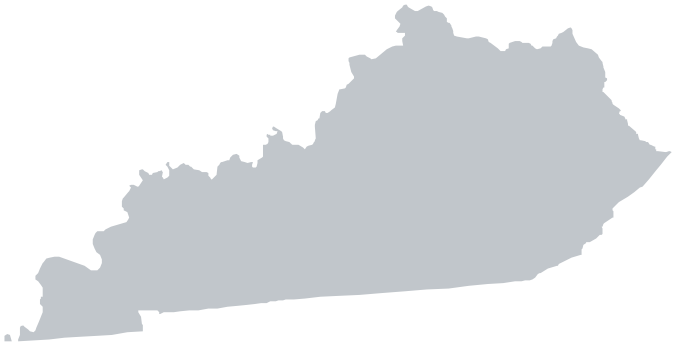
OPEN MINDS

Kentucky Health & Human Services System Market Profile

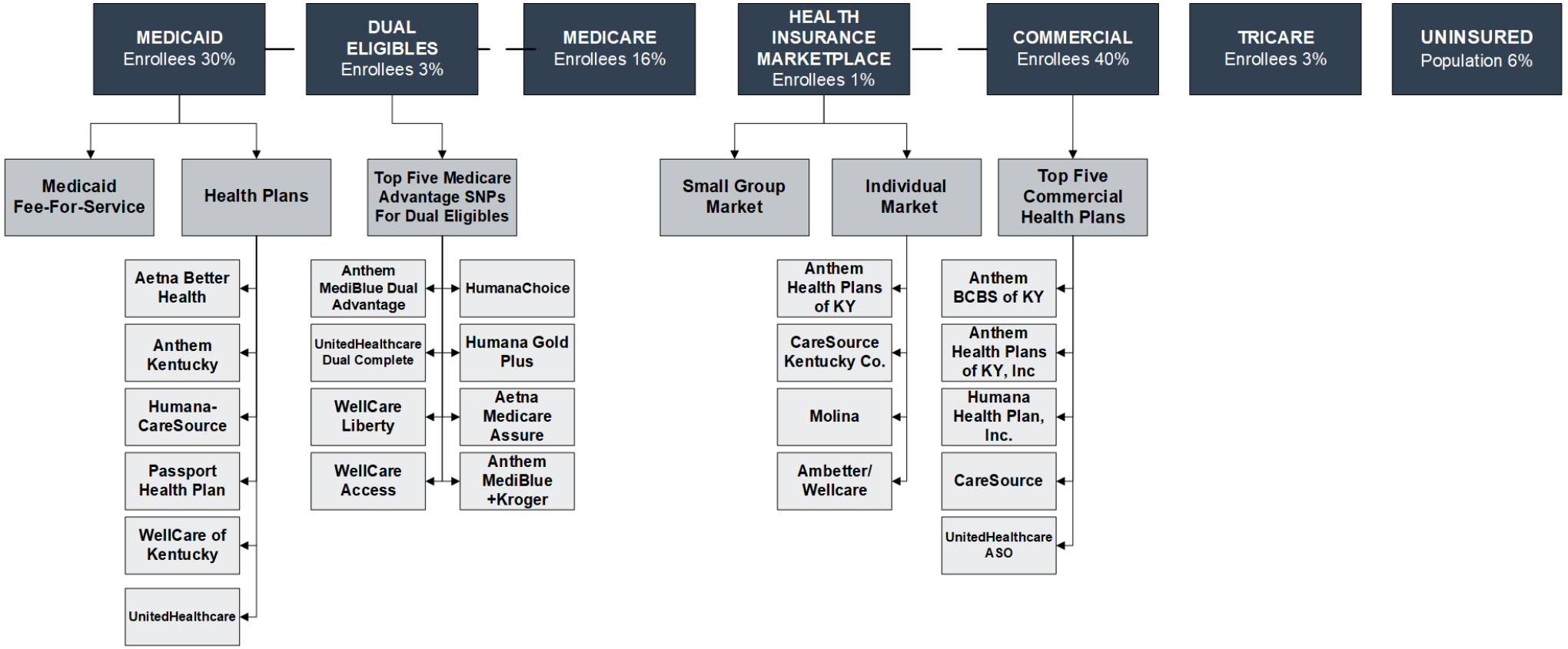


Health & Human Services Market Profile Overview

A. Executive Summary

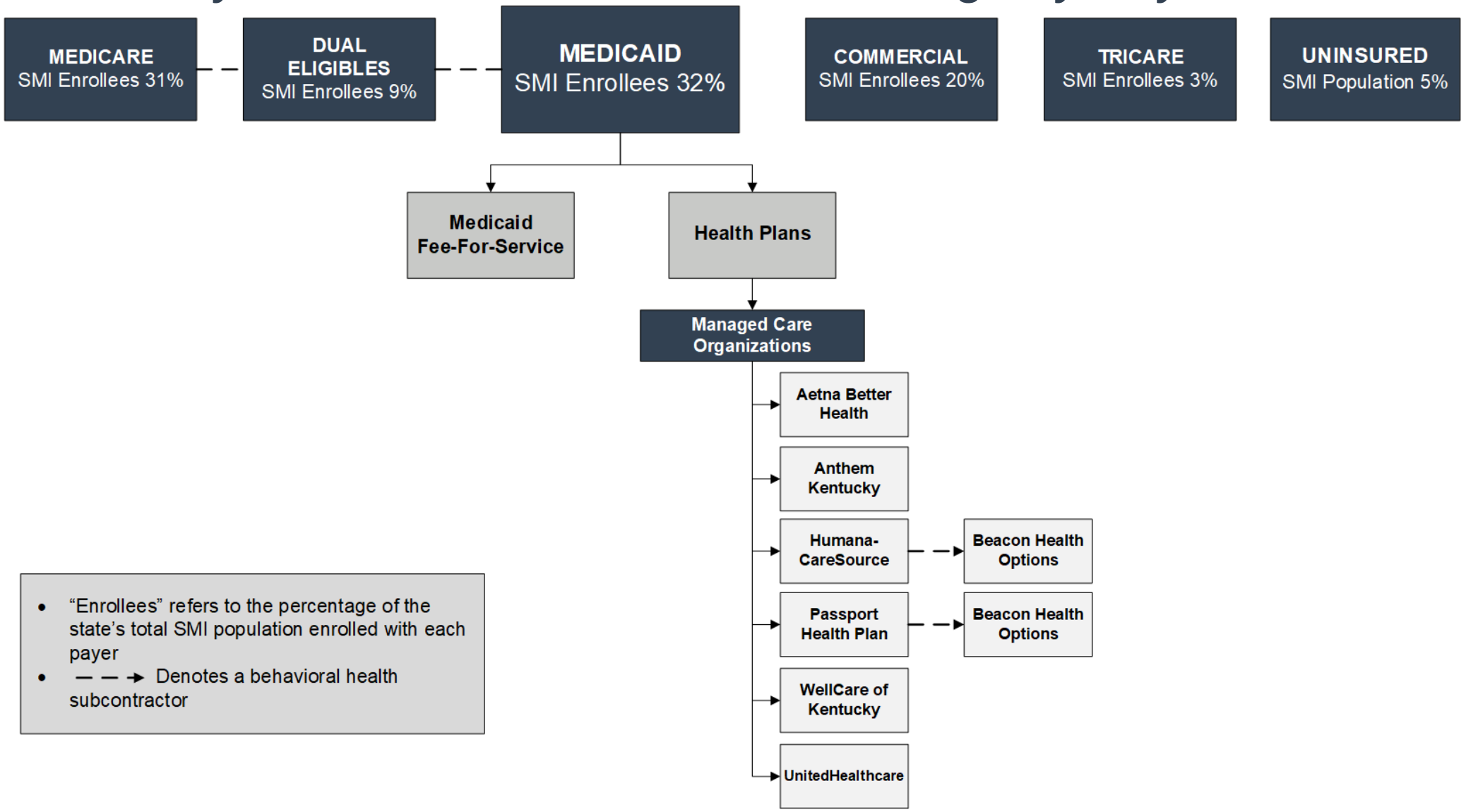
A.1. Kentucky Physical Health Care Coverage by Payer

Total Kentucky Population- 4,509,394
Estimated SMI Population- 355,334



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Kentucky Behavioral Health Care Coverage by Payer



A.2. Health and Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to provide care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state was awarded planning grants for three CCBHCs.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Health Care Access Branch within the Department for Public Health within the Kentucky Cabinet for Health and Family Services administers programs that provide physical health services to the safety-net population.

Mental Health Services

- The Department for Behavioral Health, Developmental and Intellectual Disabilities, provides services to the uninsured population through 14 community mental health centers (CMHCs).

