OPEN MINDS

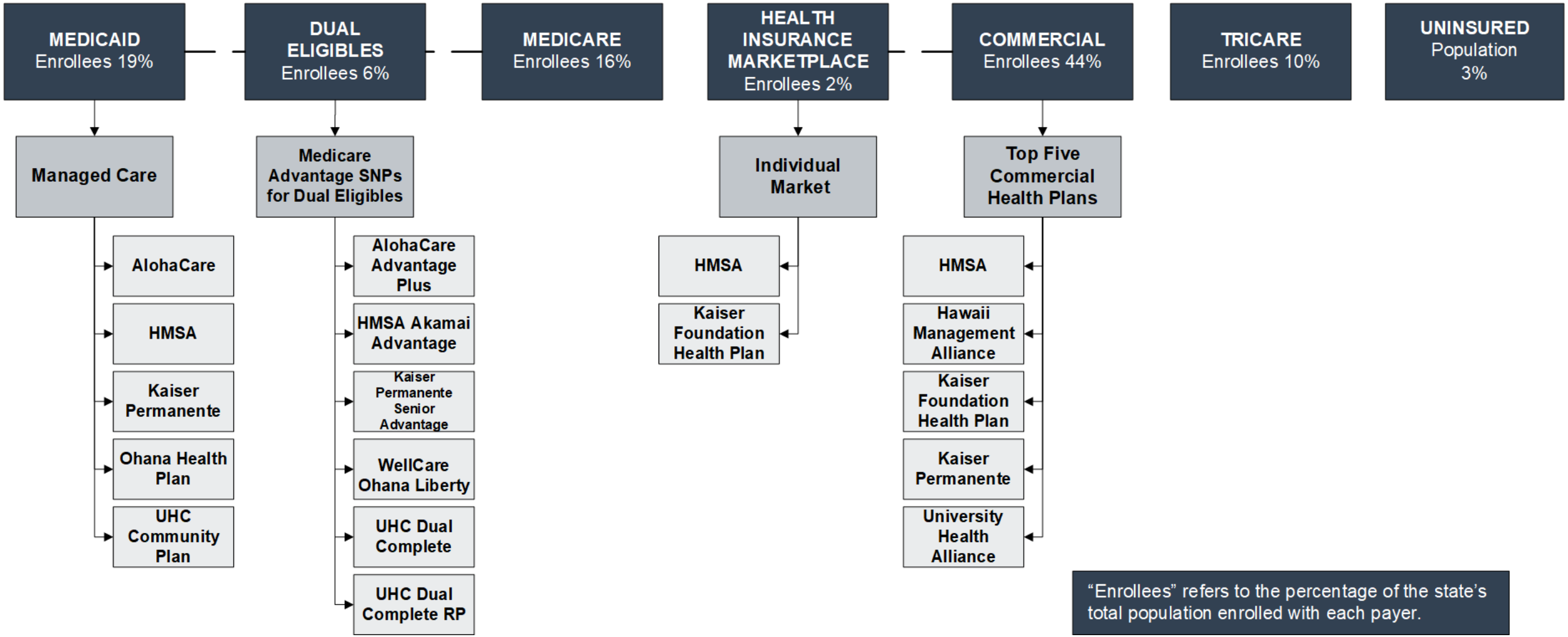
Hawaii Health & Human Services State Profile: 2025

Health & Human Services System Market Profile Overview

A. Executive Summary

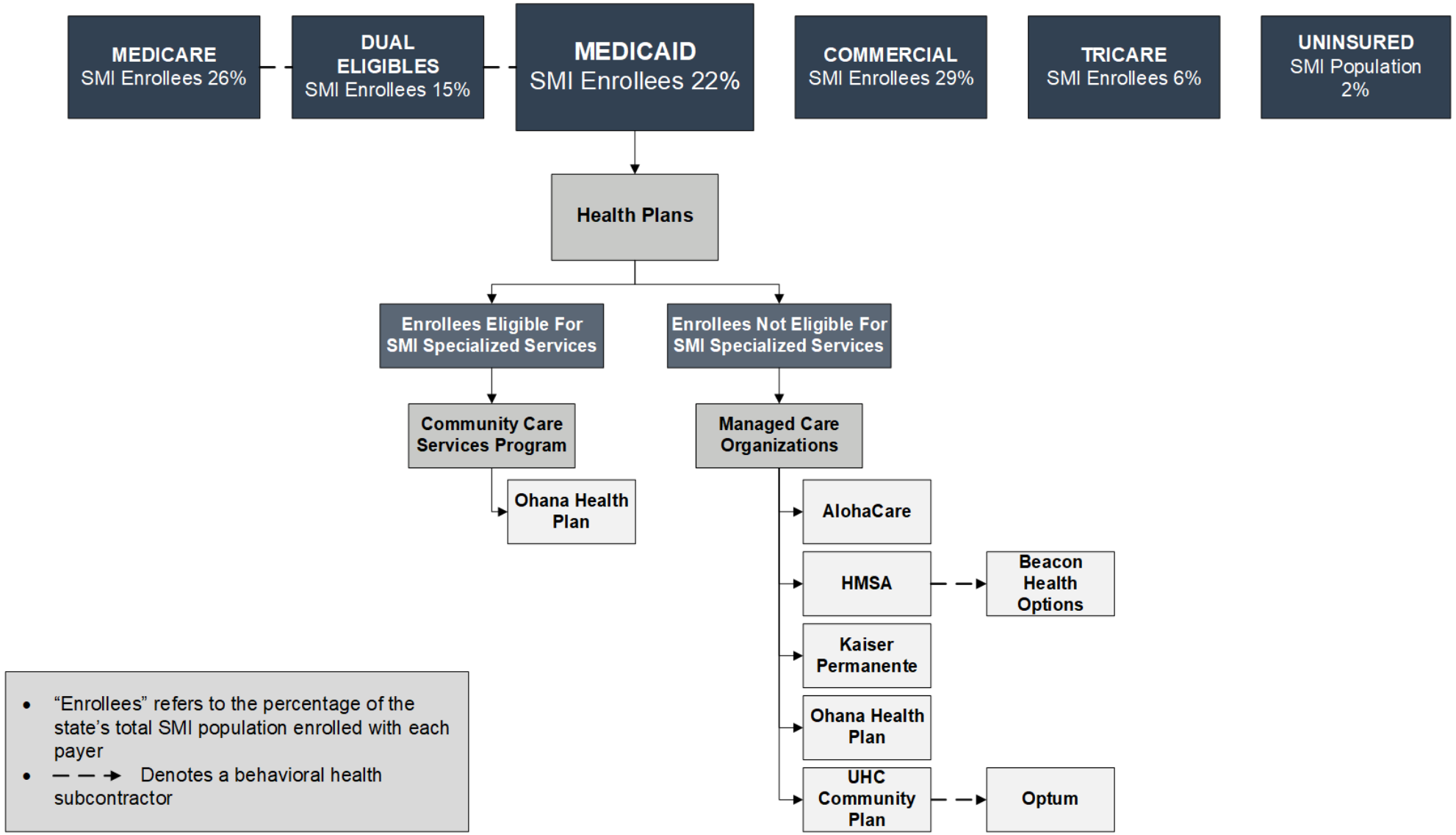
A.1. Hawaii Physical Health Care Coverage by Payer

Total Hawaii Population- 1,435,138
Estimated SMI Population- 86,108



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

A.1. Hawaii Behavioral Health Care Coverage by Payer



A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	Yes, the health plans are responsible for 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)	✓	Yes, the health plans are responsible for LTSS except for individuals with I/DD.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Hawaii has one CCBHC.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Hawaii Department of Health (DOH), Family Health Services Division provides funding for physical health services for the safety-net population.

