01/2005                                       | 08/01/2009   |
| Waiver expiration date (if applicable)   | 12/31/2021                      |  |  |
| If the program ended in 2019, indicate the end date  |                                 |  |  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                       | Voluntary  |  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                       | Voluntary  |  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                       | Voluntary  |  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                       | Voluntary  |  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory                       | Voluntary  |  |
| Populations enrolled: Full Duals   | Mandatory                       | Voluntary  | Voluntary  |
| Populations enrolled: Partial Duals  | Mandatory                       | Voluntary  | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                       | Voluntary  |  |

| Features  | HealthChoices - Physical Health                      | Medical Assistance Transportation Program (MATP) | Adult Community Autism Program |
|---|--|--|--------------------------------|
| Populations enrolled: Native<br>American/Alaskan Natives                | Mandatory  | Exempt   | Exempt                         |
| Populations enrolled: Foster Care and Adoption Assistance Children      | Mandatory  | Voluntary  | Exempt                         |
| Populations enrolled: Enrollment choice period                          | Other  |  |                                |
| Populations enrolled: Enrollment broker name (if applicable)            | Maximus  | LogistiCare                                      |                                |
| Populations enrolled: Notes on enrollment choice period                 | Consumers have the right to change MCOs at any time. |  |                                |
| Benefits covered: Inpatient hospital physical health                    | x  |  |                                |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  |  |  |                                |
| Benefits covered: Outpatient hospital physical health                   | x  |  |                                |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) |  |  |                                |
| Benefits covered: Partial hospitalization                               |  |  |                                |
| Benefits covered: Physician   | x  |  | х                              |
| Benefits covered: Nurse practitioner                                    | x  |  | х                              |
| Benefits covered: Rural health clinics and FQHCs                        | x  |  |                                |
| Benefits covered: Clinic services                                       | x  |  |                                |
| Benefits covered: Lab and x-ray   | Х  |  |                                |
| Benefits covered: Prescription drugs                                    | Х  |  |                                |
| Benefits covered: Prosthetic devices                                    | Х  |  |                                |
| Benefits covered: EPSDT   | Х  |  |                                |

| Features   | HealthChoices - Physical Health   | Medical Assistance Transportation Program (MATP) | Adult Community Autism Program   |
|--|---|--|--|
| Benefits covered: Case management  | x   |  |  |
| Benefits covered: SSA Section 1945-<br>authorized health home  |   |  |  |
| Benefits covered: Health home care (services in home)  | X   |  |  |
| Benefits covered: Family planning  | х   |  |  |
| Benefits covered: Dental services (medical/surgical)   | X   |  | X  |
| Benefits covered: Dental (preventative or corrective)  | X   |  | X  |
| Benefits covered: Personal care (state plan option)  | Х   |  |  |
| Benefits covered: HCBS waiver services   |   |  | Х  |
| Benefits covered: Private duty nursing   | Х   |  |  |
| Benefits covered: ICF-IDD  |   |  |  |
| Benefits covered: Nursing facility services  |   |  | Х  |
| Benefits covered: Hospice care   | х   |  |  |
| Benefits covered: Non-Emergency<br>Medical Transportation  | X   | Х  | X  |
| Benefits covered: Institution for<br>Mental Disease inpatient treatment<br>for people ages 21-64 defined by 42<br>CFR §438.6(e) as an 'in lieu of<br>benefit |   |  |  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | Nurse midwife services, freestanding birth centers, podiatry, chiropractic services, optometrists, renal dialysis centers, ambulatory surgical centers, |  | Podiatry, speech therapy, occupational therapy, language therapy, counseling, respite, supported employment. |