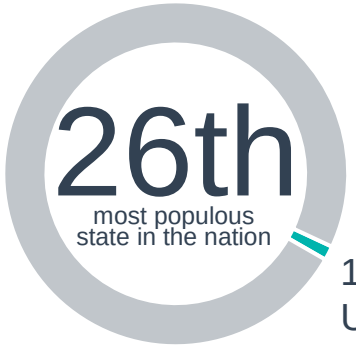
Addiction Treatment Services

- The Department for Behavioral Health, Developmental and Intellectual Disabilities, provides services to the uninsured population through 14 community mental health centers (CMHCs).

B. Kentucky Health Financing System Overview

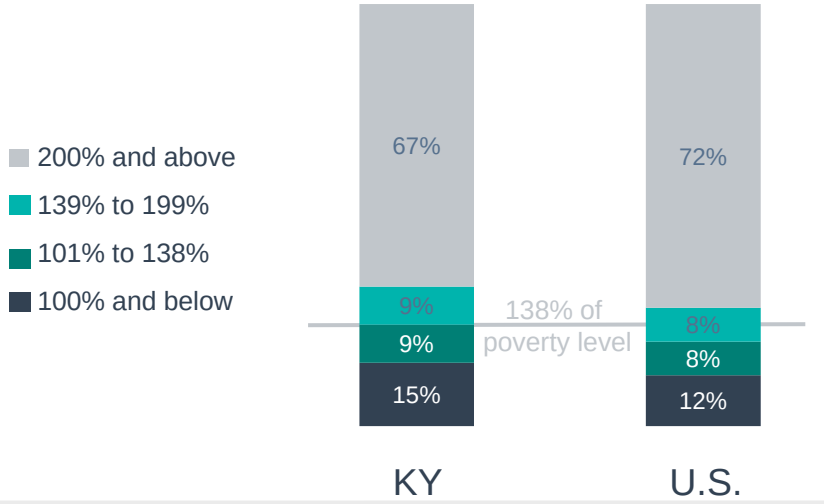
B.1. Population Demographics

Total Kentucky Population- 4,509,394
Estimated SMI Population- 355,334



1% of the
U.S. population

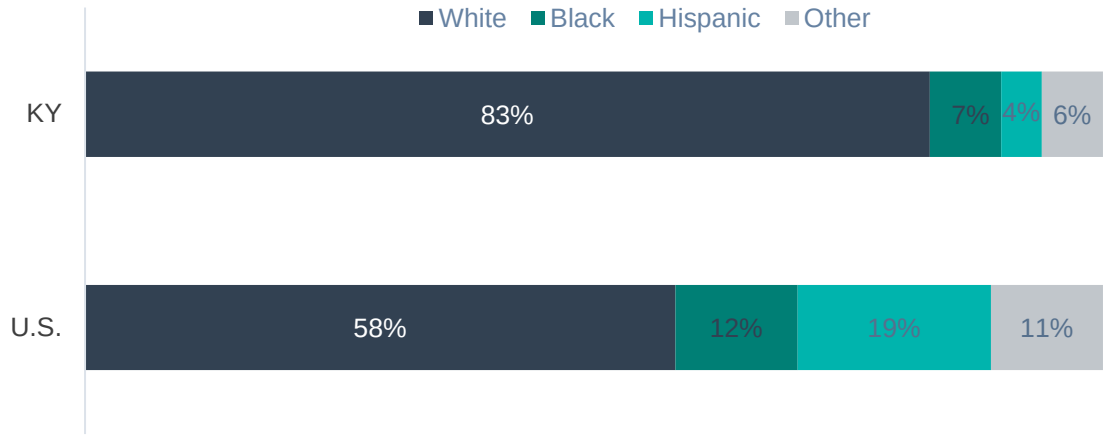
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
KY	$55,573
U.S.	$69,717

Population Distribution By Age

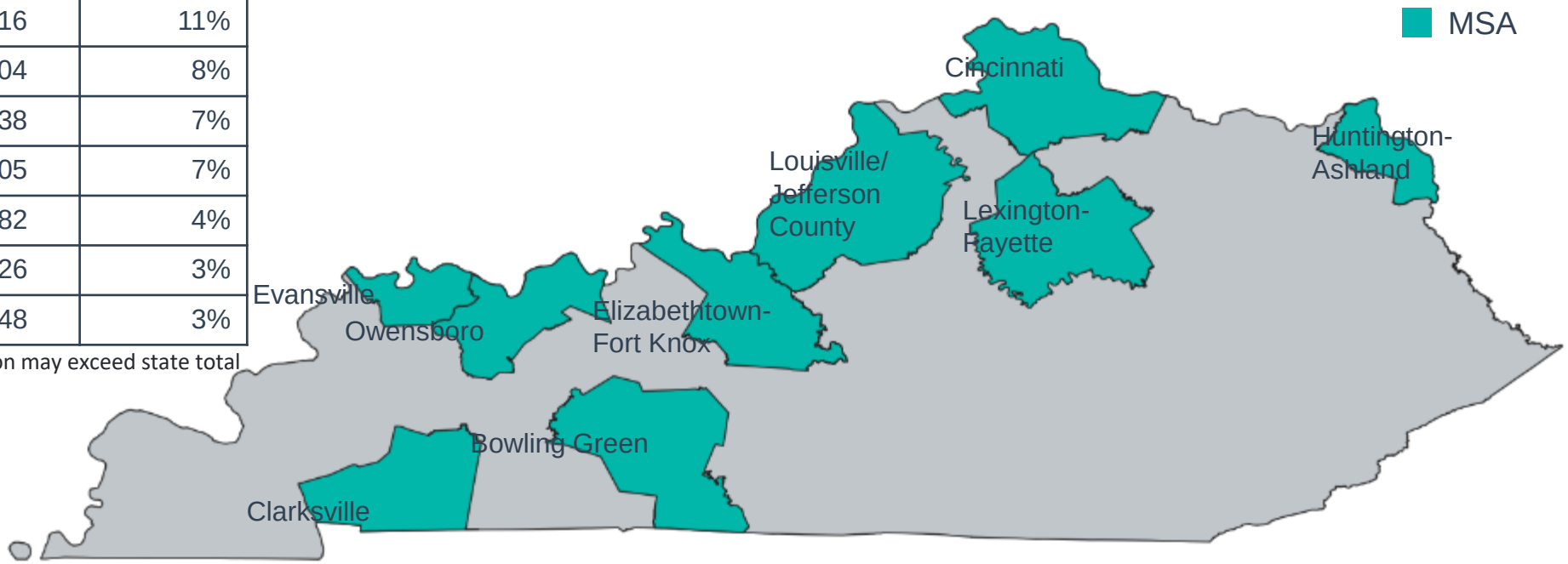
Kentucky & U.S. Racial Composition



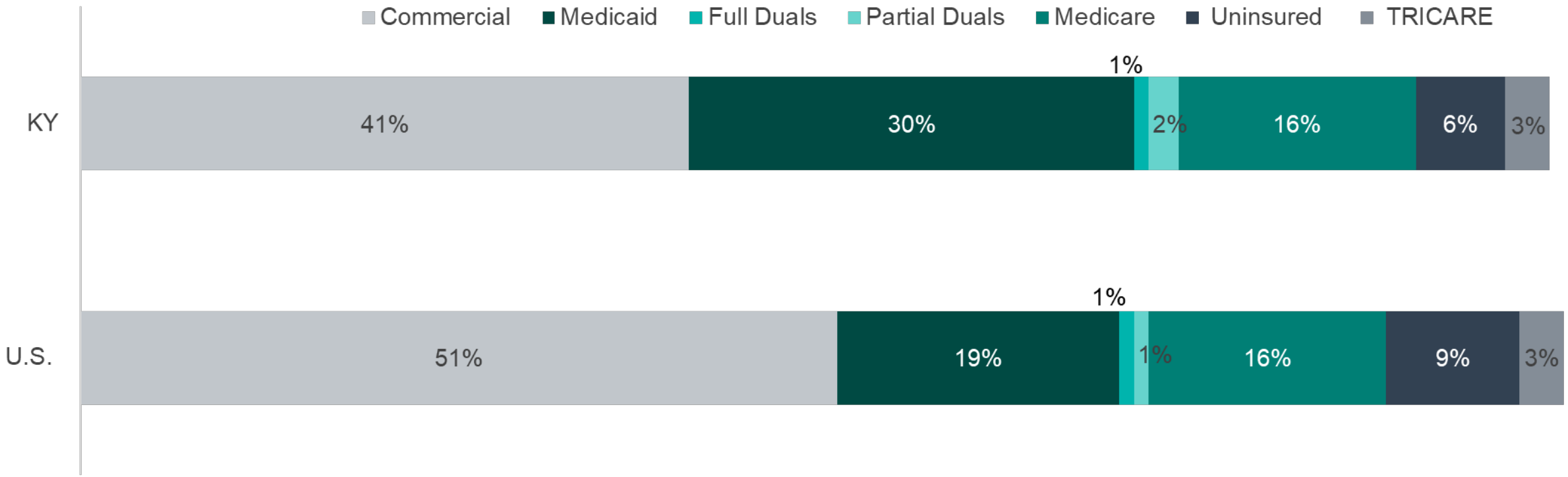
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**Kentucky MSA Residents**	**Percent Of Population**
Total MSA Population	**5,536,523**	**-**
Cincinnati, OH-KY-IN	2,265,051	50%
Louisville-Jefferson County, KY-IN	1,284,553	28%
Lexington-Fayette, KY	517,916	11%
Huntington-Ashland, WV-KY-OH	354,304	8%
Evansville, IN-KY	314,038	7%
Clarksville, TN-KY	336,605	7%
Bowling Green, KY	185,682	4%
Elizabethtown-Fort Knox, KY	157,026	3%
Owensboro, KY	121,348	3%