Mental Health Services

- The Adult Mental Health Division within the DOH, Behavioral Health Administration (BHA) provides funding for mental health services for the adult safety-net population through three state-operated community mental health centers.

Addiction Treatment Services

- The Alcohol and Drug Abuse Division within the BHA provides funding for addiction treatment services for the safety-net population through a network of provider organizations and school-based outpatient treatment provider organizations.

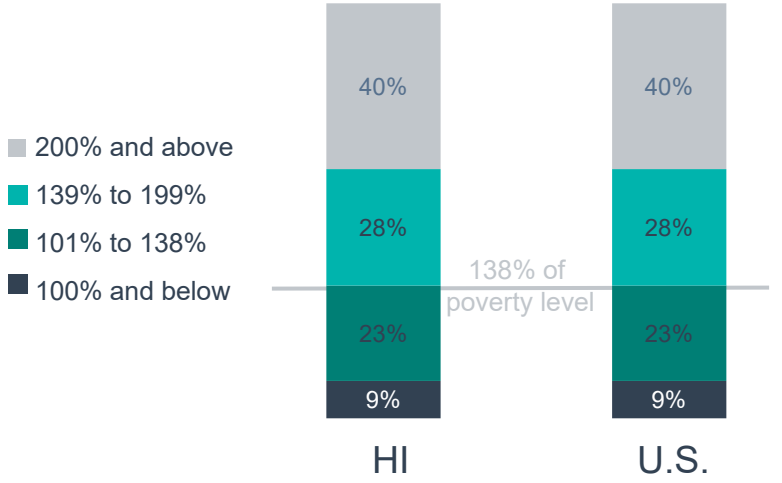
B. Hawaii Health Financing System Overview

B.1. Population Demographics

Total Hawaii Population- 1,435,138
Estimated SMI Population- 86,108

<1% of the
U.S. population

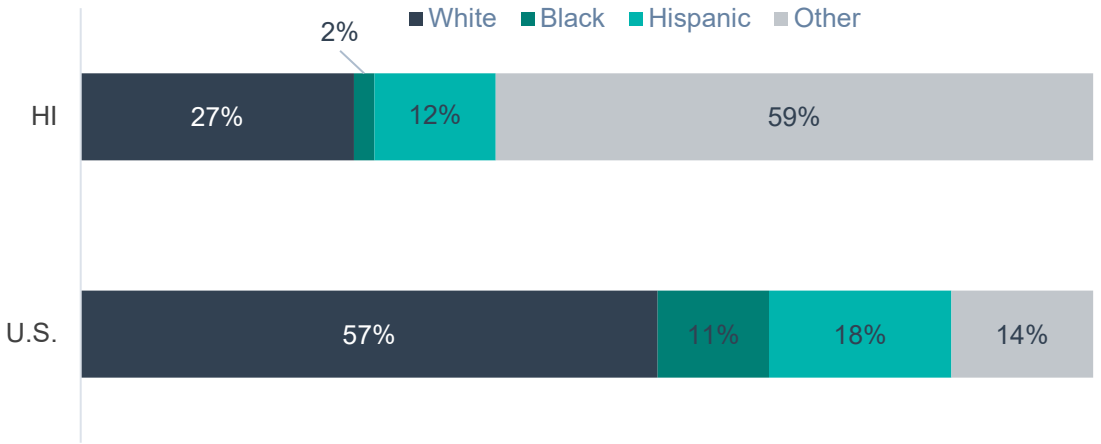
Population Distribution By Income To Poverty Threshold Ratio



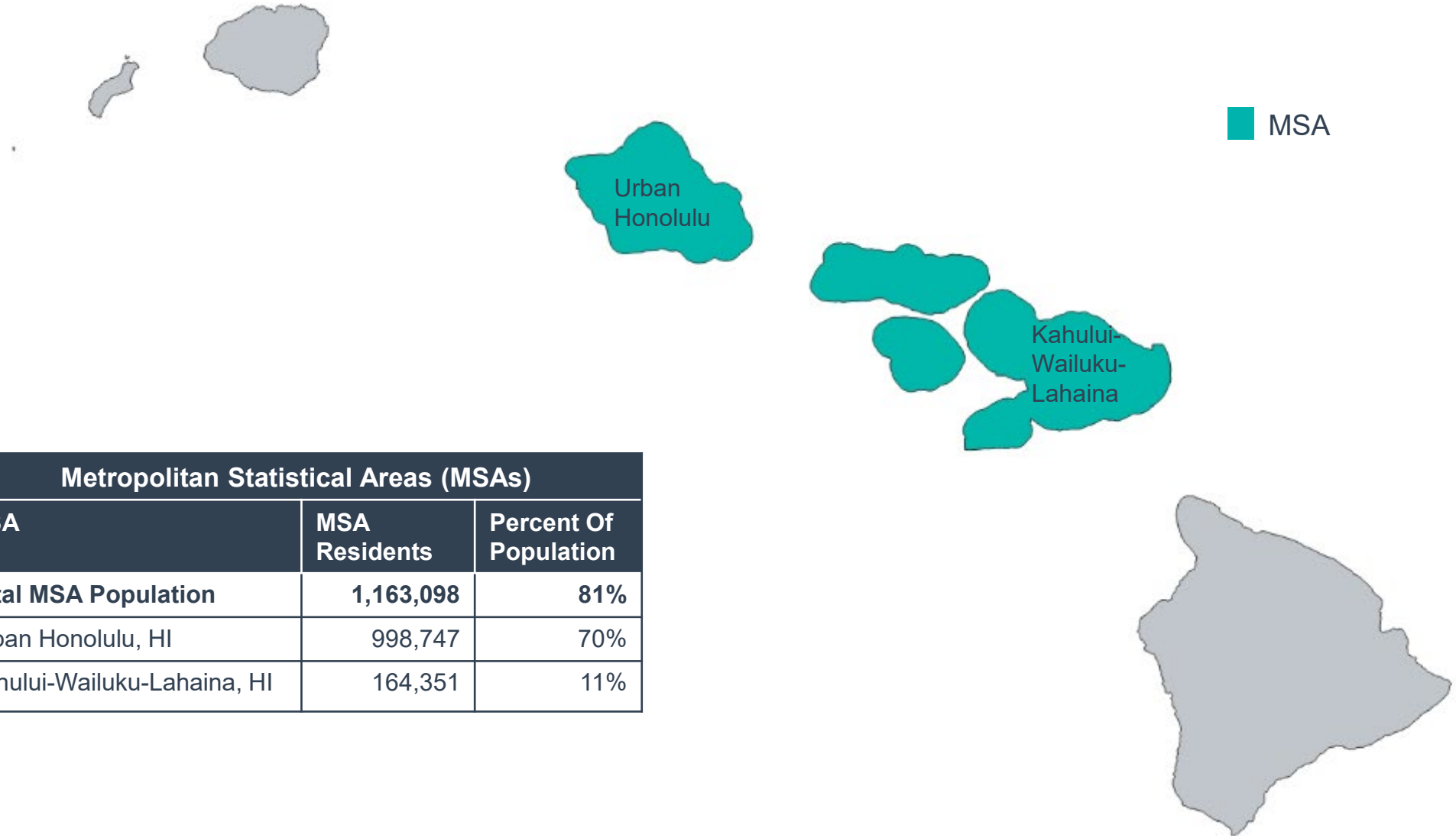
Median Income	
Hawaii	$95,322
U.S.	$77,719