| Features  | HealthChoices - Physical Health  | Medical Assistance Transportation Program (MATP) | Adult Community Autism Program  |
|---|--|--|---------------------------------|
|   | medical supplies & equipment, home health (visiting nurses).   |  |                                 |
| Quality assurance and improvement: HEDIS data required?   | Yes  | No   | No                              |
| Quality assurance and improvement: CAHPS data required?   | Yes  | No   | No                              |
| Quality assurance and improvement:<br>Accreditation required?   | Yes  | No   | No                              |
| Quality assurance and improvement:<br>Accrediting organization  | NCQA   |  |                                 |
| Quality assurance and improvement:<br>EQRO contractor name (if<br>applicable)                                 | Island Peer Review Organization (IPRO)   |  | Island Peer Review Organization |
| 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   | Х  |  |                                 |
| Performance incentives:<br>MCOs/PHPs required or encouraged<br>to pay providers for value/quality<br>outcomes | Х  |  |                                 |
| Participating plans: Plans in Program   | Aetna Better Health; Gateway Health;<br>Health Partners Plan; United Healthcare<br>Community Plan, Inc.; UPMC for You;<br>Geisinger Health Plan; AmeriHealth<br>Caritas/AmeriHealth Caritas Northeast;<br>Keystone First | LogistiCare                                      | Adult Community Autism Program  |

| Medical Assistance Transportation | Adult Community Aution Brogram                             |
|-----------------------------------|--|
| Program (MATP)                    | Adult Community Autism Program  ACAP is a PAHP with MLTSS. |

## Pennsylvania Managed Care Program Features, as of 2019 (2 of 2)

| Features   | Behavioral Health HealthChoices                              | PA Living Independence for the Elderly   | Community HealthChoices   |
|--|--|--|---|
| Program type   | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Program of All-inclusive Care for the Elderly (PACE)   | Comprehensive MCO + MLTSS   |
| Statewide or region-specific?  | Statewide  | Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bucks, Butler, Cambria, Chester, Clarion, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Mifflin, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Schuylkill, Snyder, Somerset, Union, Venango, Warren, Washington, Westmoreland, York. | Community HealthChoices is being phased in over a three year period which began in Southwest Zone on January 1, 2018. On January 1, 2019, the second phase of the rollout, the Southeast Zone, was implemented. The following counties were included in Phase 2: Bucks, Chester, Delaware, Montgomery, and Philadelphia. The following counties were included in Phase 1: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland. |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers),1915(b)             | PACE   | 1915(b)/1915(c)   |
| Program start date   | 1/1/1997   | 07/24/1998   | 01/01/2018  |
| Waiver expiration date (if applicable)   | 12/31/2021   |  | 12/31/2022  |
| If the program ended in 2019, indicate the end date  |  |  |   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  |  |   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  |  |   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  |  | Mandatory   |

| Features  | Behavioral Health HealthChoices | PA Living Independence for the<br>Elderly | Community HealthChoices  |
|---|---------------------------------|---|--|
| 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  | Mandatory                       | Voluntary                                 | Mandatory  |
| Populations enrolled: Partial Duals   | Mandatory                       | Voluntary                                 |  |
| Populations enrolled: Children with Special Health Care Needs   | Mandatory                       |   |  |
| Populations enrolled: Native<br>American/Alaskan Natives  | Mandatory                       | Voluntary                                 | Mandatory  |
| Populations enrolled: Foster Care and Adoption Assistance Children  | Mandatory                       |   | Exempt   |
| Populations enrolled: Enrollment choice period  | Pre-assigned                    | N/A                                       | Other  |
| Populations enrolled: Enrollment broker name (if applicable)  |                                 | Maximus                                   | Maximus  |
| Populations enrolled: Notes on enrollment choice period   |                                 | Open enrollment all year.                 | Participants go through choice counseling at initial enrollment and can change their plan at any time. Dating rules affect when the member will be enrolled. |
| Benefits covered: Inpatient hospital physical health  |                                 | Х   | Х  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | х                               | Х   |  |
| Benefits covered: Outpatient hospital physical health   |                                 | X   | Х  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | х                               | X   |  |