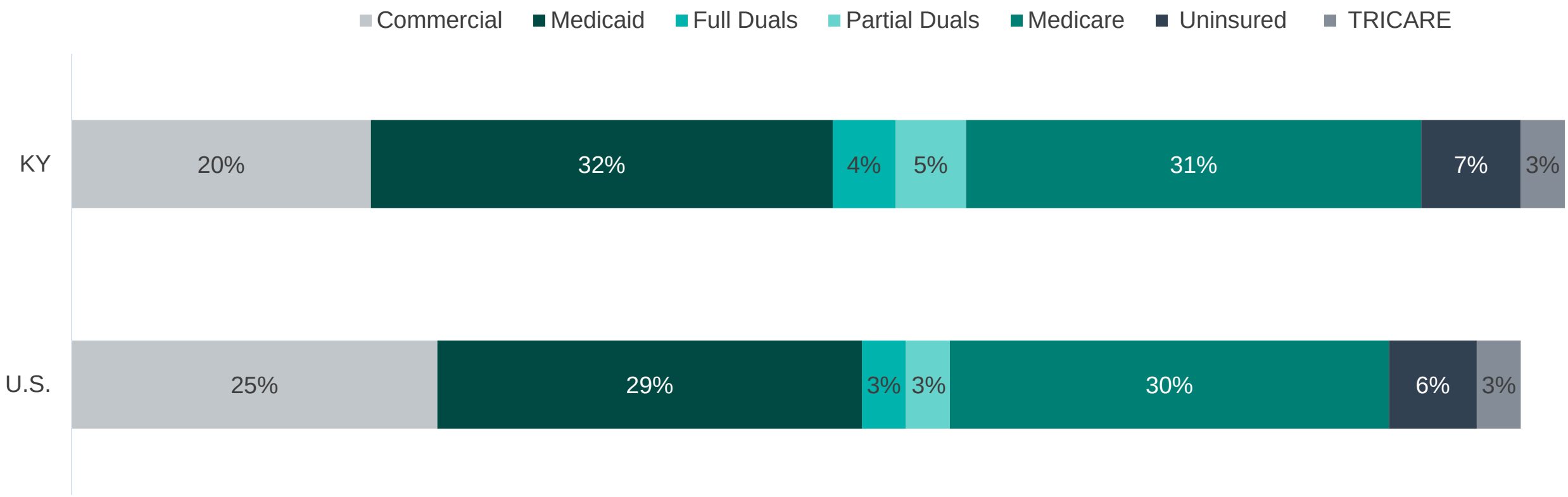
*state MSA's extend beyond state borders, so population may exceed state total



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.4. Largest Kentucky Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Anthem Blue Cross Blue Shield in Kentucky	Commercial	1,437,373
Anthem Health Plans of Kentucky Inc	Commercial	1,369,769
WellCare of Kentucky	Medicaid managed care	499,572
Medicare Fee-for-service (FFS)	Medicare	478,673
Passport Health Plan	Medicaid managed care	342,849
Aetna Better Health of Kentucky	Medicaid managed care	256,606
Humana Health Plan	Commercial	200,186
Anthem Blue Cross and Blue Shield in Kentucky	Medicaid managed care	188,264
Humana-CareSource	Medicaid managed care	174,264
Medicaid FFS	Medicaid	161,179

*Medicaid enrollment as of March 2023; TRICARE as of December 2022 Commercial as of March 2023; Medicare enrollment as of March 2023

B.4. Largest Kentucky Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	478,673	76,588
Anthem Blue Cross and Blue Shield in Kentucky	Commercial	1,437,373	58,932
Anthem Health Plans of Kentucky Inc	Commercial	1,369,769	56,161
WellCare of Kentucky	Medicaid managed care	499,572	42,963
Passport Health Plan	Medicaid managed care	342,849	29,485
Aetna Better Health of Kentucky	Medicaid managed care	256,606	22,068
Anthem Blue Cross and Blue Shield in Kentucky	Medicaid managed care	188,264	16,191
Humana-CareSource	Medicaid managed care	174,264	14,987
Medicaid FFS	Medicaid	161,179	13,861
Anthem MediBlue	Medicare Advantage	73,979	11,837

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Market Place Percentage	2%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2023 Individual Market Health Plans
1. Anthem 2. CareSource 3. Molina 4. Ambetter/Wellcare

2023 Small Group Market Health Plans
None

B.6. Accountable Care Organizations

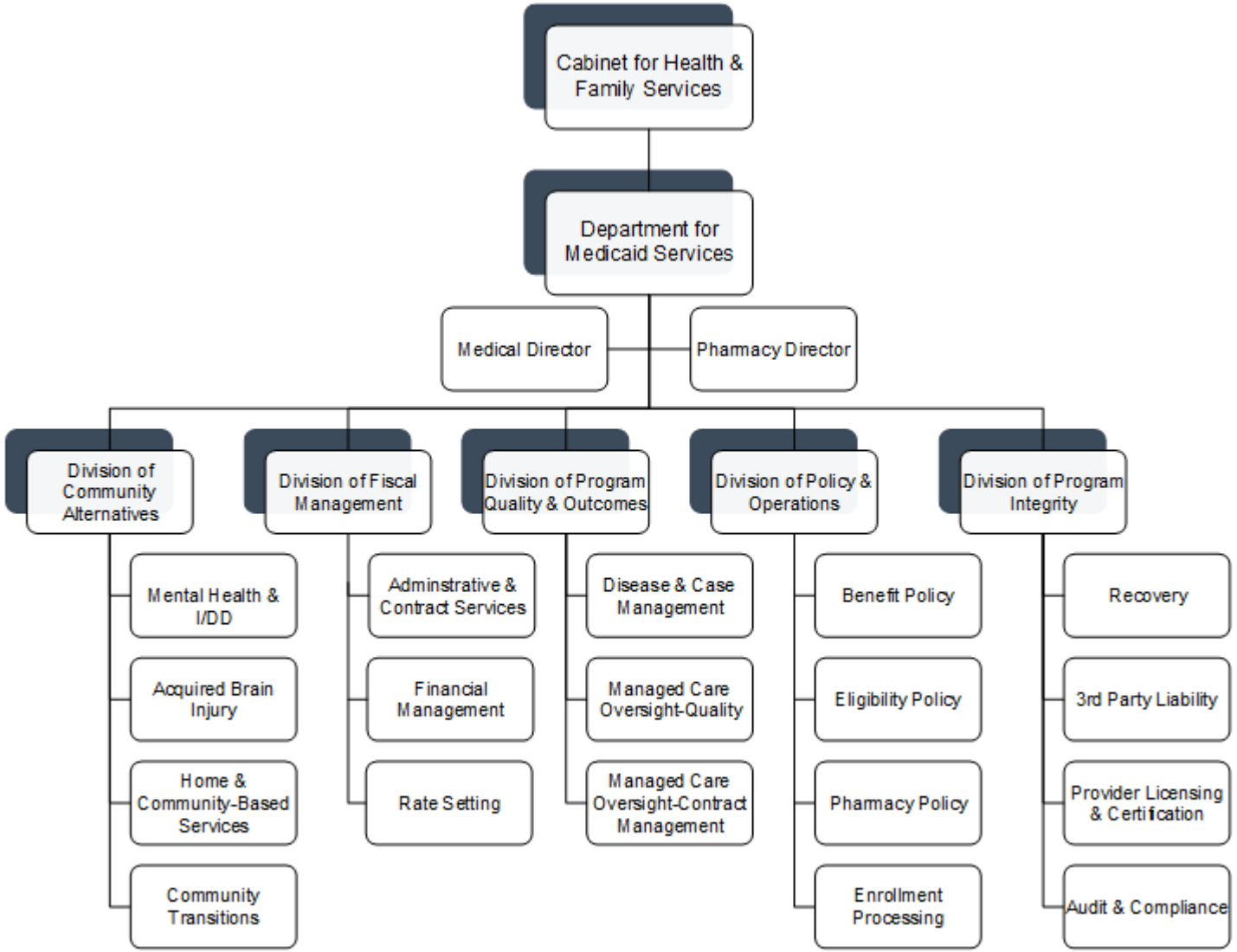
Medicare Shared Savings ACOs
1. ACO of Central Alabama 1, LLC
2. Aledade Accountable Care 37, LLC
3. AmpliPHY of Kentucky ACO, LLC
4. Ascension Care Management Health Partners Evansville, LLC
5. Baptist Health Care Partners, LLC
6. Central US ACO, LLC
7. CHSPSC ACO 15, LLC
8. Commonwealth Clinical Partners LLC
9. Healthcare Solutions Network, LLC
10. CHI Saint Joseph Health Partners
11. LTS ACO, LLC
12. Mercy Health Select, LLC
13. MHC Accountable Care Organization, LLC
14. Quality Independent Physicians
15. Southern Kentucky Health Care Alliance
16. The Health Network of Western Kentucky