Population Distribution By Age

Hawaii & U.S. Racial Composition

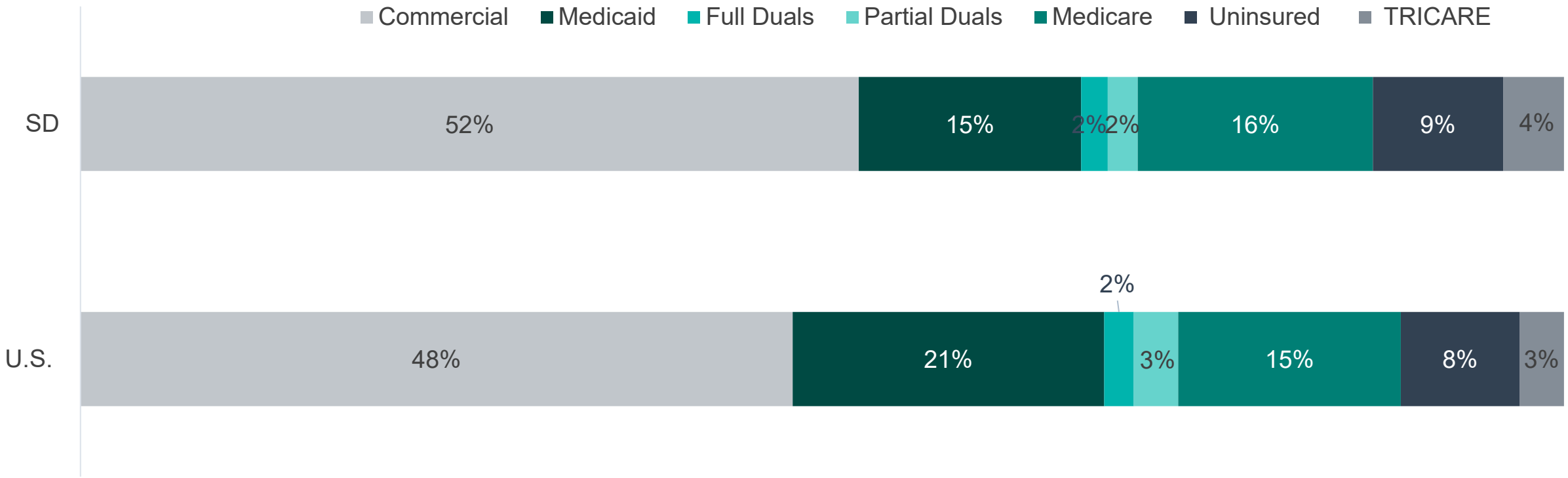


B.2. Population Centers

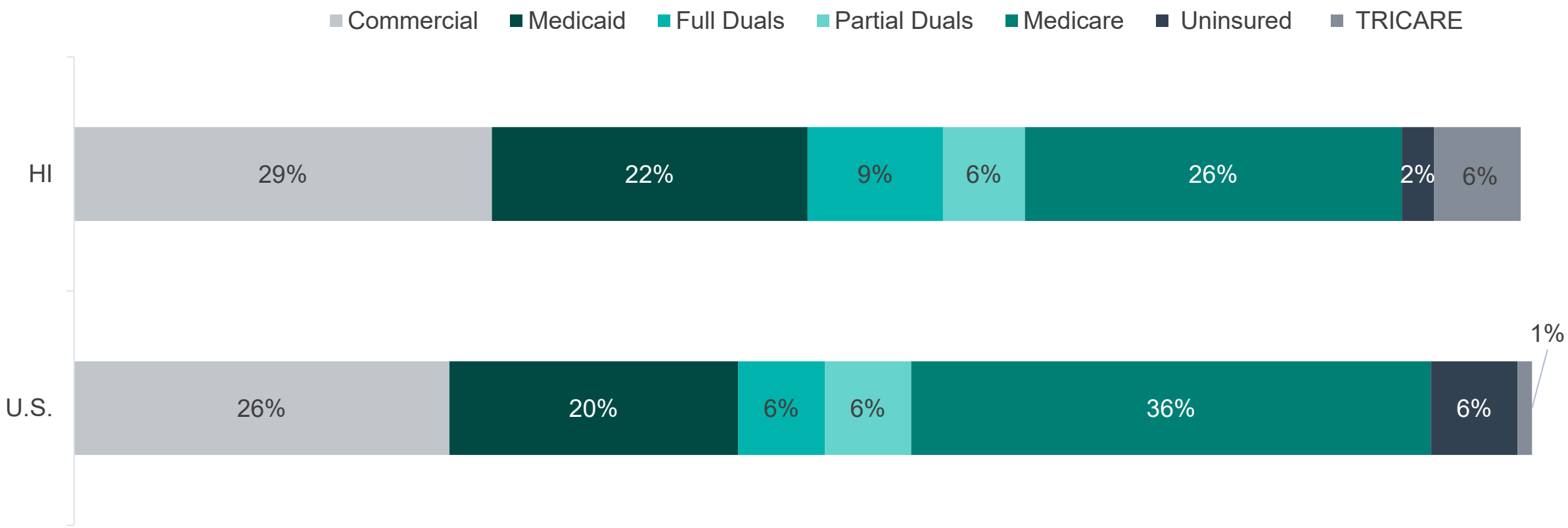


Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent Of Population**
Total MSA Population	**1,163,098**	**81%**
Urban Honolulu, HI	998,747	70%
Kahului-Wailuku-Lahaina, HI	164,351	11%

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 Hawaii Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Hawaii Medical Service Association (HMSA)	Commercial	515,425
Hawaii Medical Service Association (HMSA)	Medicaid managed care	208,396
Kaiser Foundation Health Plan of Hawaii	Commercial	180,023
TRICARE	Other public	151,424
Medicare Fee-for-service (FFS)	Medicare	142,352
AlohaCare	Medicaid managed care	71,234
University Health Alliance	Commercial	57,088
UnitedHealthcare Community Plan	Medicaid managed care	56,075
Kaiser Permanente	Medicaid managed care	48,361
Care Improvement Plus South Central Insurance Co	Medicare Advantage	46,372

*Medicaid enrollment as of March 2025; TRICARE as of December 2023; Commercial as of September 2023; Medicare enrollment as of February 2025.

