

TABLE 1: CHANGES TO ELIGIBILITY STANDARDS IN ALL 50 STATES AND DC, FY 2016 AND FY 2017

Eligibility Standard Changes						
States	FY 2016			FY 2017		
	(+)	(-)	(#)	(+)	(-)	(#)
Alabama						
Alaska	X - Medicaid Expansion					
Arizona						
Arkansas					X	
California						
Colorado	X			X		
Connecticut			X			
Delaware						
DC			X			
Florida	X			X		
Georgia						
Hawaii						
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana				X- Medicaid Expansion		X
Maine				X		
Maryland			X			
Massachusetts						
Michigan	X		X			
Minnesota				X		
Mississippi						
Missouri					X	
Montana	X - Medicaid Expansion					
Nebraska						
Nevada						
New Hampshire						X
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio		X	X			X
Oklahoma						
Oregon						
Pennsylvania			X			
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah	X		X	X		
Vermont	X					
Virginia		X		X		
Washington						
West Virginia						
Wisconsin						
Wyoming						
Totals	7	2	7	7	2	3

NOTES: Positive changes from the beneficiary's perspective that were counted in this report are denoted with (+). Negative changes from the beneficiary's perspective that were counted in this report are denoted with (-). Several states made reductions to Medicaid eligibility pathways in response to the availability of other coverage options (including Marketplace and/or Medicaid expansion coverage); these changes were denoted as (#) since most affected beneficiaries will have access to coverage through an alternative pathway.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 2: STATES REPORTING ELIGIBILITY CHANGES IN FY 2016 AND FY 2017ⁱ

State	Fiscal Year	Eligibility Changes
Alaska	2016	Adults (+): Medicaid expansion on September 1, 2015 (estimated first year enrollment of 20,100).
Arkansas	2017	Adults (-): Pending waiver would eliminate retroactive eligibility for expansion population.
Colorado	2016	Children (+): Implement the CHIPRA option to eliminate the 5-year bar on Medicaid eligibility for legally-residing immigrant children (estimated to affect 1,699 children).
	2017	Adults (+): Implementing annualized income for eligibility for other adults (affects 20,430 individuals).
Connecticut	2016	Adults (#): Effective August 1, 2015 the income limits for HUSKY A parents and caretaker relatives were reduced from 201% FPL to 155% FPL.
DC	2016	Adults (#): Section 1115 Childless Adult waiver expired 12/31/2015. Adults with incomes from 133% to 210% FPL were transitioned from a Medicaid waiver to Medicaid state plan (8,500 individuals).
Florida	2016	Aged and Disabled (+): Increased the minimum monthly maintenance income allowance and excess standard for community spouses of institutionalized people. (The number of nursing facility residents eligible for Medicaid is also affected by 2016 cost of living adjustments and increases in the average private pay nursing facility used to set LTSS policy.) Children (+): Implement the CHIPRA option to eliminate the 5-year bar on Medicaid eligibility for legally-residing immigrant children.
	2017	Aged and Disabled (+): Increased the minimum monthly maintenance income allowance and excess standard for community spouses of institutionalized people. (The number of nursing facility residents eligible for Medicaid is also affected by 2017 cost of living adjustments and increases in the average private pay nursing facility used to set LTSS policy.)
Louisiana	2017	Adults (+): Implemented Medicaid expansion on July 1, 2016 (375,000 individuals). Adults (#): Effective July 1, 2016, 127,109 people covered in the Family Planning State Plan amendment (SPA) were enrolled in the new Adult Group. The people remaining in the Family Planning SPA do not qualify for the Adult Group.
Maine	2017	Adults (+): Plan to increase eligibility under family planning pathway to 209% FPL in FY 2017.
Maryland	2016	Adults (#): Breast and Cervical Cancer Treatment Program continued only for enrollees in active treatment (400 individuals).
Michigan	2016	Adults (#): Family planning waiver ended 6/30/2016. Children & Pregnant Women (+): Flint Waiver Group Waiver extends Medicaid eligibility to 400% FPL for children and pregnant women exposed to tainted Flint water (up to 15,000 individuals). Aged & Disabled (+): Increased income and asset limits for working people with disabilities, effective 10/1/15.
Minnesota	2017	Aged & Disabled (+): Increased income standard for the medically needy from 75% FPL to 80% FPL on 7/1/2016.
Missouri	2017	Adults (-): Based on restrictions in the FY 2017 appropriation bill, Missouri will begin the process of suspending the Family Planning 1115 waiver. Expected transition 2/1/2017.
Montana	2016	Adults (+): Implemented ACA expansion via a waiver. Implemented 12-month continuous eligibility for newly eligible adults as part of the waiver. Effective 1/1/2016.
New Hampshire	2017	Adults (#): State legislation calls for ending the Breast and Cervical Cancer Treatment Program for new enrollees in FY 2017 while allowing current enrollees to continue treatment.

ⁱPositive changes from the beneficiary's perspective that were counted in this report are denoted with (+). Negative changes from the beneficiary's perspective that were counted in this report are denoted with (-). Reductions to Medicaid eligibility pathways in response to the availability of other coverage options (including Marketplace or Medicaid expansion coverage) were denoted as (#).

Ohio	2016	Adults (#): Ended Family Planning coverage group as of 1/1/16. Other (-): Change in transitional Medicaid for families from twelve-months eligibility to six-months eligibility with possible coverage for two reporting periods.
	2017	Aged & Disabled (#): Conversion from 209(b) to 1634 for SSI related groups.
Pennsylvania	2016	Adults (#): Medically Needy Spend-Down for Parents and People with Disabilities was restricted to individuals under the age of 21 as part of Healthy PA implementation. However, it was reinstated in March 2016 and is once again available to these adults.
Utah	2016	Children (+): Medically Complex Children's Waiver (165 children). Children (#): Autism Waiver enrollment closed since autism services were added to the State Plan.
	2017	Children (+): Implementing the CHIPRA option to eliminate the 5-year bar on Medicaid eligibility for legally-residing immigrant children (estimated to affect 750 children). Adults (+): Proposed limited adult expansion: Parents of dependent children with incomes 40% to 60% FPL; adults without dependent children with incomes up to 5% FPL meeting certain criteria (9,000 to 11,000 individuals).
Vermont	2016	Aged & Disabled (+): Increased asset limits and income disregards for working people with disabilities (70 individuals).
Virginia	2016	Aged & Disabled (-): Reduced eligibility from 100% to 60% FPL for waiver services for people with serious mental illness (GAP waiver program).
	2017	Aged & Disabled (+): Increased eligibility from 60% to 80% FPL for waiver services for people with serious mental illness (GAP waiver program).

TABLE 3: CORRECTIONS-RELATED ENROLLMENT POLICIES IN ALL 50 STATES AND DC, FY 2015-FY 2017

States	Medicaid Coverage For Inpatient Care Provided to Incarcerated Individuals				Medicaid Outreach/Assistance Strategies to Facilitate Enrollment Prior to Release				Medicaid Eligibility Suspended Rather Than Terminated For Enrollees Who Become Incarcerated (Jails or Prisons)			
	In place FY 2015	New FY 16/17	Expanded FY16/17	In place /planned for FY17	In place FY 2015	New FY 16/17	Expanded FY16/17	In place /planned for FY17	In place FY 2015	New FY 16/17	Expanded FY16/17	In place /planned for FY17
Alabama		X	X	X	X		X	X				X
Alaska		X		X	X		X	X	X			X
Arizona	X			X	X			X	X			X
Arkansas	X			X		X		X		X		X
California	X			X	X			X	X			X
Colorado	X			X			X	X				
Connecticut	X			X	X			X	X			X
Delaware	X			X	X			X		X		X
DC	X			X	X			X	X			X
Florida						X		X	X			X
Georgia		X		X								
Hawaii	X			X		X		X		X		X
Idaho	X			X	X			X				
Illinois	X			X		X		X		X		X
Indiana	X			X	X			X	X			X
Iowa	X			X	X			X	X			X
Kansas	X			X	X			X				
Kentucky	X			X	X		X	X		X		X
Louisiana	X			X	X		X	X				X
Maine	X			X					X			X
Maryland	X			X	X		X	X	X			X
Massachusetts	X			X	X			X	X			X
Michigan	X			X	X			X	X			X
Minnesota	X			X	X			X	X			X
Mississippi	X		X	X		X		X		X		X
Missouri	X			X	X			X				
Montana	X			X	X		X	X	X		X	X
Nebraska	X			X						X		X
Nevada	X			X								
New Hampshire	X			X		X	X	X		X		X
New Jersey	X			X	X			X	X			X
New Mexico	X		X	X		X	X	X		X	X	X
New York	X			X	X		X	X	X			X
North Carolina	X			X		X		X		X		X
North Dakota		X		X		X	X	X		X		X
Ohio	X		X	X		X		X	X			X
Oklahoma	X			X								
Oregon	X			X	X			X	X			X
Pennsylvania	X			X	X			X		X		X
Rhode Island	X			X	X		X	X	X			X
South Carolina	X			X		X	X	X		X	X	X
South Dakota	X			X					X			X
Tennessee	X			X					X			X
Texas	X			X	X			X		X		X
Utah	X			X	X			X				
Vermont									X			X
Virginia	X			X	X			X	X			X
Washington	X			X	X			X		X		X
West Virginia	X			X	X			X	X			X
Wisconsin	X			X	X			X				
Wyoming												
Totals	44	4	4	48	31	11	13	42	25	16	3	41