Commercial Model ACO	
ACO	**Parent Company**
Norton Healthcare	Humana

Next Generation ACOs
1. Deaconess Care Integration, LLC

C. Medicaid Administration, Governance & Operations

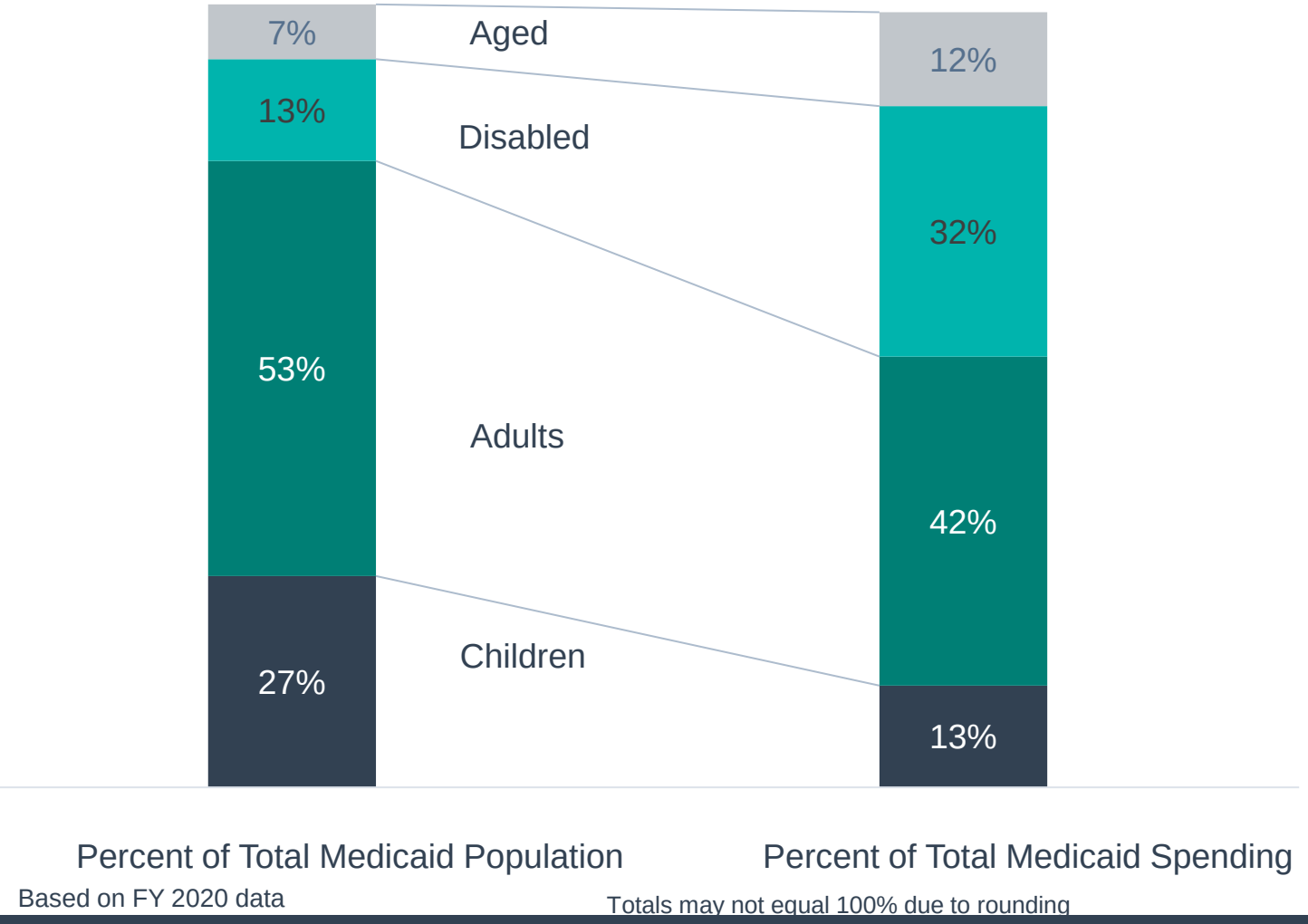
C.1. Medicaid Governance: Organizational Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Eric Friedlander	Secretary	Cabinet for Health and Family Services	eric.friedlander@ky.gov
Lisa Lee	Commissioner, State Medicaid Director	Department for Medicaid Services	lisa.lee@ky.gov
Veronica Cecil	Deputy Commissioner	Department for Medicaid Services	veronica.cecil@ky.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2020 data

Totals may not equal 100% due to rounding

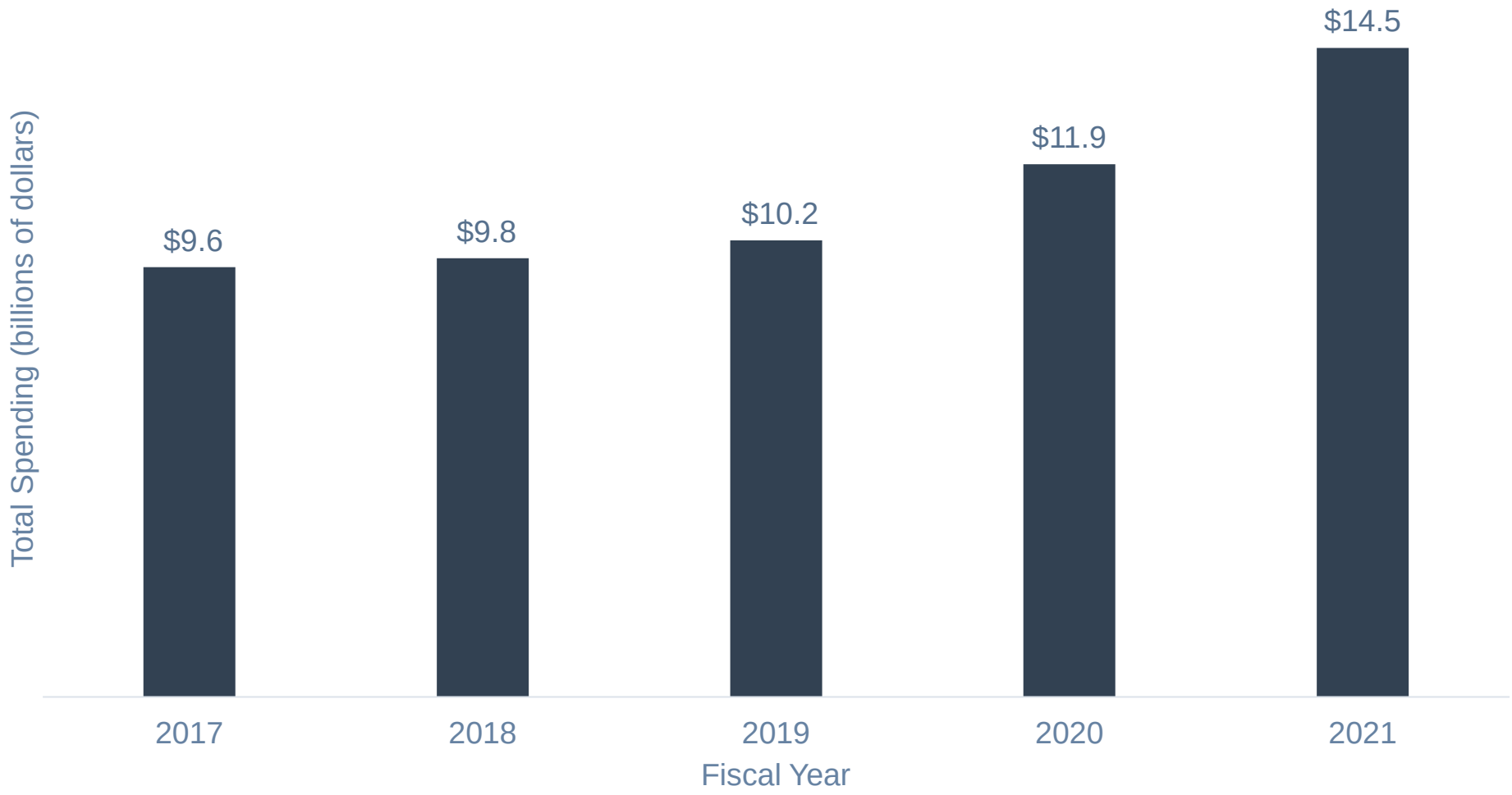
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	KY
All populations	$8,718	$7,816
Children	$3,495	$3,756
Adults	$5,461	$6,738
Expansion adults	$7,227	$6,444
Blind and disabled	$23,123	$17,519
Aged	$18,552	$14,166