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

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Hawaii Medical Service Association (HMSA)	Commercial	515,425	25,256
Medicare FFS	Medicare	142,352	18,506
Hawaii Medical Service Association (HMSA)	Medicaid managed care	208,396	18,339
Kaiser Foundation Health Plan of Hawaii	Commercial	180,023	8,821
TRICARE	Other public	151,424	6,814
AlohaCare	Medicaid managed care	71,234	6,269
Care Improvement Plus South Central Insurance Co	Medicare Advantage	46,372	6,028
UnitedHealthcare Insurance Company	Medicare Advantage	39,225	5,099
UnitedHealthcare Community Plan	Medicaid managed care	56,075	4,935
Kaiser Permanente Senior Advantage	Medicare Advantage	35,953	4,674

*Medicaid enrollment as of March 2025; TRICARE as of December 2023; Commercial as of September 2023; Medicare enrollment as of February 2025.

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	2%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	Not applicable

2025 Individual Market Health Plans
1. Hawaii Medical Service Association 2. Kaiser Foundation Health Plan, Inc.

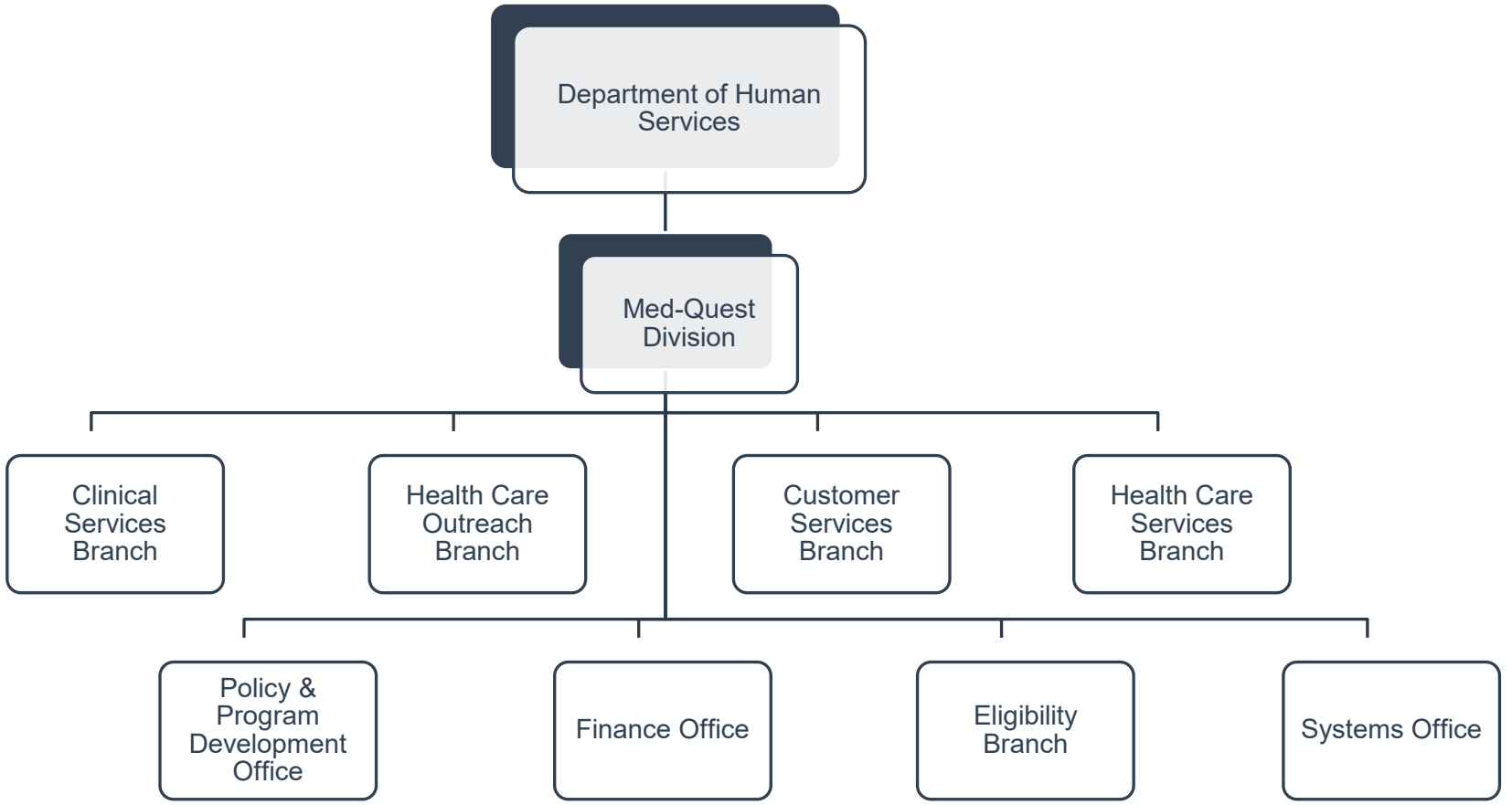
2025 Small Group Market Health Plans
Hawaii is exempt from the small business health options program (SHOP) because of inconsistencies between the state's pre-existing employer mandate and the Patient Protection and Affordable Care Act (PPACA).

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs
1. On Belay Health Solutions 2. Health Choice Care, LLC 3. Queen's MSSP ACO, LLC