NOTES: States were asked to indicate if any of the above corrections- related policies were in effect in FY 2015 and if they were newly adopted or expanded in FY 2016 or FY 2017. The "in place/planned for FY 2017" columns indicate states that either had a given policy in place as of FY 2015, newly implemented the policy in FY 2016, or plan to newly implement the policy in FY 2017. States with "Medicaid outreach assistance strategies to facilitate enrollment prior to release" include those with Medicaid led/coordinated efforts on outreach/enrollment assistance prior to release, expedited enrollment prior to release (e.g. presumptive eligibility), and/or Medicaid eligibility staff devoted to processing determinations prior to release.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 4: STATES REPORTING PREMIUM AND COPAYMENT ACTIONS TAKEN IN FY 2016 AND FY 2017ⁱⁱ

State	Fiscal Year	Premium and Copayment Changes
Arizona	2017	<p>Premiums (New non-medically frail adults 100–138% FPL): Waiver approved September 30, 2016 would allow premiums of 2 percent of income for adults with incomes 100-133% FPL. Individuals that comply with a health behavior program could have premiums eliminated for six months.</p> <p>Copayments (New non-medically frail adults 100–138% FPL): The approved waiver would allow for copayments (within state plan permissible levels) to be charged retrospectively for certain services such as non-emergency use of the emergency department, seeing a specialist without a referral and use of brand name drugs when there is an available generic. Beneficiaries would get a quarterly invoice and be charged a monthly amount up to 3% of monthly income. Premiums and copayments together would be limited to the 5% cap of household income per quarter.</p>
Arkansas	2017	<p>Premiums (New for expansion population): Pending “Arkansas Works” waiver amendments would replace current required contributions to “Health Independence Accounts” in lieu of point-of-service copayments with required monthly premiums of 2% of household income for individuals between 100 and 138% FPL</p>
Colorado	2017	<p>Premiums (New option for LTSS populations): Implement a Medicaid Buy-In program for 3 HCBS waivers (7/1/16).</p>
Indiana	2016	<p>Copayments (New): Restore copayments for ABD enrollees in managed care (Jan 2016).</p>
Iowa	2016	<p>Premiums (Increased): The premium for working people with disabilities is based on state employee health insurance premium which increased in 2016. Unknown for 2017.</p>
Louisiana	2017	<p>Copayments (New for expansion population): New cost-sharing requirements for the expansion population are the same as those in place for the rest of the Medicaid population.</p>
Michigan	2016	<p>Premiums (Increased): Premiums for the Freedom to Work population are now calculated using a percent of a beneficiary’s MAGI income (10/1/2015).</p>
	2017	<p>Copayments (Increase): Increase in prescription, hospital, and office visit copays for Healthy Michigan Plan enrollees with incomes above 100% FPL.</p>
Minnesota	2016	<p>Premiums (Decreased): Minimum premium for Medical Assistance for Employed Persons with Disabilities (MA-EPD) reduced (Sep 2015).</p> <p>Copayments (Decreased): Decreased copayment amounts for MA-EPD group (Sep 2015).</p>
Montana	2016	<p>Premiums (New only for expansion population): Newly eligible adults between 51 and 138% FPL required to pay monthly premiums up to 2% of household income (1/1/2016).</p> <p>Copayments (New for expansion population): Childless adults with incomes below 138% FPL and parents with incomes between 51% and 138% FPL (1/1/2016).</p> <p>Copayments (Neutral): Cost sharing for adults with incomes up to 50% FPL was standardized with some amounts increased and some decreased (6/1/2016).</p>
New Hampshire	2016	<p>Copayments (Increased): Pharmacy copayments for the expansion population (those above 100% FPL) are being increased from \$1/\$4 (generic/brand) to \$2/\$8 (Jan 2016).</p>
	2017	<p>Copayments (New only for expansion population): Pending waiver would subject expansion population to copayments on some medical services.</p>
New Mexico	2017	<p>Copayments (New for all populations): Copays for non-emergency use of the emergency department (1/1/2017 target date).</p> <p>Copayments (New for all populations): Copays for brand-name prescriptions when there is a less expensive generic equivalent medicine available (1/1/2017 target date).</p>

ⁱⁱ New premiums or copayments as well as new requirements such as making copayments enforceable are denoted as (New). Increases in existing premiums or copayments are denoted as (Increased), while decreases are denoted as (Decreased) and eliminations are denoted as (Eliminated).

New York	2016	Copayments (Elimination): Exemption from Medicaid co-pays for members with incomes below 100% FPL, hospice patients, and American Indians/Alaskan Natives who have never received a service from IHS, tribal health programs, or under contract health services referral (10/1/15).
North Dakota	2017	Copayments (Elimination): Higher copayment for non-emergency use of the ER will be eliminated (1/1/2017).
Ohio	2017	Premiums (New and would apply to all Medicaid beneficiaries except pregnant women and individuals with zero income): Waiver request to impose monthly premiums (the lesser of 2% of income or \$99 per year). CMS denied Ohio's pending waiver in September 2016. Copayments (Increase): Healthy Ohio 1115 waiver would increase copayments for all beneficiaries covered by the waiver at the maximum amounts allowable under federal law and copayments would be paid into a Health Savings Account and paid from that account at point of service. CMS denied Ohio's pending waiver in September 2016.
Oregon	2017	Copayments (Elimination): Copayments are being eliminated for preventive services for all Medicaid groups (1/1/2017).
Vermont	2017	Copayments (Elimination): Remove copays for sexual assault-related services for all Medicaid groups (10/1/2016).

TABLE 5: SHARE OF THE MEDICAID POPULATION COVERED UNDER DIFFERENT DELIVERY SYSTEMS IN ALL 50 STATES AND DC, AS OF JULY 1, 2016

States	Type(s) of Managed Care In Place	Share of Medicaid Population in Different Managed Care Systems		
		MCO	PCCM	FFS / Other
Alabama	PCCM	--	65.7%	34.4%
Alaska	FFS	--	--	100.0%
Arizona	MCO	92.8%	--	7.2%
Arkansas	PCCM	--	NR	NR
California	MCO and PCCM*	84.6%	--	15.4%
Colorado	MCO and PCCM*	8.6%	77.2%	14.2%
Connecticut	FFS*	--	--	100.0%
Delaware	MCO	>90%	--	<10%
DC	MCO	76.0%	--	24.0%
Florida	MCO	93.0%	--	7.1%
Georgia	MCO	69.0%	--	31.0%
Hawaii	MCO	99.9%	--	<0.1%
Idaho	PCCM*	--	93.0%	1.0%
Illinois	MCO and PCCM	63.4%	11.5%	25.1%
Indiana	MCO	79.0%	--	21.0%
Iowa	MCO	96.0%	--	4.0%
Kansas	MCO	95.0%	--	5.0%
Kentucky	MCO	91.0%	--	9.0%
Louisiana	MCO	70.0%	--	30.0%
Maine	PCCM	--	NR	NR
Maryland	MCO	80.0%	--	20.0%
Massachusetts	MCO and PCCM	53.5%	26.0%	20.5%
Michigan	MCO	75.0%	--	25.0%
Minnesota	MCO	75.0%	--	25.0%
Mississippi	MCO	70.0%	--	30.0%
Missouri	MCO	51.2%	--	48.8%
Montana	PCCM	--	71.0%	29.0%
Nebraska	MCO	77.0%	--	23.0%
Nevada	MCO and PCCM	77.0%	6.9%	16.0%
New Hampshire	MCO	95.7%	--	4.3%
New Jersey	MCO	94.6%	--	5.4%
New Mexico	MCO	88.2%	--	11.8%
New York	MCO	77.1%	--	22.9%
North Carolina	PCCM	--	80.3%	19.7%
North Dakota	MCO and PCCM	22.0%	49.0%	29.0%
Ohio	MCO	88.0%	--	12.0%
Oklahoma	PCCM	--	74.8%	25.2%
Oregon	MCO*	85.7%	--	14.3%
Pennsylvania	MCO	82.8%	--	17.2%
Rhode Island	MCO	90.0%	--	10.0%
South Carolina	MCO*	72.7%	--	27.3%
South Dakota	PCCM	--	80.0%	20.0%
Tennessee	MCO	100.0%	--	--
Texas	MCO*	88.0%	--	12.2%
Utah	MCO	81.5%	--	18.5%
Vermont	PCCM	--	>90%	<10%
Virginia	MCO	83.0%	--	17.0%
Washington	MCO and PCCM	83.0%	2.0%	15.0%
West Virginia	MCO	63.0%	--	36.0%
Wisconsin	MCO	67.0%	--	33.0%
Wyoming	FFS*	--	--	100.0%