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 21 Spending	Percent Of Budget
Managed care and premium assistance	$7,695,000,000	64%
Institutional LTSS	$1,264,000,000	11%
Home- and community-based LTSS	$1,006,000,000	8%
Hospital	$826,000,000	7%
Other acute	$495,000,000	4%
Medicare premiums and coinsurance	$283,000,000	2%
Clinic and health center	$253,000,000	2%
Drugs	$61,000,000	1%
Physician	$39,000,000	<1%
Other practitioner	$8,000,000	<1%
Dental	$4,000,000	<1%
Budget Total: $11,934,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	78.3%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the federal poverty level (FPL) Note: The Patient Protection and Affordable Care Act of 2010 (PPACA) requires that 5% of income be disregarded in eligibility determination.
Legislation Used To Expand Medicaid	None, Medicaid expansion was authorized by the governor in 2013 through an executive order.
Number Of Individuals Enrolled In The Expansion Group (September 2022)	617,287
Number Of Enrollees Newly Eligible Due To Expansion	617,287
Benefits Plan For Expansion Population	• Currently, the Kentucky alternative benefit plan (ABP) is identical to the state plan. The state plans to submit a revised ABP so that the state that does not include dental, vision, or over-the-counter medications. • Medically frail individuals must be offered the full array of state plan services. • Individuals with SMI or chronic addiction are considered to be medically frail.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals age 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Kentucky's Optional Services

1. Podiatry services
2. Chiropractic services
3. Other practitioner services
4. Private duty nursing
5. Home health services
6. Clinic services
7. Dental services
8. Physical and occupational therapy
9. Services for individuals with speech, hearing, and language disorders
10. Prescribed drugs
11. Prosthetics and eyeglasses
12. Diagnostic, screening, and preventive services
13. Rehabilitative services
14. Services for individuals ages 65 or older in IMDs
15. Services in an ICF/IDD
16. Inpatient psychiatric facilities for individuals under age 22
17. Hospice care

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (May 2023)	160,831	1,551,550
SMI Enrollment	• Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. • *OPEN MINDS* estimates 9% of the SMI population in FFS, 91% in managed care.	
Management	Department of Medicaid Services	Five health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 1,712,381 | Total Medicaid With SMI: 147,264

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of May 2023: 9% in fee-for-service (FFS), 91% in managed care
SMI population inclusion in managed care	• Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. • Estimated 9% of population in FFS, 91% in managed care
Dual eligible population inclusion in managed care	• Managed care is mandatory for dual eligibles receiving long-term services and supports (LTSS). • Estimated 9% of population in FFS, 91% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to provide care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state was awarded planning grants for three CCBHCs.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit)		X (full benefit)
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	• Enrolled in another managed care program • Participate in state's home- and community-based services (HCBS) waivers • Recipients in the Breast and Cervical Cancer program • Individuals on spenddown • Working disabled • Time limited aliens		Adults between the ages of 19 and 26 who were receiving Medicaid benefits as Children.

D.1. Medicaid Financing & Service Delivery System: Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)

- On June 2023, the Kentucky Finance and Administration Cabinet announced a new program to assist those on Medicaid with the costs associated with health care. Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) started in June 2023.
- Individuals qualify for KI-HIPP if a member of their household is eligible for Medicaid and have access to health care that is considered cost-effective and comprehensive through employment.
- When an individual enrolls in the program, their share of the insurance program will be distributed to them.
- This program will allow individuals in the KI-HIPP program to have the same health plan for their entire family.
- As of June 2020, individuals enrolled in the program must submit proof of premium payment when notified.
  - Some individuals may be required to submit additional proof of payment.

D.2. Medicaid FFS Program: Overview

- As of May 2023, FFS enrollment was 160,831.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits
1. Inpatient services
2. Service planning
3. Assertive community treatment
4. Comprehensive community support services
5. Therapeutic rehabilitation program
6. Screening
7. Assessment
8. Psychological testing
9. Crisis intervention
10. Mobile crisis
11. Residential crisis stabilization
12. Day treatment
13. Peer support
14. Intensive outpatient program
15. Individual, group, and family outpatient therapy
16. Partial hospitalization

FFS Addiction Treatment Benefits
1. Inpatient services
2. Residential services
3. Screening, Brief Intervention and Referral to Treatment (SBIRT)
4. Screening
5. Assessment
6. Psychological testing
7. Crisis intervention
8. Mobile crisis
9. Residential crisis stabilization
10. Day treatment
11. Peer support
12. Intensive outpatient program
13. Individual, group, and family outpatient therapy
14. Partial hospitalization
15. Medication assisted treatment, including methadone
16. Withdrawal management

D.2. Medicaid FFS Program: SMI Population

- Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.
- As of May 2023, *OPEN MINDS* estimates 9% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Kentucky FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Magellan, but there is current legislation to remove the use of a PBM from the state.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the state has moved to a single unified PDL for both FFS and managed care.
State Uses A PDL For Mental Health Drugs	Yes, anxiolytics, antidepressants, anticonvulsants, and antipsychotics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid dependence, tobacco cessation, and alcohol dependence drugs are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	The state includes antipsychotic injectables on the state PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	The state places age limits, clinical criteria, quantity limits, and maximum duration for medication on mental health and addiction drugs.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the state may lock-in individuals to a single pharmacy, a single clinical professional, or both.

D.3. Medicaid Managed Care Program: Overview

- As of May 2023, managed care enrollment was 1,551,550.
- The health plans deliver physical health and behavioral health benefits for most populations, including families and children, aged and disabled adults, and Medicaid expansion adults.
- There are six health plans available statewide, and individuals have their choice of plan.
- On May 16, 2019, the Kentucky Finance and Administration Cabinet issued a request for proposal to reprocure the Medicaid health plans. These plans were selected in June 2020 and went into effect January 2021.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health

1. Profit status: For-profit
2. Parent company: Aetna/CVS
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS/Caremark
5. Enrollment share: 16%

Anthem BCBS

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: IngenioRx
5. Enrollment share: 12%

Humana Healthy Horizons

1. Profit status: For-profit
2. Parent company: Humana, Inc
3. Behavioral health subcontractor: Beacon Health Options
4. Pharmacy benefits manager: None
5. Enrollment share: 11%

Passport Health Plan

1. Profit status: Non-profit
2. Parent company: Molina
3. Behavioral health subcontractor: Beacon Health Options
4. Pharmacy benefits manager: CVS/Caremark
5. Enrollment share: 22%

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealthcare
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: OptumRX
5. Enrollment share: 6%

WellCare Of Kentucky

1. Profit status: For-profit
2. Parent company: Centene-WellCare
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS/Caremark, Exactus (Specialty)
5. Enrollment share: 32%

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

All behavioral health and pharmacy benefits are included in the health plan's capitation rate.

Managed Care Mental Health Benefits	
1.	Inpatient services
2.	Service planning
3.	Assertive community treatment
4.	Comprehensive community support services
5.	Therapeutic rehabilitation program
6.	Screening
7.	Assessment
8.	Psychological testing
9.	Crisis intervention
10.	Mobile crisis
11.	Residential crisis stabilization
12.	Day treatment
13.	Peer support
14.	Intensive outpatient program
15.	Individual, group, and family outpatient therapy
16.	Partial hospitalization

Managed Care Addiction Treatment Benefits	
1.	Inpatient services
2.	Residential services
3.	Screening, brief intervention, and referral to treatment
4.	Screening
5.	Assessment
6.	Psychological testing
7.	Crisis intervention
8.	Mobile crisis
9.	Residential crisis stabilization
10.	Day treatment
11.	Peer support
12.	Intensive outpatient program
13.	Individual, group, and family outpatient therapy
14.	Partial hospitalization
15.	Medication assisted treatment, including methadone
16.	Withdrawal management