C. Medicaid Administration, Governance & Operations

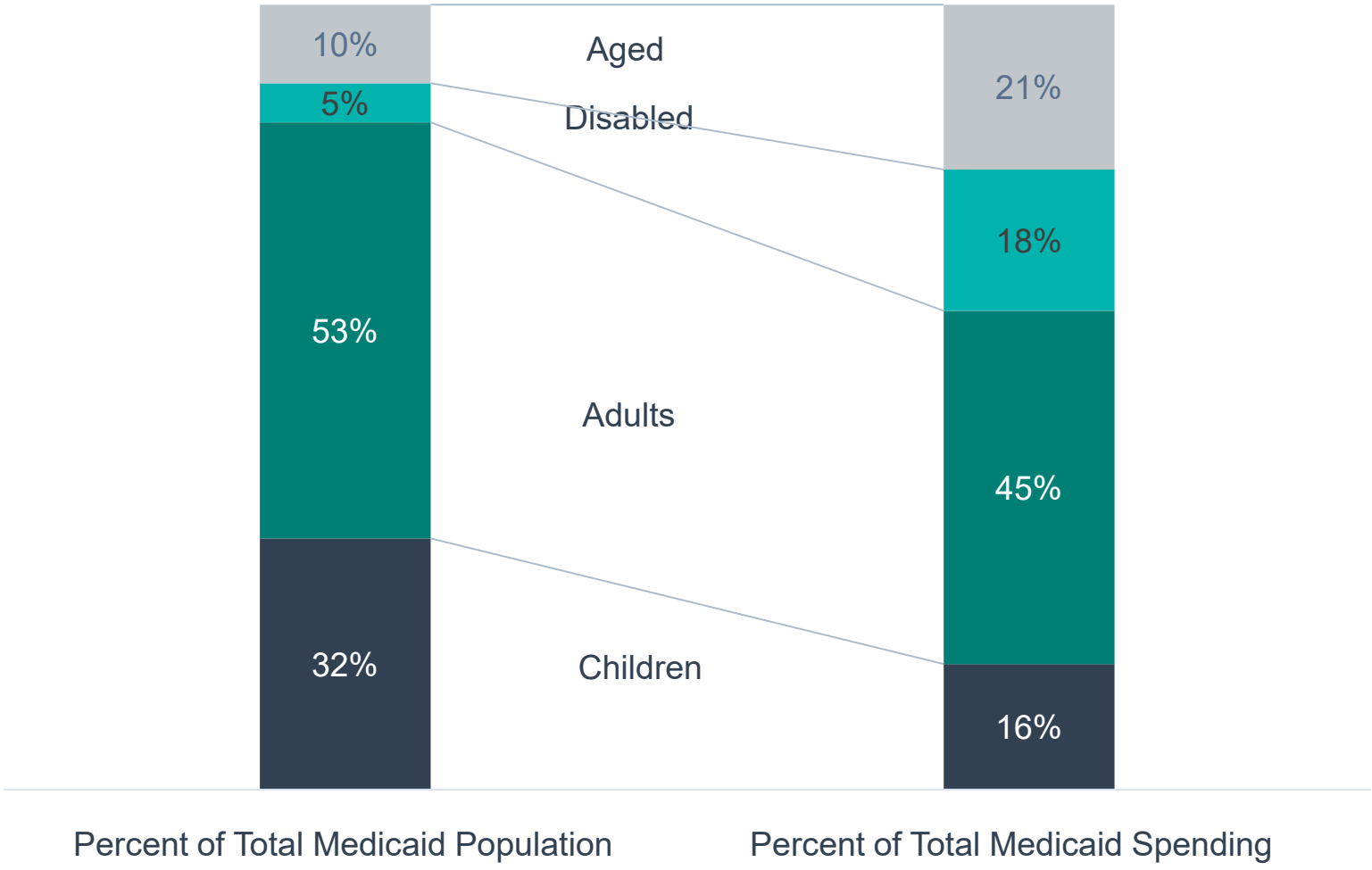
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Ryan Yamane	Director	Department of Human Services	ryan.yamane@hawaii.gov
Joseph Campos II	Deputy Director	DHS	jcampos@dhs.hawaii.gov
Judy Mohr Peterson, PhD	Medicaid Director, Administrator	DHS, Med-QUEST	jmohrpeterson@dhs.hawaii.gov
Meredith Nichols	Assistant Administrator	DHS, Med-QUEST	mnichols@dhs.hawaii.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2022 data

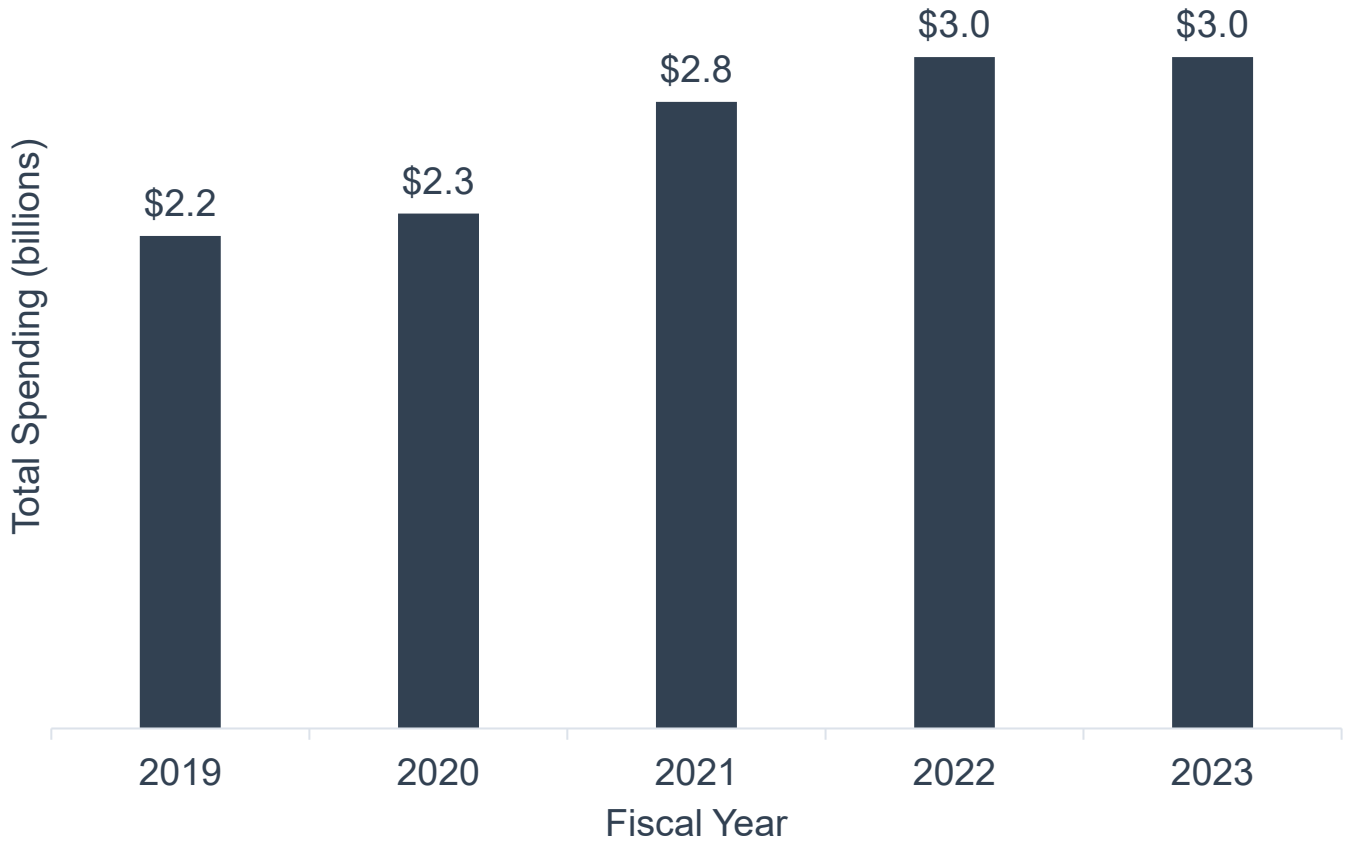
Medicaid Spending Per Enrollee, FY 2022		
	U.S.	HI
All populations	$8,813	$7,094
Children	$3,786	$3,637
Adults	$5,443	$5,445
Expansion adults	$7,569	$6,249
Blind and disabled	$25,483	$25,582
Aged	$19,191	$14,337