NOTES: NR - not reported. Share of Medicaid Population that is covered by different managed care systems. MCO refers to risk-based managed care; PCCM refers to Primary Care Case Management. FFS/Other refers to Medicaid beneficiaries who are not in MCOs or PCCM programs. *CA - PCCM program operates in LA county for those with HIV. *CO - PCCM enrollees are part of the state's Accountable Care Collaboratives (ACCs). *CT - terminated its MCO contracts in 2012 and now operates its program on a fee-for-service basis using four Administrative Services Only entities. *ID - The Medicaid-Medicare Coordinated Plan (MMCP) has been recategorized by CMS as an MCO but is not counted here as such since it is secondary to Medicare. *OR - MCO enrollees include those enrolled in the state's Coordinated Care Organizations. *SC - uses PCCM authority to provide care management services to approximately 200 medically complex children. *TX - Texas Medicaid Wellness program provides care management services for high-cost/high-risk enrollees (under PCCM authority). *WY - the state does not operate a traditional PCCM or MCO program, but does use PCCM authority to make PCMH payments.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 6: ENROLLMENT OF SPECIAL POPULATIONS UNDER MEDICAID MANAGED CARE CONTRACTS FOR ACUTE CARE IN ALL 50 STATES AND DC, AS OF JULY 1, 2016

States	Pregnant Women	Foster Children	Persons with ID/DD	CSHCNs	SMI Adults	Adults w/ physical disabilities
Alabama	--	--	--	--	--	--
Alaska	--	--	--	--	--	--
Arizona	Varies	Varies	Varies	Varies	Varies	Varies
Arkansas	--	--	--	--	--	--
California*	Always Mandatory	Always Mandatory	Varies	Always Mandatory	Always Mandatory	Always Mandatory
Colorado	Varies	Varies	Varies	Varies	Varies	Varies
Connecticut	--	--	--	--	--	--
Delaware	Always Mandatory	Varies	Varies	Always Mandatory	Always Mandatory	Always Mandatory
DC	Always Mandatory	Varies	Always Excluded	Varies	Varies	Varies
Florida	Always Mandatory	Always Mandatory	Always Voluntary	Always Voluntary	Always Mandatory	Always Mandatory
Georgia	Always Mandatory	Always Mandatory	Always Excluded	Always Excluded	Always Excluded	Always Excluded
Hawaii	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
Idaho	--	--	--	--	--	--
Illinois	Varies	Always Excluded	Varies	Varies	Varies	Varies
Indiana	Always Mandatory	Always Voluntary	Varies	Varies	Varies	Varies
Iowa	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
Kansas	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
Kentucky	Varies	Varies	Varies	Varies	Varies	Varies
Louisiana	Always Mandatory	Always Mandatory	Varies	Always Mandatory	Varies	Varies
Maine	--	--	--	--	--	--
Maryland	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
Massachusetts	Always Voluntary	Always Voluntary	Always Voluntary	Always Voluntary	Always Voluntary	Always Voluntary
Michigan	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
Minnesota	Always Mandatory	Always Voluntary	Always Voluntary	Always Voluntary	Always Voluntary	Always Voluntary
Mississippi	Always Mandatory	Always Voluntary	Varies	Varies	Varies	Varies
Missouri	Always Mandatory	Always Mandatory	Always Excluded	Varies	Varies	Always Excluded
Montana	--	--	--	--	--	--
Nebraska	Always Mandatory	Always Mandatory	Always Excluded	Always Mandatory	Always Mandatory	Varies
Nevada	Varies	Varies	Always Excluded	Varies	Varies	Always Excluded
New Hampshire	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
New Jersey	Varies	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
New Mexico	Varies	Varies	Varies	Varies	Varies	Varies
New York	Always Mandatory	Varies	Always Voluntary	Varies	Always Mandatory	Always Mandatory
North Carolina	--	--	--	--	--	--
North Dakota	Always Excluded	Always Excluded	Always Excluded	Always Excluded	Always Excluded	Always Excluded
Ohio	Always Mandatory	Always Voluntary	Always Voluntary	Varies	Varies	Always Mandatory
Oklahoma	--	--	--	--	--	--
Oregon	Always Mandatory	Always Voluntary	Always Voluntary	Always Mandatory	Always Mandatory	Always Mandatory
Pennsylvania	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
Rhode Island	Always Mandatory	Always Voluntary	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
South Carolina	Always Mandatory	Always Voluntary	Varies	Varies	Varies	Varies
South Dakota	--	--	--	--	--	--
Tennessee	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory	Always Mandatory
Texas	Always Mandatory	Varies	Varies	Varies	Varies	Varies
Utah	Varies	Varies	Varies	Varies	Varies	Varies
Vermont	--	--	--	--	--	--
Virginia	Always Mandatory	Always Mandatory	Varies	Varies	Varies	Varies
Washington	Varies	Always Voluntary	Varies	Varies	Varies	Varies
West Virginia	Always Mandatory	Always Excluded	Always Excluded	Always Mandatory	Always Excluded	Always Excluded
Wisconsin	Always Mandatory	Always Voluntary	Always Voluntary	Varies	Always Voluntary	Always Voluntary
Wyoming	--	--	--	--	--	--
Always Mandatory	28	16	10	16	16	16
Always Voluntary	1	10	7	3	3	3
Varies	9	10	15	18	17	15
Always Excluded	1	3	7	2	3	5

NOTES: "--" indicates there were no MCOs operating in that state's Medicaid program in July 2016. ID/DD - intellectual and developmental disabilities, CSHCN - Children with special health care needs, SMI - Serious Mental Illness. States were asked to indicate for each group if enrollment in MCOs is "always mandatory," "always voluntary," "varies (by geography or other factor)," or if the group is "always excluded" from MCOs as of July 1, 2016. *CA was re-categorized from "Varies" to "Always Mandatory" across all population groups (except for persons with ID/DD) as the state noted that enrollment is generally mandatory across the state with the exception of one, small rural county where managed care is voluntary because there is only one plan and it is not a COHS county. The ID/DD population is subject to mandatory enrollment only in COHS counties.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 7: BEHAVIORAL HEALTH SERVICES COVERED UNDER ACUTE CARE MCO CONTRACTS IN ALL 50 STATES AND DC, AS OF JULY 1, 2016