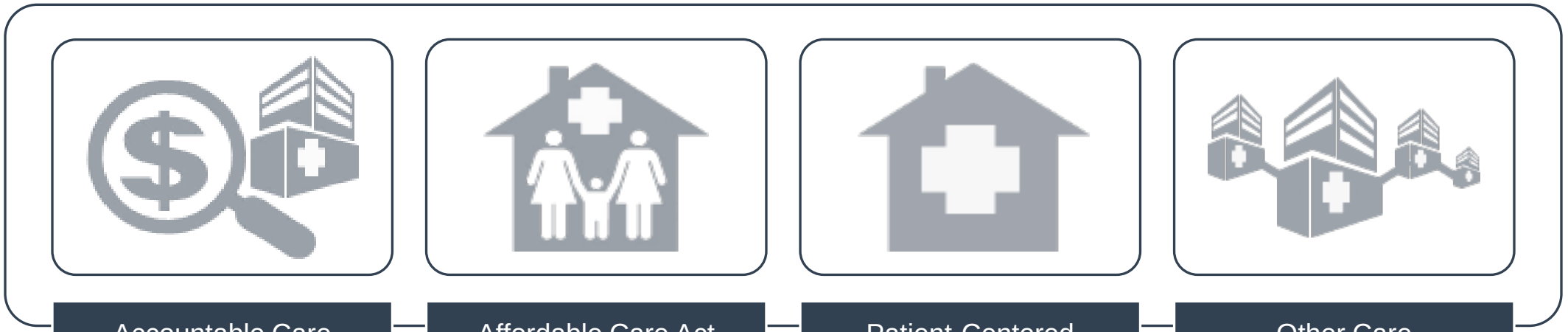
D.3. Medicaid Managed Care Program: SMI Population

- Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.
- As of May 2023, *OPEN MINDS* estimates that 91% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Kentucky Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	The state has moved forward with a unified PDL between FFS and managed care.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The health plans can set their own utilization restrictions for mental health and addiction drugs. These restrictions vary by health plan.
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plans are required to develop lock-in programs; however, each health plan may design their own program, subject to approval by the state.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
None	None	None	The state was awarded planning grants for three CCBHCs.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Kentucky HEALTH*	• Authorizes the state to implement community engagement and cost sharing requirements. It also allows the state to provide addiction treatment in IMDs. In December 2019, Gov. Beshear notified the Centers for Medicare & Medicaid Services (CMS) that he was rescinding the community engagement and addicted treatment aspects of Kentucky HEALTH. • In June 2020, this was amended to reflect the changes in state direction and is now only responsible for addiction treatment. This amendment was accepted in June 2020.	1115	None	07/01/2019	09/30/2023
Kentucky MCO (KY-07)	Authorizes the state to provide Medicaid services through health plans.	1915 (b)	None	01/01/2015	12/31/2025
Kentucky HSTD (NEMT) (KY-06)	Provide non-emergency, non-ambulance medical transportation services to eligible Medicaid, Vocational Rehabilitation and Department of the Blind recipients.	1915 (b)	None	01/01/2023	12/31/2024

*This waiver is listed as pending on CMS.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	202 Enrollment Cap	Operating Unit	Concurrent Management Authority
KY Model Waiver II (40146.R07.00)	Individuals who are technology dependent ages 0 - no max age.	100	Department for Medicaid Services	No

D.6. Medicaid Program New Initiatives: Medicaid Mobile Crisis Services

- In July 2023 CMS approved proposals from California and Kentucky for community-based mobile crisis intervention teams to provide Medicaid crisis services.
- California and Kentucky will be able to provide Medicaid services through mobile crisis teams by connecting eligible individuals in crisis to a behavioral health provider 24 hours per day, 365 days a year.
- Mobile teams allow behavioral health professionals to de-escalate people in need in the field as well as perform on-the-ground assessments and screenings for mental health issues or substance use disorders.
- Kentucky's will go into effect Oct. 1, and cost the federal government nearly $484,000 in 2024 and in 2025 to provide mobile teams and 23-hour crisis stabilization services.
- The mobile teams will be made up of two people who treat a person outside a hospital for less than a day. Telehealth will also be an option.
- The multidisciplinary team provides screening and assessment; stabilization and de-escalation; and coordination with and referrals to health, social, and other services, as needed. This helps states better integrate behavioral health services into their Medicaid programs – a cornerstone of the sustainable, public health-focused support networks our communities need.

D.6. Medicaid Program New Initiatives: Addiction Treatment Services

- As a part of the Kentucky HEALTH demonstration, this waiver expands access to treatment and recovery services for individuals with an addiction disorder.
- Through the 1115 waiver demonstration, Medicaid is authorized to cover residential treatment and withdrawal management in institutions for mental disease for addiction treatment.
  - Residential and inpatient treatment is provided based on two levels of treatment: Short-term or long-term. The waiver authorizes 30 days or less for short-term residential services and 30 to 90 days for long-term treatment in facilities with 16 or less beds.
- Due the 1115 waiver's stance on non-emergency transportation for certain populations, the state submitted a state plan amendment to cover methadone maintenance.
  - In 2019, the state announced that methadone treatment is available for individuals who are receiving medication assisted treatment.
- All provider organizations are required to use the most recent edition of American Society of Addiction Medicine (ASAM) criteria when providing addiction treatment services.
- In June 2020, an amendment was accepted by CMS to rescind the Community Engagement and Cost Sharing requirements, with Kentucky HEALTH now only covers addiction treatment services.

D.6. Medicaid Program New Initiatives: Managed Care Re-Procurement

- On May 16, 2019, the Kentucky Finance and Administration Cabinet issued a request for proposal to re-procure the Medicaid health plans.
  - Requests for proposals were due July 5, 2019 and the contracts were set to go into effect on July 1, 2020.
  - In November 2019, contracts were awarded to incumbents Aetna Better Health of Kentucky, Humana, and WellCare and new contracts for Passport by Molina and UnitedHealthcare.
  - In December 2019, the new governor decided to reprocure the managed care contracts, invalidating the previous plans due to concerns about the selection process.
  - In June 2020, the new re-procurement process was completed and selected the same health plans as the previous process. These new plans went live in January 2021.
- As part of the re-procurement, the state has contracted with one health plan, Aetna, to provide the Supporting Kentucky Youth (SKY) program for children in the foster care system, receiving adoption assistance, or involved with the juvenile justice system.
  - Aetna will be responsible for providing population health and care management and overseeing and coordinating physical and behavioral health, social services, and wraparound services to meet the intensive care needs of the children.
  - The original procurement had chosen WellCare for this role.
- Other than the addition of the SKY program, the state is not making major changes to the way the managed care program is run.
  - The new contracts require health plans to enter in value-based contracting arrangements with provider organizations; however, the specifics of these value-based arrangements have not been set.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Managed Care**
Enrollment* (December 2020)	8,266	83,584
Estimated SMI Enrollment	2,645	26,746
Management	Department of Medicaid Services	Five health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Dual Eligible Enrollment: 91,850 | Total Dual Eligible Enrollment With SMI: 29,391

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
Anthem MediBlue Dual Advantage	Anthem, Inc	Medicare Advantage D-SNP	25,289	8,092
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	12,777	4,089
WellCare Liberty	Centene	Medicare Advantage D-SNP	10,376	3,320
WellCare Access	Centene	Medicare Advantage D-SNP	6,471	2,071
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	5,869	1,878
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	4,726	1,512
Aetna Medicare Assure	Aetna/CVS Health	Medicare Advantage D-SNP	2,953	945
Anthem MediBlue+Kroger Dual Advantage	Anthem, Inc	Medicare Advantage D-SNP	1,849	592
Passport Advantage	Molina Healthcare	Medicare Advantage D-SNP	1,805	578
Humana Community HMO	Humana, Inc	Medicare Advantage D-SNP	1,063	340

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of December 2020, dual eligible enrollment was 91,850.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are mandatorily enrolled in Medicaid managed care unless they meet one of the other qualifications for FFS.
- D-SNP enrollment as of March 2023 was 74,127, D-SNP SMI enrollment was 23,724.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Kentucky does not have any initiatives related to dual eligibles.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

- Kentucky does not operate a managed long-term services and supports system. All beneficiaries in need of LTSS are enrolled in FFS.

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2022)	N/A
Estimated SMI Enrollment	N/A
Management	FFS
Payment Model	FFS
Geographic Service Area	Statewide

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit)		X (full benefit)
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations	• Enrolled in another managed care program • Recipients in the Breast and Cervical Cancer program • Individuals on spenddown • Working disabled • Time limited aliens		Children between the ages of 19 and 26 who were receiving Medicaid benefits

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Kentucky does not operate a managed long-term services and supports (MLTSS) system.

F.3. Medicaid LTSS Program: Health Plan Characteristics

- Kentucky does not operate a MLTSS program. All beneficiaries in need of MLTSS receive services FFS.