| Features  | Behavioral Health HealthChoices | PA Living Independence for the<br>Elderly | Community HealthChoices |
|---|---------------------------------|---|-------------------------|
| Benefits covered: Partial hospitalization                     | х                               | X   |                         |
| Benefits covered: Physician                                   | Х                               | x   | х                       |
| Benefits covered: Nurse practitioner                          |                                 | x   | х                       |
| Benefits covered: Rural health clinics and FQHCs              | х                               |   | Х                       |
| Benefits covered: Clinic services                             | х                               | х   | х                       |
| Benefits covered: Lab and x-ray                               | х                               | x   | х                       |
| Benefits covered: Prescription drugs                          |                                 | х   | х                       |
| Benefits covered: Prosthetic devices                          |                                 | x   | х                       |
| Benefits covered: EPSDT                                       | х                               |   |                         |
| Benefits covered: Case management                             | х                               | х   | Х                       |
| Benefits covered: SSA Section 1945-<br>authorized health home |                                 |   |                         |
| Benefits covered: Health home care (services in home)         |                                 | Х   | Х                       |
| Benefits covered: Family planning                             |                                 |   | х                       |
| Benefits covered: Dental services (medical/surgical)          |                                 | Х   | Х                       |
| Benefits covered: Dental (preventative or corrective)         |                                 | X   | Х                       |
| Benefits covered: Personal care (state plan option)           |                                 | X   |                         |
| Benefits covered: HCBS waiver services                        |                                 | X   | Х                       |
| Benefits covered: Private duty nursing                        |                                 | X   |                         |
| Benefits covered: ICF-IDD                                     |                                 |   | х                       |

| Features  | Behavioral Health HealthChoices   | PA Living Independence for the Elderly   | Community HealthChoices   |
|---|---|--|---|
| Benefits covered: Nursing facility services   |   | Х  | х   |
| Benefits covered: Hospice care  |   | х  | х   |
| Benefits covered: Non-Emergency<br>Medical Transportation   |   | X  | x   |
| Benefits covered: Institution for<br>Mental Disease inpatient treatment<br>for people ages 21-64 defined by 42<br>CFR §438.6(e) as an 'in lieu of'<br>benefit | X   |  |   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Psychiatric rehabilitation, peer specialist services and prescription drug coverage for methadone only. | PACE programs cover specialists of all disciplines as needed. PACE does not operate under a waiver. There is no limitation to scope or duration. | Chiropractic services, mobile mental health treatment, maternity services, podiatrist services. |
| Quality assurance and improvement: HEDIS data required?   | Yes   | No   | Yes   |
| Quality assurance and improvement: CAHPS data required?   | Yes   | No   | Yes   |
| Quality assurance and improvement: Accreditation required?  | No  | No   | Yes   |
| Quality assurance and improvement:<br>Accrediting organization  | NCQA, JCAHO, URAC   |  | NCQA  |
| Quality assurance and improvement:<br>EQRO contractor name (if<br>applicable)   | Island Peer Review Organization   |  | 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  |   |  |   |

| Features  | Behavioral Health HealthChoices | PA Living Independence for the Elderly   | Community HealthChoices   |
|---|---------------------------------|--|---|
| Performance incentives: Withholds tied to performance metrics   | х                               |  |   |
| Performance incentives:<br>MCOs/PHPs required or encouraged<br>to pay providers for value/quality<br>outcomes | X                               |  |   |
| Participating plans: Plans in Program   |                                 | Senior LIFE Greensburg H-2937; Senior LIFE Johnstown H-3925; Senior LIFE Altoona H- 5902; Senior LIFE York H- 0819; Senior LIFE Lehigh H- 5978; Senior LIFE Washington H-2992; SpiriTrust LIFE H-2537; LIFE NWPA H- 4999; LIFE Geisinger H-2064; Mercy LIFE H-3919; Mercy LIFE West Philadelphia H-3908; LIFE St. Mary H- 6551; Innovage LIFE H-9830; Albright LIFE H-9068; Community LIFE H- 3917; LIFE Pittsburgh H-3918; VieCare Butler H-3060; VieCare Beaver H- 7660; VieCare Armstrong H- 6118 | UPMC Community HealthChoices; Pennsylvania Health & Samp; Wellness; AmeriHealth Caritas; Keystone First |

| Features             | Behavioral Health HealthChoices | PA Living Independence for the Elderly          | Community HealthChoices |
|----------------------|---------------------------------|---|-------------------------|
| Notes: Program notes |                                 | operational in a nine county pilot region only. |                         |