States	Specialty OP Mental Health	Inpatient Mental Health	Outpatient SUD	Inpatient SUD
Alabama	--	--	--	--
Alaska	--	--	--	--
Arizona	Varies	Varies	Varies	Varies
Arkansas	--	--	--	--
California	Always Carved- out	Always Carved- out	Always Carved- out	Always Carved- out
Colorado	Always Carved- out	Always Carved- out	Always Carved- out	Always Carved- out
Connecticut	--	--	--	--
Delaware	Always Carved- out	Always Carved- in	Always Carved- in	Always Carved- in
DC	Always Carved- in	Always Carved- in	Always Carved- out	Always Carved- in
Florida	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Georgia	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Hawaii	Always Carved- out	Always Carved- out	Always Carved- in	Always Carved- in
Idaho	--	--	--	--
Illinois	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Indiana	Always Carved- out	Always Carved- in	Always Carved- in	Always Carved- in
Iowa	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Kansas	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Kentucky	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Louisiana	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Maine	--	--	--	--
Maryland	Always Carved- out	Always Carved- out	Always Carved- out	Always Carved- out
Massachusetts	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Michigan	Always Carved- out	Always Carved- out	Always Carved- out	Always Carved- out
Minnesota	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Mississippi	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Missouri	Always Carved- out	Varies	Varies	Varies
Montana	--	--	--	--
Nebraska	Always Carved- out	Always Carved- out	Always Carved- out	Always Carved- out
Nevada	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
New Hampshire	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
New Jersey	Always Carved- out	Always Carved- out	Always Carved- out	Varies
New Mexico	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
New York	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
North Carolina	--	--	--	--
North Dakota	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Ohio	Varies	Always Carved- in	Varies	Always Carved- in
Oklahoma	--	--	--	--
Oregon	Always Carved- in	Always Carved- out	Always Carved- in	Always Carved- out
Pennsylvania	Always Carved- out	Always Carved- out	Always Carved- out	Always Carved- out
Rhode Island	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
South Carolina	Varies	Varies	Always Carved- in	Always Carved- in
South Dakota	--	--	--	--
Tennessee	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Texas	Varies	Varies	Varies	Varies
Utah	Always Carved- out	Always Carved- out	Always Carved- out	Always Carved- out
Vermont	--	--	--	--
Virginia	Varies	Always Carved- in	Varies	Always Carved- in
Washington	Varies	Varies	Varies	Varies
West Virginia	Always Carved- in	Always Carved- in	Always Carved- in	Always Carved- in
Wisconsin	Varies	Always Carved- in	Always Carved- in	Always Carved- in
Wyoming	--	--	--	--
Always Carved- in	20	24	24	26
Always Carved- out	12	10	9	8
Varies	7	5	6	5

NOTES: OP - Outpatient. SUD - Substance Use Disorder. "--" indicates there were no MCOs operating in that state's Medicaid program in July 2016. For beneficiaries enrolled in an MCO for acute care benefits, states were asked to indicate whether these benefits are always carved-in (meaning virtually all services are covered by the MCO), always carved-out (to PHP or FFS), or whether the carve-in varies (by geography or other factor). **"Specialty outpatient mental health" refers to services utilized by adults with Serious Mental Illness (SMI) and/or youth with serious emotional disturbance (SED) commonly provided by specialty providers such as community mental health centers.**

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 8: MEDICAID MANAGED CARE QUALITY INITIATIVES IN ALL 50 STATES AND DC, FY 2015 – FY 2017

States	Pay for Performance/ Performance Bonus or Penalties			Adult and Child Quality Measures			Publicly Report MCO Quality Metrics			Other Quality Initiatives			Any Quality Initiatives		
	In Place 2015	New/ Expanded 2016	New/ Expanded 2017	In Place 2015	New/ Expanded 2016	New/ Expanded 2017	In Place 2015	New/ Expanded 2016	New/ Expanded 2017	In Place 2015	New/ Expanded 2016	New/ Expanded 2017	In Place 2015	New/ Expanded 2016	New/ Expanded 2017
Alabama			X			X			X						X
Alaska															
Arizona				X	X	X		X	X	X	X	X	X	X	X
Arkansas															
California	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Colorado	X			X			X						X		
Connecticut															
Delaware	X	X	X	X	X	X							X	X	X
DC			X	X	X	X	X	X	X				X	X	X
Florida	X			X			X			X			X		
Georgia	X			X			X						X		
Hawaii	X		X										X		X
Idaho															
Illinois	X			X			X						X		
Indiana	X												X		
Iowa		X	X		X			X						X	X
Kansas	X			X									X		
Kentucky		X		X			X						X	X	
Louisiana	X			X						X			X		
Maine															
Maryland	X			X			X						X		
Massachusetts	X			X			X			X			X		
Michigan	X			X			X						X		
Minnesota	X			X			X			X			X		
Mississippi				X									X		
Missouri	X	X	X		X						X	X	X	X	X
Montana															
Nebraska			X			X			X						X
Nevada					X									X	
New Hampshire				X			X			X	X	X	X	X	X
New Jersey	X	X		X						X			X	X	
New Mexico	X			X			X						X		
New York	X			X			X						X		
North Carolina															
North Dakota				X									X		
Ohio	X			X				X					X	X	
Oklahoma															
Oregon	X			X			X						X		
Pennsylvania	X	X	X	X	X	X	X	X	X		X	X	X	X	X
Rhode Island	X			X									X		
South Carolina	X	X		X			X						X	X	
South Dakota															
Tennessee	X	X		X			X			X	X		X	X	
Texas	X			X	X	X	X			X		X	X	X	X
Utah				X				X					X		X
Vermont															
Virginia	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Washington			X				X						X		X
West Virginia	X	X	X	X	X	X							X	X	X
Wisconsin	X			X			X		X	X			X		X
Wyoming															
Totals	28	11	12	32	11	10	22	7	9	12	7	7	36	17	17

NOTES: States with MCO contracts were asked to report if select quality initiatives were included in contracts in FY 2015, new or expanded in FY 2016 or FY 2017. “Adult and Child Quality Measures” refers to CMS’s core measure sets for adults and children, which are available but not mandatory for states to use. The table above does not reflect all quality initiatives states have included as part of MCO contracts.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, 2016

TABLE 9: MINIMUM MEDICAL LOSS RATIO POLICIES FOR MEDICAID MCOs IN ALL 50 STATES AND DC, AS OF JULY 1, 2016

Minimum Medical Loss Ratio (MLR)		
States	Require minimum MLR	% if required
Alabama	--	
Alaska	--	
Arizona	Yes -- always	85%
Arkansas	--	
California	No	
Colorado	Yes -- always	85%
Connecticut	--	
Delaware	No	
DC	Yes -- always	85%
Florida	Yes -- always	85%
Georgia	No	
Hawaii	No	
Idaho	--	
Illinois	Yes -- always	85%-88% *
Indiana	Yes -- always	85%-87%*
Iowa	Yes -- always	88%
Kansas	No	
Kentucky	Yes -- always	90%
Louisiana	Yes -- always	85%
Maine	--	
Maryland	Yes -- always	85%
Massachusetts	Yes -- sometimes*	80%
Michigan	No	
Minnesota	No	
Mississippi	Yes -- always	85%
Missouri	No	
Montana	--	
Nebraska	No	
Nevada	No	
New Hampshire	No	
New Jersey	Yes -- always	85%
New Mexico	Yes -- always	85%
New York	No	
North Carolina	--	
North Dakota	No	
Ohio	Yes -- always	85%
Oklahoma	--	
Oregon	Yes -- always	80%
Pennsylvania	No	
Rhode Island	No	
South Carolina	Yes -- always	86%
South Dakota	--	
Tennessee	No	
Texas	No*	
Utah	No*	
Vermont	--	
Virginia	Yes -- sometimes	85%
Washington	Yes -- always	85-87%*
West Virginia	Yes -- always	85%
Wisconsin	No*	
Wyoming	--	
Yes -- always	18	
Yes -- sometimes	2	
No	19	
N/A - No MCOs	12	

NOTES: "--" indicates states that do not have Medicaid MCOs. MLR refers to the proportion of total per member per month capitation payments that is spent on clinical services and for quality improvement. *MA reported that there is no minimum MLR for acute MCOs or the One Care (FAD) program; however, the SCO program has a minimum MLR of 80%. *UT and WI reported not requiring a minimum MLR but using a target MLR as part of their rate setting process. *TX has experience rebates on plans above a certain profit level. *IL, IN and WA indicated that the minimum MLR varies by population.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 10: DELIVERY SYSTEM AND PAYMENT REFORM INITIATIVES IN PLACE IN ALL 50 STATES AND DC, FY 2015