C.2. Medicaid Program Spending: Budget

Budget Item	SFY23 Spending	Percent Of Budget
Managed care and premium assistance	$2,337,000,000	77%
Other acute services	$287,000,000	9%
Home- and community-based LTSS	$188,000,000	6%
Hospital	$98,000,000	3%
Medicare premiums and coinsurance	$53,000,000	2%
Dental	$36,000,000	1%
Clinic and health center	$32,000,000	1%
Institutional LTSS	$11,000,000	<1%
Drugs	$1,000,000	<1%
Other practitioner	$1,000,000	<1%
Budget Total: $3,044,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	58.1%
CY 2025 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 Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	None; executive implementation via Medicaid state plan amendment
Number Of Individuals Enrolled In The Expansion Group (June 2024)	156,126
Number Of Enrollees Newly Eligible Due To Expansion	22,804
Benefits Plan For Expansion Population	The benefits listed in the Hawaii alternative benefit plan are the same as those listed in the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

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 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

Hawaii's Optional Benefits

1. Podiatry
2. Optometry and eyeglasses
3. Chiropractic services
4. Services of other practitioners
5. Private duty nursing
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. Dentures and prosthetic devices
12. Diagnostic, screening, and preventive services
13. Rehabilitative services
14. Intermediate care facility services
15. Inpatient psychiatric services for individuals under age 22
16. Hospice care
17. Case management
18. Respiratory care
19. Personal care services

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 (March 2025)	198 (There are an additional 8,408 partial benefit dual eligibles that Hawaii does not count towards its FFS total)	416,967
SMI Enrollment	Hawaii operates a very limited FFS program, which essentially covers individuals who are not eligible for full Medicaid benefits. *OPEN MINDS* estimates less than 1% of the SMI population in FFS, 99% in managed care.	
Management	Med-Quest, Department of Human Services	Five health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	• Four plans are available statewide. • One plan, Kaiser Permanente, is available on Maui and Oahu only.

Total Medicaid: 417,165 | Total Medicaid With SMI: 36,711

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• Hawaii operates a very limited fee-for-service (FFS) program. • As of March 2025: <1% in FFS, 99% in managed care.
SMI population inclusion in managed care	• Hawaii operates a very limited FFS program, which essentially covers individuals who are not eligible for full Medicaid benefits. As a result, most of the SMI population is enrolled in managed care. • <1% in FFS, 99% in managed care.
Dual eligible population inclusion in managed care	• All full benefit dual eligibles are required to enroll in managed care. • 100% of the population in managed care.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	• Individuals without SMI: Included in the health plan's capitation rate. • Individuals with SMI: Excluded from the health plan's capitation rate and covered by the at-risk behavioral health organization (BHO), 'Ohana Health Plan.
Specialty behavioral health	Covered FFS by the state	• Individuals without SMI: Services are not covered. • Individuals with SMI: Covered by the at-risk BHO, 'Ohana Health Plan.
Pharmaceuticals	Covered FFS by the state	• Individuals without SMI: All pharmacy is covered by the health plan. • Individuals with SMI: Mental health and addiction treatment medications are covered by the BHO; all other pharmacy is covered by the health plan.
Long-term services and supports (LTSS)	Covered FFS by the state	Included in the health plan's capitation rate except for individuals with I/DD.

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	✓	Yes, the health plans are responsible for 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)	✓	Yes, the health plans are responsible for LTSS except for individuals with I/DD.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Hawaii has one CCBHC.

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			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles	✓ (partial benefit)		✓ (full benefit)
Medicaid expansion			✓
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD			✓
Individuals in foster care			✓
Other populations	• Retroactive eligibility only • Eligible under non-aged, blind, and disabled medically needy spenddown • Breast and Cervical Cancer Program enrollees		

D.2. Medicaid FFS Program: Overview

- As of March 2025, FFS enrollment was 198.
  - There are an additional 8,408 partial benefit dual eligibles enrolled in the program. The state is responsible for their Medicare premiums but does not consider them as part of the FFS program.
- The state's FFS program is very limited and includes individuals eligible for retroactive eligibility only, eligible for the state's Breast and Cervical Cancer program, or non-aged, blind, and disabled individuals who are eligible for Medicaid spenddown.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits
1. Diagnostic testing and treatment planning
2. Outpatient services
3. Psychotropic medication administration, management, monitoring, and training
4. Individual, family, and group psychotherapy
5. Inpatient psychiatric care
6. Crisis management and residential services
7. Biopsychosocial rehabilitative/clubhouse programs
8. Intensive family intervention
9. Therapeutic living supports and foster care supports
10. Intensive outpatient hospital services
11. Assertive community treatment (ACT)
12. Intensive case management

FFS Addiction Treatment Benefits
1. Assessment and treatment planning
2. Admission and discharge assessment
3. Individual and group counseling
4. Lab services for monitoring
5. Inpatient care
6. Detoxification
7. Methadone management services

D.2. Medicaid FFS Program: SMI Population

- Hawaii operates a very limited FFS program, which essentially covers individuals who are not eligible for full Medicaid benefits. As a result, most of the SMI population is enrolled in managed care.
- As of March 2025, *OPEN MINDS* estimates that less than 1% of the SMI population is enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Hawaii FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
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	No; however, the state has a drug formulary search that allows FFS provider organizations to identify covered medications using the medication's National Drug Code (NDC). The state is required to provide medications to treat mental or addiction disorders when deemed medically necessary.
State Uses A PDL For Mental Health Drugs	
State Uses A PDL For Addiction Treatment Drugs	
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Certain mental health and addiction treatment medications, such as atypical antipsychotics, are subject to prior authorization if prescribed by a non-psychiatrist; a psychiatrist may prescribe most mental health and addiction treatment drugs without prior authorization. • Mental health and addiction treatment medications may be subject to quantity limits and age restrictions.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Hawaii's Medicaid program encourages provider organizations to report individuals with suspected medication abuse and restricts these individuals to one provider organization and one pharmacy.