F.4. Medicaid LTSS Program: Program Benefits

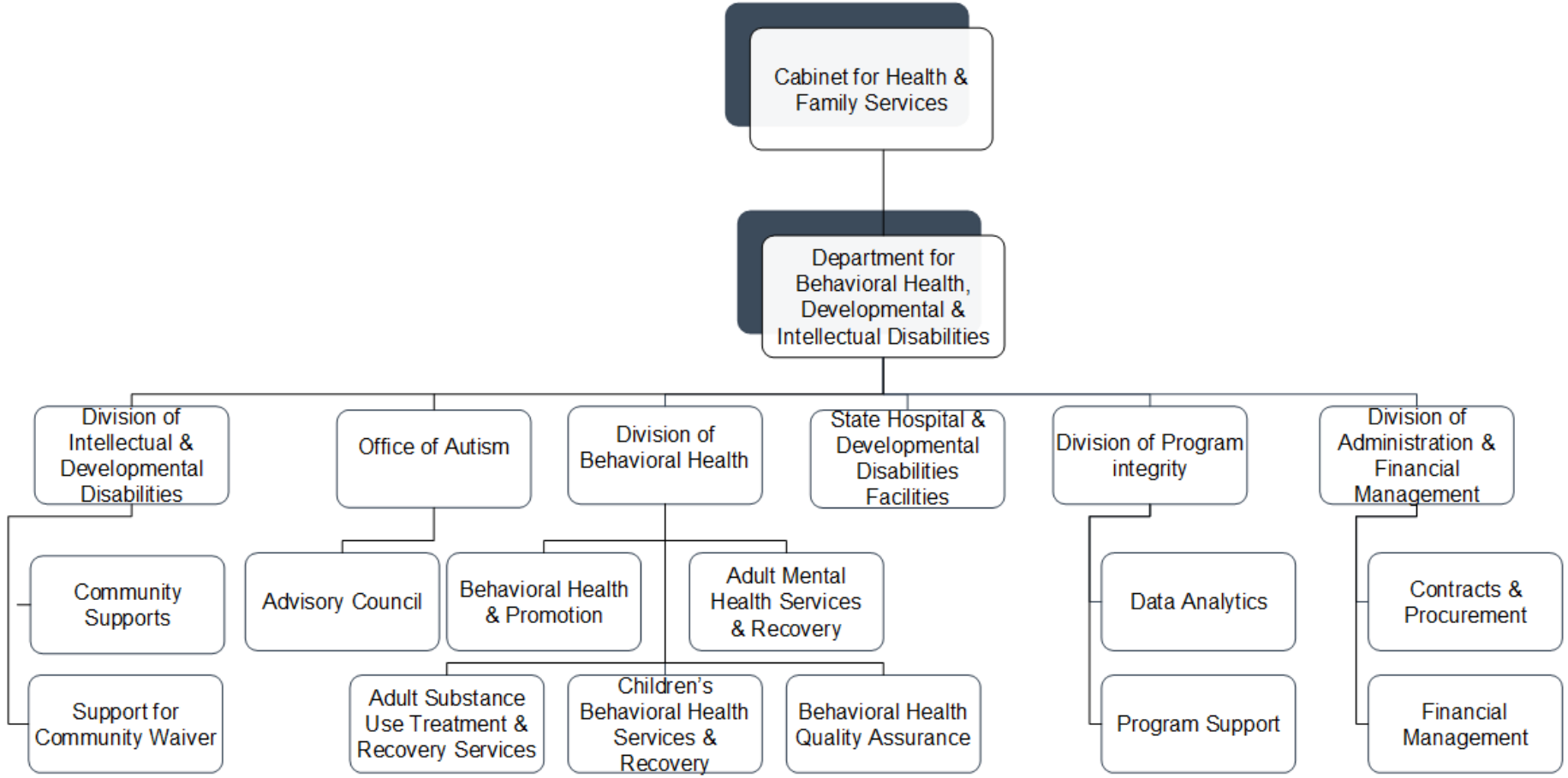
- Kentucky does not operate a MLTSS program. All benefits are the same as the FFS and managed care program.

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- The state does not currently have any new initiatives that would affect a MLTSS program at this time.

G. State Behavioral Health Administration & Finance System

G.1. Department For Behavioral Health, Developmental & Intellectual Disabilities Governance: Organization Chart



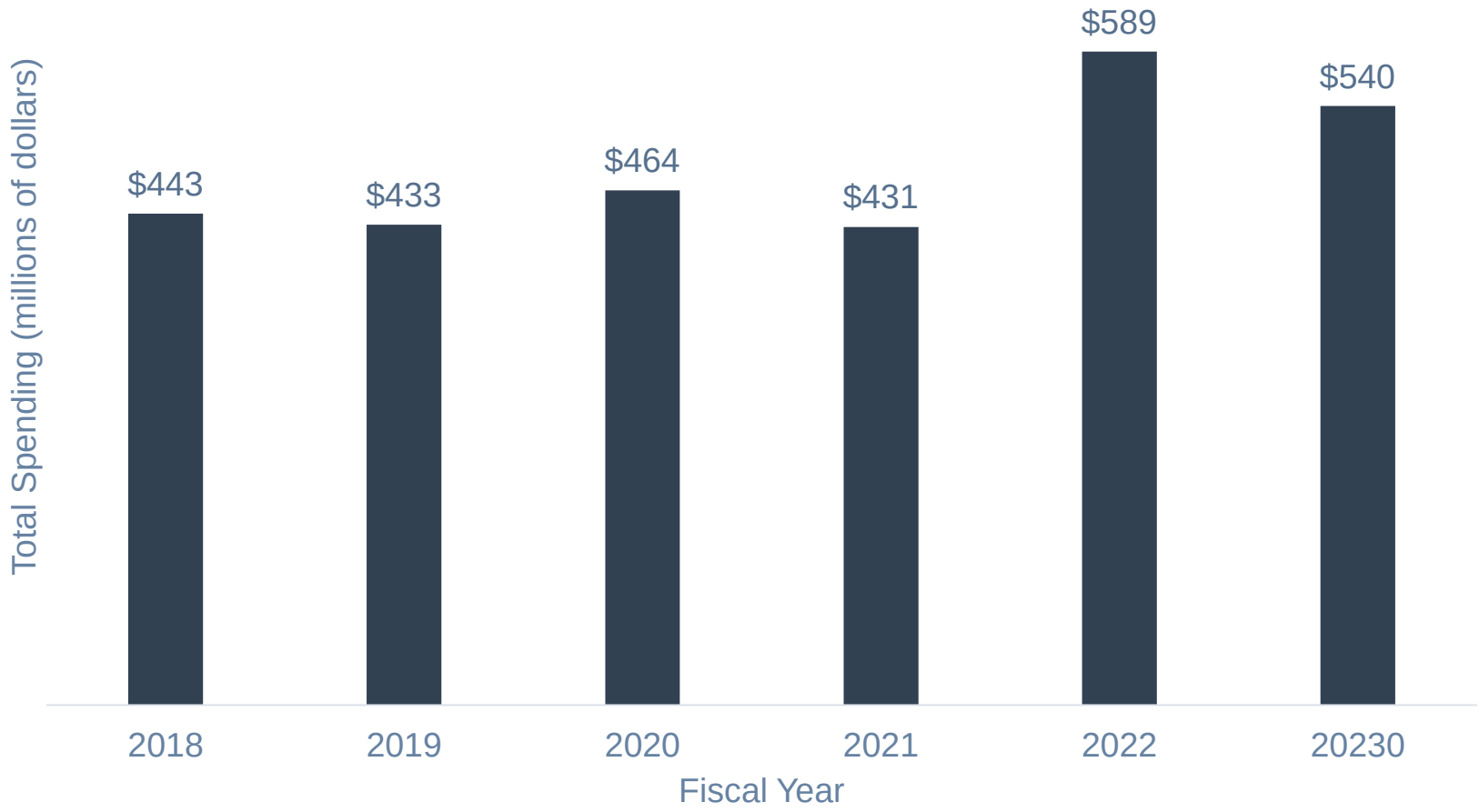
G.1. Department For Behavioral Health, Developmental & Intellectual Disabilities Governance: Key Leadership

Name	Position	Department	Email
Eric Friedlander	Acting Secretary	Cabinet for Health and Family Services	eric.friedlander@ky.gov
Wendy Morris	Commissioner	Department for Behavioral Health, Developmental & Intellectual Disabilities	wendy.morris@ky.gov
Allen Brenzel, M.D.	Medical Director	Department for Behavioral Health, Developmental & Intellectual Disabilities	allen.brenzel@ky.gov
Stephanie Craycraft	Deputy Commissioner	Department for Behavioral Health, Developmental & Intellectual Disabilities	stephanie.craycraft@ky.gov
Koleen Slusher	Director	Division of Behavioral Health	koleen.slusher@ky.gov
Claudia Johnson	Director	Division of Developmental & Intellectual Disabilities	claudia.johnson@ky.gov
Tal Curry	Director	Office of Autism	tal.curry@ky.gov

G.2. Department For Behavioral Health, Developmental & Intellectual Disabilities: Spending