States	Patient-Centered Medical Homes (PCMH)	ACA Health Homes	Accountable Care Organizations (ACO)	Episode of Care Payments	Delivery System Reform Incentive Payment Program (DSRIP)	Other Initiatives	Any of these Initiatives in Place in FY 2015
Alabama	X	X					X
Alaska							
Arizona							
Arkansas	X			X			X
California					X		X
Colorado	X		X				X
Connecticut	X	X					X
Delaware							
DC							
Florida	X						X
Georgia							
Hawaii							
Idaho	X	X					X
Illinois							
Indiana							
Iowa		X	X				X
Kansas		X			X		X
Kentucky							
Louisiana	X						X
Maine	X	X	X				X
Maryland	X	X					X
Massachusetts	X				X		X
Michigan	X	X					X
Minnesota	X		X				X
Mississippi							
Missouri	X	X					X
Montana	X						X
Nebraska	X						X
Nevada							
New Hampshire							
New Jersey	X	X	X		X		X
New Mexico	X				X		X
New York	X	X			X		X
North Carolina	X	X					X
North Dakota							
Ohio		X					X
Oklahoma	X	X				X	X
Oregon	X		X			X	X
Pennsylvania							
Rhode Island	X	X					X
South Carolina	X						X
South Dakota		X					X
Tennessee	X			X			X
Texas	X				X		X
Utah							
Vermont	X	X	X				X
Virginia	X						X
Washington		X					X
West Virginia		X					X
Wisconsin	X	X					X
Wyoming	X						X
Totals	29	20	7	2	7	2	36

NOTES: "Other initiatives" - OK and OR reported participating in the CMS Innovation Center's Comprehensive Primary Care Initiative. Oregon has a hospital quality incentive program that is "DSRIP-like" and is authorized under a Section 1115 waiver but is not counted here.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 11: DELIVERY SYSTEM AND PAYMENT REFORM ACTIONS TAKEN IN ALL 50 STATES AND DC, FY 2016 AND FY 2017

States	Patient-Centered Medical Homes (PCMH)		ACA Health Homes		Accountable Care Organizations (ACO)		Episode of Care Payments		Delivery System Reform Incentive Payment Program (DSRIP)		Other Initiatives		Any New or Expanded Initiative	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Alabama										X				X
Alaska		X												X
Arizona										X				X
Arkansas	X	X					X	X					X	X
California				X					X		X	X	X	X
Colorado	X	X			X	X							X	X
Connecticut												X		X
Delaware						X								X
DC			X	X									X	X
Florida	X												X	
Georgia														
Hawaii														
Idaho	X												X	
Illinois														
Indiana														
Iowa														
Kansas														
Kentucky														
Louisiana												X		X
Maine					X	X							X	X
Maryland														
Massachusetts	X	X				X			X	X			X	X
Michigan		X	X									X	X	X
Minnesota				X	X	X							X	X
Mississippi														
Missouri						X					X	X	X	X
Montana														
Nebraska														
Nevada														
New Hampshire									X				X	
New Jersey	X	X	X	X									X	X
New Mexico	X	X	X		X	X	X	X	X	X			X	X
New York	X	X	X	X									X	X
North Carolina														
North Dakota														
Ohio		X						X						X
Oklahoma														
Oregon														
Pennsylvania		X				X		X			X		X	X
Rhode Island	X	X			X	X		X					X	X
South Carolina														
South Dakota														
Tennessee	X	X		X			X	X					X	X
Texas														
Utah														
Vermont						X								X
Virginia											X		X	
Washington			X	X		X		X		X			X	X
West Virginia														
Wisconsin														
Wyoming	X	X											X	X
Totals	11	13	6	7	5	11	3	7	4	5	4	5	21	25

NOTES: Expansions of existing initiatives include rollouts of existing initiatives to new areas or groups and significant increases in enrollment or providers.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 12: LONG-TERM CARE EXPANSIONS IN ALL 50 STATES AND DC, FY 2016 AND FY 2017

States	Waiver or SPA Expansions		Building Balancing Incentives in MLTSS		PACE Expansions		Downsize/Close Institution		Total States with HCBS Expansions	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Alabama	X	X							X	X
Alaska										
Arizona			X	X					X	X
Arkansas	X	X			X	X			X	X
California	X	X	X	X	X	X	X	X	X	X
Colorado	X	X			X	X			X	X
Connecticut	X	X					X	X	X	X
Delaware	X	X	X	X	X	X	X		X	X
DC	X	X							X	X
Florida	X	X	X	X	X	X			X	X
Georgia		X								X
Hawaii			X	X					X	X
Idaho	X	X							X	X
Illinois	X	X	X	X					X	X
Indiana	X	X			X	X			X	X
Iowa	X	X	X		X		X		X	X
Kansas	X		X	X	X				X	X
Kentucky	X								X	
Louisiana										
Maine	X	X							X	X
Maryland	X	X							X	X
Massachusetts	X	X	X	X	X	X			X	X
Michigan	X	X	X	X	X	X			X	X
Minnesota	X	X							X	X
Mississippi	X	X			X		X	X	X	X
Missouri	X	X							X	X
Montana	X	X					X	X	X	X
Nebraska	X	X							X	X
Nevada	X	X							X	X
New Hampshire	X	X							X	X
New Jersey			X	X	X				X	X
New Mexico			X	X					X	X
New York	X	X	X	X	X	X	X		X	X
North Carolina		X				X				X
North Dakota	X				X	X			X	X
Ohio	X	X					X	X	X	X
Oklahoma	X	X			X		X		X	X
Oregon	X	X			X	X			X	X
Pennsylvania	X	X	X	X	X	X	X		X	X
Rhode Island	X	X	X	X	X	X			X	X
South Carolina	X	X			X		X	X	X	X
South Dakota	X	X							X	X
Tennessee	X	X	X	X			X	X	X	X
Texas	X	X	X	X	X	X	X	X	X	X
Utah	X	X							X	X
Vermont										
Virginia	X	X	X	X	X	X	X	X	X	X
Washington	X	X			X	X			X	X
West Virginia	X	X							X	X
Wisconsin	X	X	X	X					X	X
Wyoming	X	X			X	X			X	X
Totals	42	41	19	18	23	18	14	9	46	47

NOTES: "HCBS Waiver or SPA Expansions" include increases to the number of Section 1915(c) waiver slots, serving more people under existing waiver caps, or the addition of Section 1915(i) or Section 1915(k) state plan options to serve more individuals. In addition to the actions reported here, two states (IN and MA) also reported imposing a moratorium on construction of new nursing facility beds in FY 2016.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 13: CAPITATED MLTSS MODELS IN ALL 50 STATES AND DC, AS OF JULY 1, 2016

States	Medicaid MCO	PHP	Medicare + Medicaid Demonstration	Any MLTSS	Statewide
Alabama					
Alaska					
Arizona	X			X	X
Arkansas					
California	X		X	X	
Colorado					
Connecticut					
Delaware	X			X	X
DC					
Florida	X			X	X
Georgia					
Hawaii	X			X	X
Idaho		X		X	
Illinois	X		X	X	
Indiana					
Iowa	X			X	X
Kansas	X			X	X
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts	X		X*	X	
Michigan		X	X	X	X
Minnesota	X		X*	X	X
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey	X			X	X
New Mexico	X			X	X
New York	X	X	X	X	X
North Carolina		X		X	X
North Dakota					
Ohio*	X		X	X	
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island*	X			X	X
South Carolina			X	X	
South Dakota					
Tennessee	X			X	X
Texas	X		X	X	X
Utah					
Vermont					
Virginia			X	X	
Washington					
West Virginia					
Wisconsin	X	X		X	
Wyoming					
Totals	18	5	10	23	15

NOTES: States were asked whether they cover long-term services supports through any of the following managed care (capitated) arrangements as of July 1, 2016: Medicaid MCO (MCO covers Medicaid acute + Medicaid LTSS); PHP (covers only Medicaid LTSS); or Medicare + Medicaid Demonstration (Medicaid MCO covers Medicaid and Medicare acute + Medicaid LTSS). "Medicare + Medicaid Demonstration" - these states use Medicaid MCOs in Financial Alignment Demonstration (FAD) initiatives which involve care coordination for dually eligible beneficiaries. States were also asked whether MLTSS plans were operating in all regions of the state as of July 1, 2015 (statewide). *MA operates a FAD and another administrative alignment demonstration for dually eligible beneficiaries. *MN operates an administrative alignment demonstration (without financial alignment) for dually eligible beneficiaries. *RI is launching a FAD initiative in FY 2017. *OH offers a Medicaid MCO (MCO offers Medicaid acute + Medicaid LTSS) only in those counties where the FAD is offered; dually eligible seniors who opt out of the FAD must enroll in this Medicaid MCO model for Medicaid services.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 14: PROVIDER RATE CHANGES IN ALL 50 STATES AND DC, FY 2016