D.3. Medicaid Managed Care Program: Overview

- As of March 2025, managed care enrollment was 416,967.
- Hawaii calls its managed care program QUEST Integration. QUEST stands for Quality care, Universal access, Efficient utilization, Stabilizing costs, and to Transform the way health care is provided to recipients.
- The state's five health plans cover nearly all Medicaid populations and provide physical health, behavioral health, pharmacy, and long-term services and supports.
  - Upon enrollment, Medicaid beneficiaries are assigned a plan. Beneficiaries can change health plans one time within 90 days from the date of enrollment in QUEST Integration. Once the 90-day period ends, beneficiaries can only change their health plan during open enrollment from October 1 to October 31.
  - QUEST Integration plans are available statewide except for Kaiser Permanente, which is available in Maui and Oahu only.
- The managed care contract includes a requirement for the health plans to use alternative payment models (APMs) defined as "fee-for-service with incentives for performance, capitation payment to providers with assigned responsibility for patient care, or a hybrid. Gain-sharing models also encouraged." APM requires the following share of contracts with primary care provider organizations and hospitals be value-driven:
  - Year 1: 50%
  - Year 2: 65%
  - Year 3: 80%

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

AlohaCare

1. **Profit status**: Non-profit
2. **Parent company:** None
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** None
5. **Service area:** Statewide
6. **Enrollment share:** 17%

HMSA

1. **Profit status:** Non-profit
2. **Parent company:** Independent licensee of Blue Cross and Blue Shield
3. **Behavioral health subcontractor:** Beacon Health Options
4. **Pharmacy benefits manager:** CVS/ Caremark
5. **Service area:** Statewide
6. **Enrollment share:** 50%

Kaiser Permanente QUEST

1. **Profit status:** Non-profit
2. **Parent company:** Kaiser Permanente
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** None
5. **Service area:** Oahu and Maui
6. **Enrollment share:** 12%

ʻOhana Health Plan

1. **Profit status:** For-profit
2. **Parent company:** WellCare-Centene
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** WellCare Pharmacy
5. **Service area:** Statewide
6. **Enrollment share:** 8%

UnitedHealthcare Community Plan

1. **Profit status:** For-profit
2. **Parent company:** UnitedHealthcare
3. **Behavioral health subcontractor:** Optum
4. **Pharmacy benefits manager:** OptumRX
5. **Service area:** Statewide
6. **Enrollment share:** 13%

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

- QUEST Integration health plans are at-risk for standard behavioral health services and behavioral health pharmacy services provided to individuals without SMI.
- Individuals with SMI are eligible to receive standard and specialized behavioral health services through the Community Care Services (CCS) program. The program is administered by ‘Ohana Health (WellCare).
- Upon an individual’s enrollment in the CCS program, Ohana Health Plan becomes responsible for all care and medications related to mental health. All non-behavioral health medical and pharmacy services remain the responsibility of the health plan.
- CCS is responsible for coordinating care with the health plans.

D.3. Medicaid Managed Care Program: CCS Eligibility

- The state has developed eligibility criteria to determine whether an individual is qualified to enroll in the CCS program:
  - Must be enrolled QUEST Integration
  - Have any mental illness diagnosis and/or SMI diagnosis
    - SMI is defined as a mental, behavioral, or emotional disorder, which impairs functioning and interferes substantially with a person's capacity to remain in the community.
  - Be unstable and moderate-high risk as evidenced by:
    - Demonstrates the presence of a qualifying diagnosis for at least 12 months or is expected to demonstrate the qualifying diagnosis for the next 12 months; and
  - Meets at least one of the criteria demonstrating instability or functional impairment:
    - Global Assessment of Functioning score less than 50
    - Clinical records demonstrating instability under current treatment or plan of care
    - Requirement for protective services or intervention by housing or law enforcement officials
- Members who do not meet these criteria, but require additional medically necessary services, are evaluated for eligibility on a case-by-case basis.

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

Standard Behavioral Health & Addiction Treatment Benefits Provided By The Health Plans & The CCS Program
1. Acute psychiatric and addiction treatment hospitalization
2. Diagnostic laboratory services
3. Electroconvulsive therapy
4. Evaluation and management
5. Methadone management services
6. Addiction treatment outpatient services
7. Residential addiction treatment services
8. Inpatient detoxification
9. Medication management

Specialized Behavioral Health & Addiction Treatment Benefits Provided By CCS To Persons With SMI
1. Assertive community treatment (ACT)
2. Crisis residential services
3. Financial management services
4. Supportive employment
5. Community integration services
6. Care coordination and case management
7. Biopsychosocial rehabilitation
8. Crisis services
9. Peer support specialist
10. Intensive outpatient hospital services

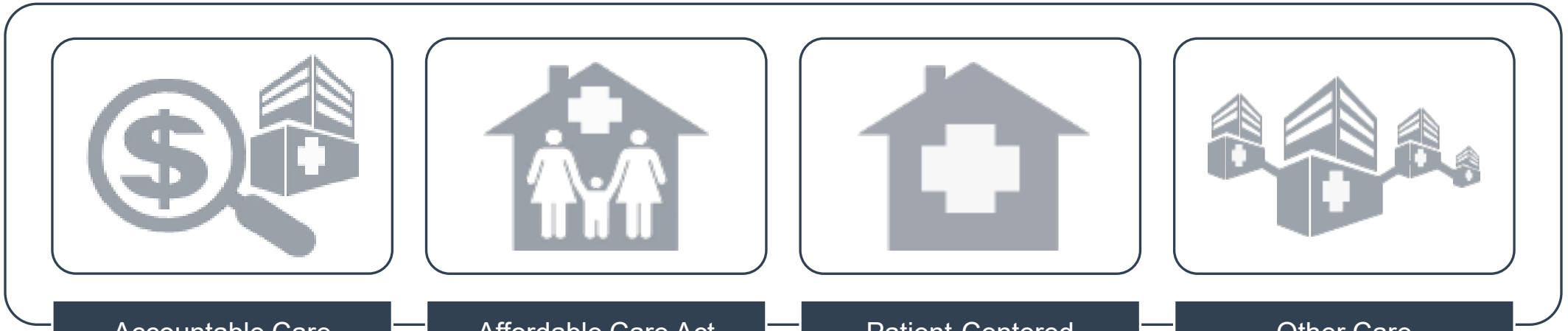
D.3. Medicaid Managed Care Program: SMI Population

- Hawaii operates a very limited FFS program, which essentially covers individuals who are not eligible for full Medicaid benefits. As a result, most of the SMI population is enrolled in managed care.
- As of March 2025, *OPEN MINDS* estimates that more than 99% of the SMI population is enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Hawaii Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	General pharmacy services are included in the health plan's capitation rate.
Responsible For Financing Mental Health Pharmacy Benefit	• Non-SMI population: Mental health and addiction treatment drugs are included in the health plan's capitation rate. • SMI population: Mental health and addiction treatment drugs are excluded from the health plan's capitation rate. Mental health and addiction treatment pharmacy benefits are covered by 'Ohana Health, the BHO for individuals with SMI.
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the health plans can establish their own PDL.
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	• Certain mental health and addiction treatment medications, such as atypical antipsychotics, are subject to prior authorization if prescribed by a non-psychiatrist; a psychiatrist may prescribe most mental health and addiction treatment drugs without prior authorization. • Mental health and addiction treatment medications may be subject to quantity limits, step therapy requirements, and age restrictions.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Hawaii's Medicaid program encourages provider organizations to report individuals with suspected medication abuse and restricts these individuals to one provider organization and one pharmacy.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home	Other Care Coordination Initiatives
None	None	None	Hawaii has one CCBHC.