Budget Item	SFY 2023 Budget	Percent Of Budget
Residential	$284,208,800	53%
Community Behavioral Health	$182,787,300	34%
General Support	$49,407,900	9%
Community Developmental and Intellectual Disabilities	$23,701,900	4%
Budget Total: $540,105,900		

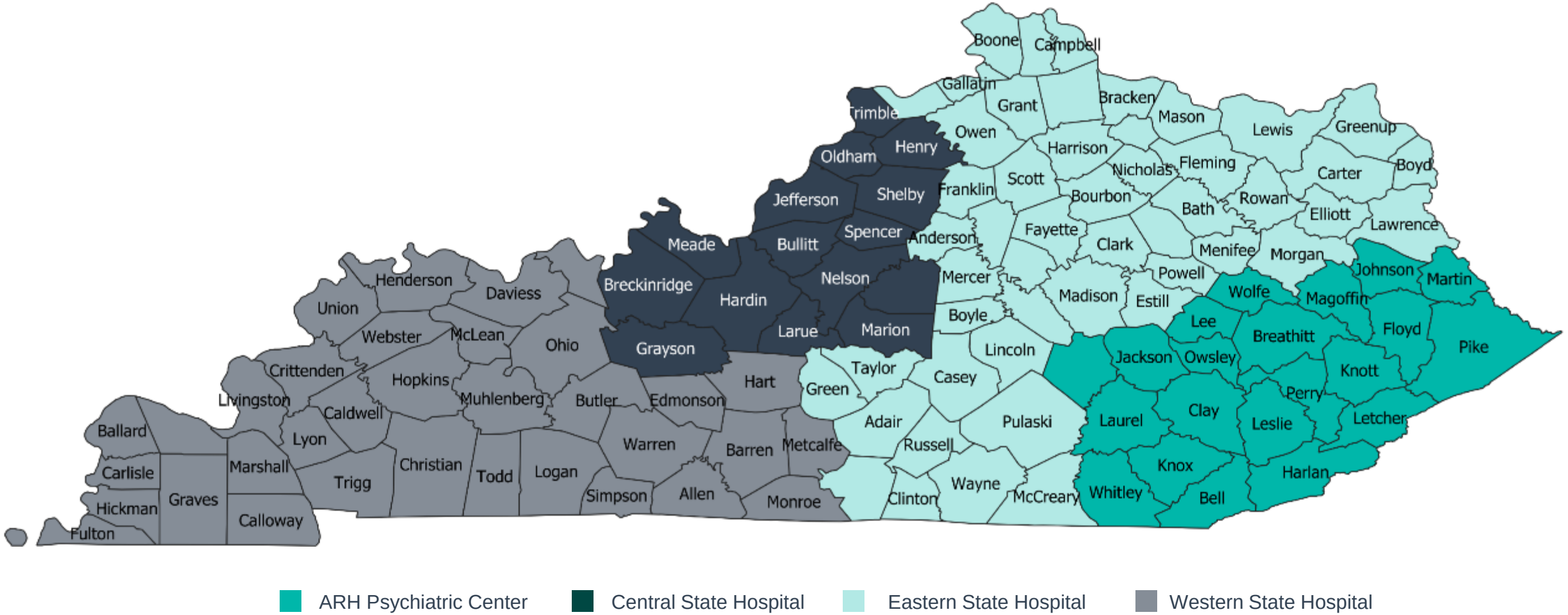
G.2. Department For Behavioral Health, Developmental & Intellectual Disabilities: Spending Over Time



G.3. State Psychiatric Institutions

State Psychiatric Institutions				
Institution	**Location**	**Licensed Beds**	**2023 Clients Served (Unduplicated)**	**2023 Average Daily Census**
Appalachian Regional Hospital Psychiatric Center	Hazard	242	1,376	86
Central State Hospital	Louisville	192	593	52
Eastern State Hospital	Lexington	196	2,437	135
Kentucky Correctional Psychiatric Center (forensic)	LaGrange	97	283	34
Western State Hospital	Hopkinsville	495	1,213	142
Total		**1,222**	**5,307**	**376**

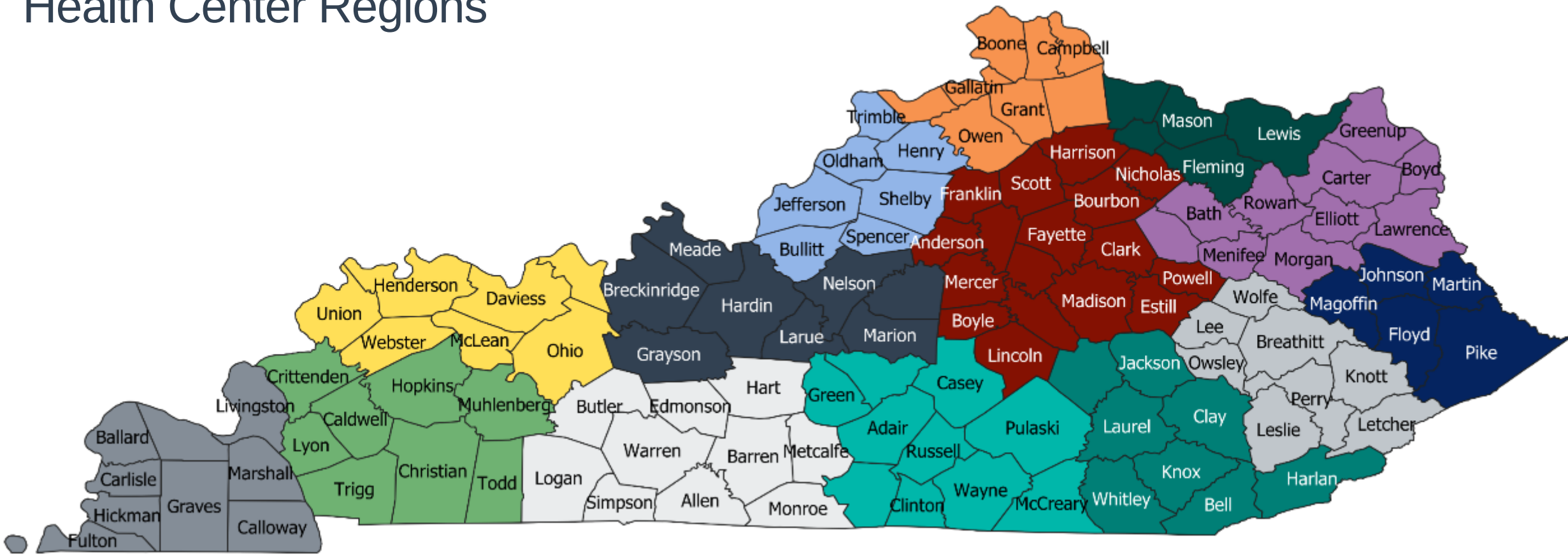
G.3. State Psychiatric Institutions



G.4. Behavioral Health Safety-Net Delivery System

- Kentucky Revised Statutes 210 (KRS 210) established 14 regional boards, called Boards for Mental Health or Individuals With an Intellectual Disability (MHID), to provide mental health, addiction disorder, and developmental disability services to uninsured populations.
- MHID boards are private, non-profit organizations, which serve residents of designated multi-county regions through community mental health centers (CMHCs).
- CMHC services include the following:
  - Inpatient services
  - Outpatient services
  - Therapeutic rehabilitation services
  - Emergency services
- CMHCs operate through a combination of state, local, and federal funds, and accept both Medicaid and sliding-scale fees as payment.

G.4. Behavioral Health Safety-Net Delivery System: Community Mental Health Center Regions



Community Mental Health Center Regions

- Adanta
- Communicare
- Comprehend Inc
- Cumberland River
- Four Rivers Behavioral Health
- Kentucky River Community Care
- LifeSkills
- Mountain Comprehensive Care
- New Vista
- Northkey
- Pathways
- Pennyroyal Regional Care
- River Valley Behavioral Health
- Seven Counties Services

G.4. Behavioral Health Safety-Net Delivery System: Community Mental Health Center Regions

Community Mental Health Center	Counties
Adanta	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
Communicare, Inc.	Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington
Comprehend, Inc.	Bracken, Fleming, Lewis, Mason, Robertson
Cumberland River Behavioral Health, Inc.	Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley
Four Rivers Behavioral Health	Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, McCracken
Kentucky River Community Care	Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe
LifeSkills, Inc.	Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren
Mountain Comprehensive Care Center	Floyd, Johnson, Magoffin, Martin, Pike
New Vista	Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford
NorthKey Community Care	Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, Pendleton
Pathways, Inc.	Bath, Boyd, Carter, Elliott, Greenup, Lawrence, Menifee, Montgomery, Morgan, Rowan
Pennyroyal Regional Center	Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd, Trigg
River Valley Behavioral Health	Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster
Seven Counties Services	Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble

H. Appendices

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from https://www.cms.gov/files/document/mmco-report-congress.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

H.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

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B.3. Population Distribution By Payer: National vs. State

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