States	Inpatient Hospital		Outpatient Hospital		Primary Care Physicians		Specialists		Dentists		Managed Care Organizations		Nursing Facilities		Total	
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
Alabama		X				X					--	--	X		X	X
Alaska		X									--	--		X		X
Arizona	X										X			X	X	X
Arkansas		X									--	--	X		X	X
California		X							X			X	X	X	X	X
Colorado	X		X				X		X				X		X	
Connecticut		X									--	--	X		X	X
Delaware		X	X		X		X		X			X	X	X	X	X
DC	X		X		X		X		X			X	X	X	X	
Florida	X		X									X	X	X	X	
Georgia		X			X		X		X			X	X	X	X	X
Hawaii	X		X		X		X		X			X		X	X	
Idaho	X		X				X				--	--		X	X	X
Illinois		X										X		X	X	X
Indiana		X										X		X	X	X
Iowa		X											X		X	X
Kansas		X											X		X	X
Kentucky	X				X								X		X	
Louisiana		X										X		X		X
Maine		X									--	--	X		X	X
Maryland	X		X		X		X		X			X		X	X	X
Massachusetts	X		X									X	X	X	X	
Michigan		X										X		X	X	X
Minnesota		X	X				X		X				X		X	X
Mississippi		X	X									X		X	X	X
Missouri	X			X	X		X		X			X		X	X	X
Montana	X		X		X		X		X		--	--	X		X	
Nebraska	X		X		X		X		X				X		X	
Nevada	X				X		X					X		X	X	X
New Hampshire		X										X		X	X	X
New Jersey	X				X		X					X		X	X	
New Mexico		X										X	X	X	X	X
New York	X		X		X							X		X	X	
North Carolina		X									--	--		X		X
North Dakota	X		X		X		X		X			X		X	X	
Ohio		X		X	X				X			X		X	X	X
Oklahoma		X		X		X		X		X	--	--		X		X
Oregon		X											X		X	X
Pennsylvania		X										X		X	X	X
Rhode Island		X		X								X		X	X	X
South Carolina		X		X								X		X	X	X
South Dakota	X		X		X		X		X		--	--	X		X	
Tennessee		X												X		X
Texas	X		X									X		X	X	X
Utah		X		X	X				X			X		X	X	X
Vermont		X			X						--	--	X		X	X
Virginia		X	X									X		X	X	X
Washington		X										X		X	X	X
West Virginia	X											X		X	X	
Wisconsin	X		X											X	X	X
Wyoming		X									--	--	X		X	X
Totals	20	31	18	6	17	2	15	1	13	1	26	4	32	19	45	38

NOTES: "+" refers to provider rate increases and "-" refers to provider rate restrictions. For the purposes of this report, provider rate restrictions include cuts to rates for physicians, dentists, outpatient hospitals, and managed care organizations as well as both cuts or freezes in rates for inpatient hospitals and nursing facilities. There are 12 states that did not have Medicaid MCOs in operation in FY 2016; they are denoted as "--" in the MCO column.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 15: PROVIDER RATE CHANGES IN ALL 50 STATES AND DC, FY 2017

States	Inpatient Hospital		Outpatient Hospital		Primary Care Physicians		Specialists		Dentists		Managed Care Organizations		Nursing Facilities		Total	
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
Alabama		X									--	--		X		X
Alaska		X									--	--		X		X
Arizona	X		X								X		X		X	X
Arkansas		X									--	--	X		X	X
California		X										X	X		X	X
Colorado		X				X							X		X	X
Connecticut		X								X		--	--		X	X
Delaware		X	X		X		X		X		X		X		X	X
DC	X		X								X		X		X	X
Florida	X			X							TBD		X		X	X
Georgia		X			X		X		X		X		X		X	X
Hawaii	X		X		X		X		X		X		X		X	X
Idaho	X		X		X		X		X		--	--		X	X	X
Illinois		X									TBD			X		X
Indiana		X									X			X	X	X
Iowa		X												X		X
Kansas		X		X		X		X		X		X	X		X	X
Kentucky	X				X							X	X		X	X
Louisiana	X		X									X	X		X	X
Maine		X									--	--	X		X	X
Maryland	X		X								X		X		X	X
Massachusetts		X									X		X		X	X
Michigan		X									X		X		X	X
Minnesota		X							X		TBD			X	X	X
Mississippi		X	X		X				X		X		X		X	X
Missouri		X	X		X		X		X		X		X		X	X
Montana		X			X		X		X		--	--	X		X	X
Nebraska	X		X		X		X		X				X		X	X
Nevada		X									X			X	X	X
New Hampshire		X									X			X	X	X
New Jersey	X										X			X	X	X
New Mexico		X		X		X		X		X		X	X		X	X
New York		X									X		X		X	X
North Carolina		X									--	--		X		X
North Dakota		X				X		X				X		X		X
Ohio	X		X								X		X		X	X
Oklahoma		X									--	--		X		X
Oregon		X											X		X	X
Pennsylvania		X									X			X	X	X
Rhode Island	X		X								X		X		X	X
South Carolina		X									X		X		X	X
South Dakota	X		X		X		X		X		--	--	X		X	X
Tennessee		X												X		X
Texas		X									X			X	X	X
Utah		X				X			X		X		X		X	X
Vermont		X			X						--	--	X		X	X
Virginia	X		X								X		X		X	X
Washington		X									X		X		X	X
West Virginia	X										X		X		X	X
Wisconsin		X									X		X		X	X
Wyoming		X		X		X		X		X		--	--		X	X
Totals	15	36	14	4	11	6	8	4	9	4	25	6	32	19	40	41

NOTES: "+" refers to provider rate increases and "-" refers to provider rate restrictions. For the purposes of this report, provider rate restrictions include cuts to rates for physicians, dentists, outpatient hospitals, and managed care organizations as well as both cuts or freezes in rates for inpatient hospitals and nursing facilities. Wisconsin is moving to APR-DRGs in January 2017, which could impact inpatient and outpatient rates. There are 12 states that did not have Medicaid MCOs in operation in FY 2017; they are denoted as '-' in the MCO column. TBD - At the time of the survey, calendar year 2017 rates had not been determined for MCOs in Florida, Illinois, or Minnesota. In addition, Illinois only has a budget for the first six months of FY 2017.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 16: PROVIDER TAXES IN PLACE IN ALL 50 STATES AND DC, FY 2016 AND FY 2017

States	Hospitals		Intermediate Care Facilities		Nursing Facilities		Other		Any Provider Tax	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Alabama	X	X			X	X	X	X	X	X
Alaska										
Arizona	X	X			X	X			X	X
Arkansas	X	X	X	X	X	X			X	X
California	X	X	X	X	X	X	X	X	X	X
Colorado	X	X	X	X	X	X			X	X
Connecticut	X	X	X	X	X	X	X	X	X	X
Delaware					X	X			X	X
DC	X	X	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X			X	X
Georgia	X	X			X	X			X	X
Hawaii	X	X			X	X			X	X
Idaho	X	X	X	X	X	X			X	X
Illinois	X	X	X	X	X	X			X	X
Indiana	X	X	X	X	X	X			X	X
Iowa	X	X	X	X	X	X			X	X
Kansas	X	X			X	X			X	X
Kentucky	X	X	X	X	X	X	X*	X*	X	X
Louisiana		X	X	X	X	X	X	X*	X	X
Maine	X	X	X	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	X	X	X	X	X
Massachusetts	X	X			X	X	X	X	X	X
Michigan	X	X			X	X		X	X	X
Minnesota	X	X	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X	X	X
Missouri	X	X	X	X	X	X	X*	X*	X	X
Montana	X	X	X	X	X	X			X	X
Nebraska			X	X	X	X			X	X
Nevada					X	X			X	X
New Hampshire	X	X			X	X			X	X
New Jersey	X	X	X	X	X	X	X*	X*	X	X
New Mexico							X*	X*	X	X
New York	X	X	X	X	X	X	X*	X*	X	X
North Carolina	X	X	X	X	X	X			X	X
North Dakota			X	X					X	X
Ohio	X	X	X	X	X	X	X	X	X	X
Oklahoma	X	X	X	X	X	X			X	X
Oregon	X	X			X	X			X	X
Pennsylvania	X	X	X	X	X	X	X*	X*	X	X
Rhode Island	X	X			X	X	X	X	X	X
South Carolina	X	X	X	X					X	X
South Dakota			X	X					X	X
Tennessee	X	X	X	X	X	X	X	X	X	X
Texas			X	X			X	X	X	X
Utah	X	X	X	X	X	X	X	X	X	X
Vermont	X	X	X	X	X	X	X	X*	X	X
Virginia			X	X					X	X
Washington	X	X	X	X	X	X			X	X
West Virginia	X	X	X	X	X	X	X*	X*	X	X
Wisconsin	X	X	X	X	X	X	X	X	X	X
Wyoming		X			X	X			X	X
Totals	40	42	36	36	44	44	24	21	50	50

NOTES: This table includes Medicaid provider taxes as reported by states. Some states also have premium or claims taxes that apply to managed care organizations and other insurers. Since this type of tax is not considered a provider tax by CMS, these taxes are not counted as provider taxes in this report. (*) has been used to denote states with multiple "other" provider taxes.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 17: BENEFIT CHANGES IN THE 50 STATES AND DC, FY 2016 AND FY 2017

States	FY 2016		FY 2017	
	Enhancements/ Additions	Restrictions/ Eliminations	Enhancements/ Additions	Restrictions/ Eliminations
Alabama				
Alaska			X	
Arizona	X		X	
Arkansas				X
California	X		X	
Colorado	X			
Connecticut	X			
Delaware				
DC	X		X	
Florida				
Georgia	X			
Hawaii			X	
Idaho				
Illinois				
Indiana				
Iowa				
Kansas	X			
Kentucky				
Louisiana	X			
Maine				
Maryland	X		X	
Massachusetts			X	
Michigan	X			
Minnesota			X	
Mississippi				
Missouri	X			
Montana	X			
Nebraska			X	
Nevada	X		X	
New Hampshire	X	X		
New Jersey			X	
New Mexico				
New York	X	X		
North Carolina				
North Dakota				
Ohio				
Oklahoma	X	X	X	X
Oregon			X	
Pennsylvania				
Rhode Island			X	
South Carolina	X			
South Dakota			X	
Tennessee				X
Texas	X		X	
Utah			X	
Vermont	X		X	
Virginia			X	
Washington	X			
West Virginia				
Wisconsin				
Wyoming	X		X	X
Totals	21	3	20	4

NOTES: States were asked to report benefit restrictions, eliminations, enhancements, and additions in FY 2016 and FY 2017. Excluded from these changes are the implementation of alternative benefit plans for the Medicaid expansion group. Home and community-based services (HCBS) and pharmacy benefit changes are also excluded.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.

TABLE 18: STATES REPORTING BENEFIT ACTIONS TAKEN IN FY 2016 AND FY 2017ⁱⁱⁱ

State	Fiscal Year	Benefit Changes
Alaska	2017	Children (+): Will expand availability of Applied Behavioral Analysis services by developing new ABA provider certification requirements.
Arizona	2016	Adults (+): Remove limits on coverage for certain orthotic devices (October 1, 2015).
	2017	Adults (+): Add coverage for podiatry services (August 6, 2016). LTSS Adults (+): Add a \$1,000 per year dental benefit for MLTSS enrollees (October 1, 2016).
Arkansas	2017	Expansion Adults (-): Eliminating non-emergency medical transportation coverage for expansion adults participating in Employer Sponsored Insurance feature of the Section 1115 waiver renewal.
California	2016	Pregnant Women (+): Expansion to full-scope coverage to pregnant women 60-133% FPL (Upon CMS approval).
	2017	All (+): Restored acupuncture services (eliminated in 2009 for most populations excluding children, pregnant women, and nursing facility residents) (July 1, 2016). Pregnant Women (+): Added Licensed midwives to the Comprehensive Perinatal Services Program (July 1, 2016). All (+): Adding pulmonary and cardiac rehabilitation in outpatient settings (January 1, 2017). (Currently only available in inpatient settings.)
Colorado	2016	Children (nc): Added coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (July 1, 2015). Adults (+): Added coverage for iPads as augmented communication devices (ACDs) (July 1, 2015).
Connecticut	2016	Adults (+): Added coverage of select over the counter drugs (July 1, 2015). Pregnant Women (+): Added coverage of low-dose aspirin (July 1, 2015).
District of Columbia	2016	All (+): Expanded coverage for telemedicine services.
	2017	Children (+): Adding reimbursement for adolescent substance abuse treatment.
Florida	2017	Persons with SMI or SUD (nc): Delivery of service changes for behavioral health - housing supports as part of the 1115 waiver.
Georgia	2016	Adults (+): Added coverage for medically necessary emergency transportation by rotary wing air ambulance. All (+): Added coverage for Emergency Ambulances to serve as Telemedicine Origination Sites (April 22, 2016).
Hawaii	2017	Aged and Disabled (+): Expanding mental health and substance abuse benefits including addition of intensive case management and tenancy supports as part of chronic homelessness initiative (upon CMS approval).
Indiana	2016	Children (nc): Adding coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (February 6, 2016).
Kansas	2016	Children (+): Expanded coverage for developmental therapy (OT/PT speech).
	2017	Children (nc): Moving autism services from HCBS waiver coverage to State Plan coverage.
Louisiana	2016	Pregnant Women (nc): Added coverage for free standing birthing centers (an ACA requirement) (December 20, 2015). All (+): Removed limits on physician visits (December 20, 2015).
Maryland	2016	All (+): Added Physician Assistants as a new provider type (July 1, 2015).
	2017	Children (nc): Adding coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (January 1, 2017). Former foster youth (+): Extending dental coverage for former youth up to age 26 (January 1, 2017).

ⁱⁱⁱ Positive changes counted in this report are denoted with (+). Negative changes counted in this report are denoted with (-). Changes that were not counted as positive or negative in this report, but were mentioned by states in their responses, are denoted with (nc).

Massachusetts	2016	Children (nc): Added coverage of Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (July 1, 2015).
	2017	All (+): Adding coverage of American Society of Addiction Medicaid Level 3.1 Residential Rehabilitation Services and Transitional Support Services (January 1, 2017).
Michigan	2016	Children and Pregnant Women (+): Targeted Case Management services added for pregnant women and children covered under the Flint Michigan Section 1115 waiver (for persons served by the Flint water system) (May 9, 2016). Children (nc): Expanded autism services from age 6 to age 21 (January 1, 2016).
Minnesota	2016	Children (nc): Added coverage for treatment of autism spectrum disorder to meet federal requirements (July 1, 2015).
	2017	All (+): Adding coverage for community emergency medical technician services (January 1, 2017).
Missouri	2016	Children (+): Adding coverage for asthma education and environmental assessment services. (upon CMS approval). Children (nc): Added coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (October 2015).
Montana	2016	Non-Disabled Adults (+): Added dental benefits with a limit of \$1,125 per benefit year (July 1-June 30). Diagnostic, preventive, denture, and anesthesia services are excluded from the financial cap (January 1, 2016). All (+): Removed limits on mental health therapy and occupational, speech and physical therapy (January 1, 2016). All (+): Age limits removed for Substance Use Disorder treatment services (January 1, 2016).
Nebraska	2016	Children (nc): Added coverage for Behavior Modification/Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (October 1, 2015).
	2017	Children (+): Adding coverage for Multisystemic Therapy/Family Functional Therapy (July 1, 2016). All (+): Adding coverage for MH/SUD peer support services (January 1, 2017). All (+): Adding coverage for telehealth and tele-monitoring services (January 1, 2017).
Nevada	2016	All (+): Expanding coverage for telemedicine services to additional provider types and eliminating requirement for an origination site thereby allowing beneficiaries to access telemedicine services from home (December 1, 2015). Children (nc): Added coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (January 1, 2016).
	2017	All (+): Added coverage for paramedicine services (July 1, 2016).
New Hampshire	2016	Non Expansion Population (+): Enhanced the Substance Use Disorder benefit (to align with ABP) (July 1, 2016). Expansion Adults (-): Eliminated coverage of non-emergent use of the ER (January 1, 2016).
New Jersey	2017	Non-Expansion Adults (+): Substance Use Disorder benefit from the state's Alternative Benefit Package for expansion adults added for all other Medicaid enrollees (July 1, 2016).
New Mexico	2017	Pregnant Women (nc): Implementing coverage for Birthing Centers.
New York	2016	All (-): Discontinued coverage for viscosupplementation of the knee for an enrollee with a diagnosis of osteoarthritis of the knee (April 1, 2015 for FFS and July 1, 2015 for managed care). All (-): Limited coverage of DEXA Scans for Screening to one time every 2 years for Women Over Age 65 and Men Over Age 70 (April 1, 2015 for FFS and July 1, 2015 for managed care). All (+): Expanded smoking cessation counseling providers to include dental practitioners (April 1, 2015 for FFS and July 1, 2015 for managed care). All (+): Expanded Telehealth services. All (+): Expanded Dental Hygienist services. Aged & Disabled (+): Added services for adults with serious mental illness services under 1915(i) authority as part of the state's Health and Recovery Plans (HARP) managed care program.
Oklahoma	2016	Adults (-): Eliminated coverage for sleep studies (July 1, 2015). All (+): Added coverage for virtual visits with annual limits (January 2016). All (+): Telemedicine policy rules around origination sites were removed. Patients no longer have to be at a specified "origination site" (e.g. they can now be in their homes).

Oklahoma	2017	Children (+): Mandated polycarbonate lenses for children (September 1, 2016). Pregnant Women (-): Reducing number of covered high risk OB visits based on utilization data (September 1, 2016).
Oregon	2017	Adults (+): Restoring previously cut adult restorative dental benefits (relaxed limitation criteria for dentures; coverage for crowns; scaling and planning) (July 1, 2016). Adults (+): Expanding coverage for alternative back pain therapies including acupuncture, chiropractic manipulation and yoga (July 1, 2016). Children (nc): Added coverage for Applied Behavioral Analysis services for children with autism spectrum disorder to meet federal requirements (July 1, 2016).
Rhode Island	2017	All (+): Add coverage for home stabilization services. All (+): Initiating coverage for Telehealth services in new MCO contracts. Aged and Disabled (+): Implementing the Sobering Treatment Opportunity Program (STOP), an ER diversion pilot in Providence that will cover an overnight stay and referral to appropriate counseling for homeless chronic inebriates.
South Carolina	2016	Children (+): Expanded coverage for treatment of eating disorders ages 0-21.
	2017	Children (nc): Adding autism spectrum disorder treatment State Plan services to meet federal requirement; will replace existing HCBS waiver coverage that will sunset (January 2017).
South Dakota	2017	Adults (+): Added coverage for BRCA gene testing (July 1, 2016).
Tennessee	2017	Adults (-): Limiting Allergy Immunotherapy to practice guidelines (July 1, 2016).
Texas	2016	Children (+): Added coverage for Prescribed Pediatric Extended Care Centers. Children (+): Texas Health Steps Preventive Care Medical Checkups added mental health screening with separate reimbursement and screening for critical congenital heart disease (CCHD); updated laboratory screening policy for anemia, dyslipidemia and HIV screenings (11/1/2015). All (+): Added coverage for Magneto Encephalography (MEG) (November 1, 2015). Aged and Disabled (+): Expanded coverage for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to include more providers in outpatient settings (July 1, 2016). All (+): Updated gynecological and reproductive health services coverage and reimbursement policy regarding IUD reimbursement and implantable contraceptive capsules (January 1, 2016).
	2017	Children (+): Adding coverage for family therapy without the patient present as a benefit for children under 21. Pre-doctoral psychology interns and post-doctoral psychology fellows will be added as a recognized service provider when under delegation by a licensed psychologist. All (+): Expanding coverage of tele-monitoring services to include congestive heart failure (CHF) and diagnoses related to high-risk pregnancy.
Utah	2016	Children (nc): Added autism spectrum disorder treatment to meet federal requirement (July 2015).
	2017	Children (+): Eliminating the state's Section 1115 EPSDT waiver which enables 19 and 20 year-old parents to be able to receive EPSDT services, which are not part of current 1115 waiver.
Vermont	2016	All (+): Added coverage for Licensed Alcohol and Drug Counselors (July 1, 2015). All (+): Added coverage for primary care telemedicine outside of a facility (October 1, 2015). Children (nc): Added coverage for Applied Behavior Analysis for treatment of autism spectrum disorder to meet federal requirements (July 1, 2015).
	2017	All (+): Allowing Licensed Dental Hygienists to bill Medicaid directly (July 1, 2016).
Virginia	2017	All (+): Under Section 1115 waiver authority, expanding Substance Use Disorder (SUD) services to add coverage of peer supports, inpatient residential for adults, and up to 15 days in an IMD in facilities with more than 16 beds (upon CMS approval). All (+): Removing prior authorization requirements for low-dose computed tomography (LDCT) lung cancer screenings (July 1, 2016).
Washington	2016	All (+): Added coverage for gender reassignment surgery (August 6, 2015).
Wisconsin	2016	Children (nc): Added State Plan coverage (to replace HCBS waiver coverage) for behavioral health services for treatment of autism spectrum disorder to meet federal requirements (January 1, 2016).

Wyoming	2016	<p>All (+): Added chiropractic benefit (July 1, 2015).</p> <p>All (+): Added coverage for additional provisionally licensed MH provider types (July 1, 2015).</p>
	2017	<p>All (+): Adding coverage for dietician services (July 1, 2016).</p> <p>Adults (-): Eliminating dental and vision coverage (except emergency services) (October 1, 2016).</p> <p>LTSS Adults (-): Reducing Nursing facility bed-hold days (October 1, 2016).</p> <p>Adults (-): Adding soft service caps for behavioral health, therapy, and home health services (January 1, 2017).</p>

TABLE 19: MEDICAID PHARMACY BENEFIT MANAGEMENT STRATEGIES FOR OPIOIDS IN FEE-FOR-SERVICE IN ALL 50 STATES AND DC, FY 2015 – FY 2017

States	Opioid Quantity Limits			Prior Authorization for Opioids			Opioid Clinical Criteria			Opioid Step Therapy Requirements			Required use of Prescription Drug Monitoring Programs		
	In place FY 2015	2016	2017	In place FY 2015	2016	2017	In place FY 2015	2016	2017	In place FY 2015	2016	2017	In place FY 2015	2016	2017
Alabama	X			X			X			X					X
Alaska	X		X	X		X	X		X	X		X			
Arizona	X			X			X								
Arkansas	X	X	X	X		X	X	X	X						
California	X			X											
Colorado	X			X	X	X	X	X	X	X	X	X			
Connecticut			X			X									X
Delaware	X		X	X			X	X	X	X					X
DC			X	X		X	X		X	X		X			
Florida	X			X			X			X					
Georgia	X	X	X	X			X	X	X	X	X	X			
Hawaii															
Idaho	X	X	X	X	X	X	X	X	X	X		X		X	
Illinois	X		X	X	X		X		X						X
Indiana	X	X	X	X	X	X	X	X	X	X	X	X			X
Iowa	X	X		X	X		X	X		X	X			X	
Kansas	X			X		X	X					X			
Kentucky	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Louisiana	X	X	X				X	X	X					X	
Maine	X			X		X							X		
Maryland	X					X									
Massachusetts	X			X	X		X			X					X
Michigan	X	X	X	X	X	X	X	X	X	X	X	X	X		
Minnesota	X	X		X			X			X					
Mississippi	X			X			X	X							
Missouri	X		X	X		X	X		X			X			
Montana	X	X	X	X	X	X	X	X	X	X	X	X			
Nebraska	X		X	X		X	X			X	X	X	X		
Nevada	X	X	X	X	X	X	X	X	X	X	X	X	X		
New Hampshire	X			X		X	X		X	X	X			X	X
New Jersey	X	X	X	X	X	X	X	X	X						
New Mexico															
New York	X			X			X			X					
North Carolina	X		X	X		X	X		X	X		X	X		
North Dakota	X	X		X	X		X	X		X	X		X	X	
Ohio	X		X	X			X		X	X		X			
Oklahoma	X	X		X	X		X		X	X		X	X		
Oregon	X	X	X	X	X	X	X	X	X			X		X	
Pennsylvania	X	X	X	X	X		X	X							X
Rhode Island	X	X	X	X			X	X	X	X					
South Carolina	X			X			X			X				X	
South Dakota	X			X			X			X			X		
Tennessee	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Texas	X	X	X	X		X	X		X	X					
Utah	X		X	X		X	X			X		X			
Vermont	X		X	X						X			X		
Virginia	X	X	X	X	X	X	X	X	X		X	X		X	
Washington				X	X	X	X		X	X					
West Virginia	X	X	X	X		X			X			X			
Wisconsin	X		X			X									X
Wyoming	X	X	X	X			X			X					
Totals	46	22	30	45	18	27	42	20	27	32	13	20	12	10	11

NOTES: States were asked to report whether they had select pharmacy benefit management strategies in place in their FFS programs in FY 2015, had adopted or expanded these strategies in FY 2016, or had plans to adopt or expand these strategies in FY 2017.

SOURCE: Kaiser Commission on Medicaid and the Uninsured Survey of Medicaid Officials in 50 states and DC conducted by Health Management Associates, October 2016.