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

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Hawaii QUEST Integration	Authorizes the state's managed care program including managed long-term services and supports for most populations	1115	None	08/01/1994	12/31/2029

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

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
HI HCBS for People w/DD (0013.R08.00)	Individuals with I/DD of any age	3,136	Department of Health, Developmental Disabilities Division	No

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery system

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (February 2025)	142,652	166,613
SMI Enrollment	• *OPEN MINDS* estimates 54% of the population in Medicare Advantage, 46% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 308,965 | Total Medicare With SMI: 40,165

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of February 2025: 54% Medicare Advantage, 46% in traditional Medicare.
SMI population inclusion in managed care	Estimated 54% of population in Medicare Advantage, 46% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Hawaii does not have any C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Hawaii does not have any I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of February 2025, was 308,965.
- It is estimated around 16% of the state's total population is enrolled in Medicare, compared with about 19% of the U.S. population enrolled in Medicare.
  - *OPEN MINDS* estimates approximately 26% of the state's SMI population is enrolled in a Medicare plan.
- There are 40 Medicare Advantage plans available statewide in Hawaii for 2025. But plan availability varies considerably from one area to another.
- As of 2025, there are 12 insurance companies offering Medigap plans in Hawaii.
- There are 12 Medicare Part D standalone prescription drug plans in Hawaii. For 2025 coverage, insurers are offering, with premiums starting at $0.
  - As of July 2024, there were 71,566 people with Medicare in Hawaii who were covered by stand-alone Medicare Part D prescription drug plans.
  - Another 158,698 beneficiaries had Medicare Part D prescription drug coverage integrated with their Medicare Advantage plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs
1. On Belay Health Solutions 2. Health Choice Care, LLC 3. QCIPN

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

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

Dual Eligible* Medicaid System Characteristics	
Characteristics	**Managed Care**
Enrollment (April 2025)	41,489
Estimated SMI Enrollment	8,712
Management	Five health plans
Payment Model	Capitated rate
Geographic Service Area	• Four plans are available statewide. • One plan, Kaiser Permanente, is available on Maui and Oahu only.

Total Dual Eligible Enrollment: 41,489 | Total Dual Eligible Enrollment With SMI: 8,712

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

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

Health Plans	Parent Company	Plan Type	April 2024 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	20,998	4,410
Kaiser Permanente Senior Advantage	Kaiser Permanente	Medicare Advantage D-SNP	6,907	1,450
WellCare Ohana Liberty	Centene	Medicare Advantage D-SNP	4,522	950
AlohaCare Advantage Plus	AlohaCare	Medicare Advantage D-SNP	2,250	473
HMSA Akamai Advantage	Hawaii Medical Service Association	Medicare Advantage D-SNP	1,887	396
UnitedHealthcare Dual Complete RP	UnitedHealthcare	Medicare Advantage D-SNP	871	183

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

- As of April 2025, dual eligible enrollment was 41,489.
- 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.
- Under Hawaii's 1115 Hawaii QUEST Integration waiver, all full benefit dual eligibles are enrolled in the managed care demonstration. However, partial benefit dual eligibles are excluded from enrolling in the managed care demonstration.
- As of April 2024, D-SNP enrollment was 37,435, SMI enrollment for D-SNP was 7,861.

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

- Hawaii does not currently have a financial alignment initiative with the Centers for Medicare & Medicaid Services (CMS).

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

G.1. LTSS Financing & Service Delivery System

The state's managed care program covers almost all the Medicaid population–including the MLTSS population–and provide all physical health, behavioral health, pharmacy, and long-term services and supports through five health plans.

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (March 2025)	63,297
Estimated SMI Enrollment	13,292
Management	Integrated in the five health plans.
Payment Model	Integrated in the five health plans.
Geographic Service Area	Statewide

Total LTSS Enrollment: 63,297 | Total LTSS Enrollment With SMI: 13,292

G.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			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles	✓(Partial Benefit)		✓
Individuals with I/DD			✓
Individuals residing in nursing homes			
Individuals residing in ICF/IDD			✓
Other HCBS Recipients			✓
Other populations			

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

- Hawaii's managed care program, QUEST Integration. QUEST stands for Quality care, Universal access, Efficient utilization, Stabilizing costs, and to Transform the way health care is provided to recipients.
- The state's five health plans cover nearly all Medicaid populations and provide physical health, behavioral health, pharmacy, and long-term services and supports.
  - Upon enrollment, Medicaid beneficiaries are assigned a plan. Beneficiaries can change health plans one time within 90 days from the date of enrollment in QUEST Integration. Once the 90-day period ends, beneficiaries can only change their health plan during open enrollment from October 1 to October 31.
  - QUEST Integration plans are available statewide except for Kaiser Permanente, which is available in Maui and Oahu only.
- The managed care contract includes a requirement for the health plans to use alternative payment models (APMs) defined as "fee-for-service with incentives for performance, capitation payment to providers with assigned responsibility for patient care, or a hybrid. Gain-sharing models also encouraged." APM requires the following share of contracts with primary care provider organizations and hospitals be value-driven:
  - Year 1: 50%
  - Year 2: 65%
  - Year 3: 80%

G.3. Medicaid LTSS Program: Health Plan Characteristics

AlohaCare

1. **Profit status:** Non-profit
2. **Parent company:** None
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** None
5. **Service area:** Statewide
6. **Enrollment share:** 17%

HMSA

1. **Profit status:** Non-profit
2. **Parent company:** Independent licensee of Blue Cross and Blue Shield
3. **Behavioral health subcontractor:** Beacon Health Options
4. **Pharmacy benefits manager:** CVS/ Caremark
5. **Service area:** Statewide
6. **Enrollment share:** 50%

Kaiser Permanente QUEST

1. **Profit status:** Non-profit
2. **Parent company:** Kaiser Permanente
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** None
5. **Service area:** Oahu and Maui
6. **Enrollment share:** 12%

ʻOhana Health Plan

1. **Profit status:** For-profit
2. **Parent company:** WellCare-Centene
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** WellCare Pharmacy
5. **Service area:** Statewide
6. **Enrollment share:** 8%

UnitedHealthcare Community Plan

1. **Profit status:** For-profit
2. **Parent company:** UnitedHealthcare
3. **Behavioral health subcontractor:** Optum
4. **Pharmacy benefits manager:** OptumRX
5. **Service area:** Statewide
6. **Enrollment share:** 13%

G.4. Medicaid LTSS Program: Program Benefits

Standard Behavioral Health & Addiction Treatment Benefits Provided By The Health Plans & The CCS Program
1. Acute psychiatric and addiction treatment hospitalization
2. Diagnostic laboratory services
3. Electroconvulsive therapy
4. Evaluation and management
5. Methadone management services
6. Addiction treatment outpatient services
7. Residential addiction treatment services
8. Inpatient detoxification
9. Medication management

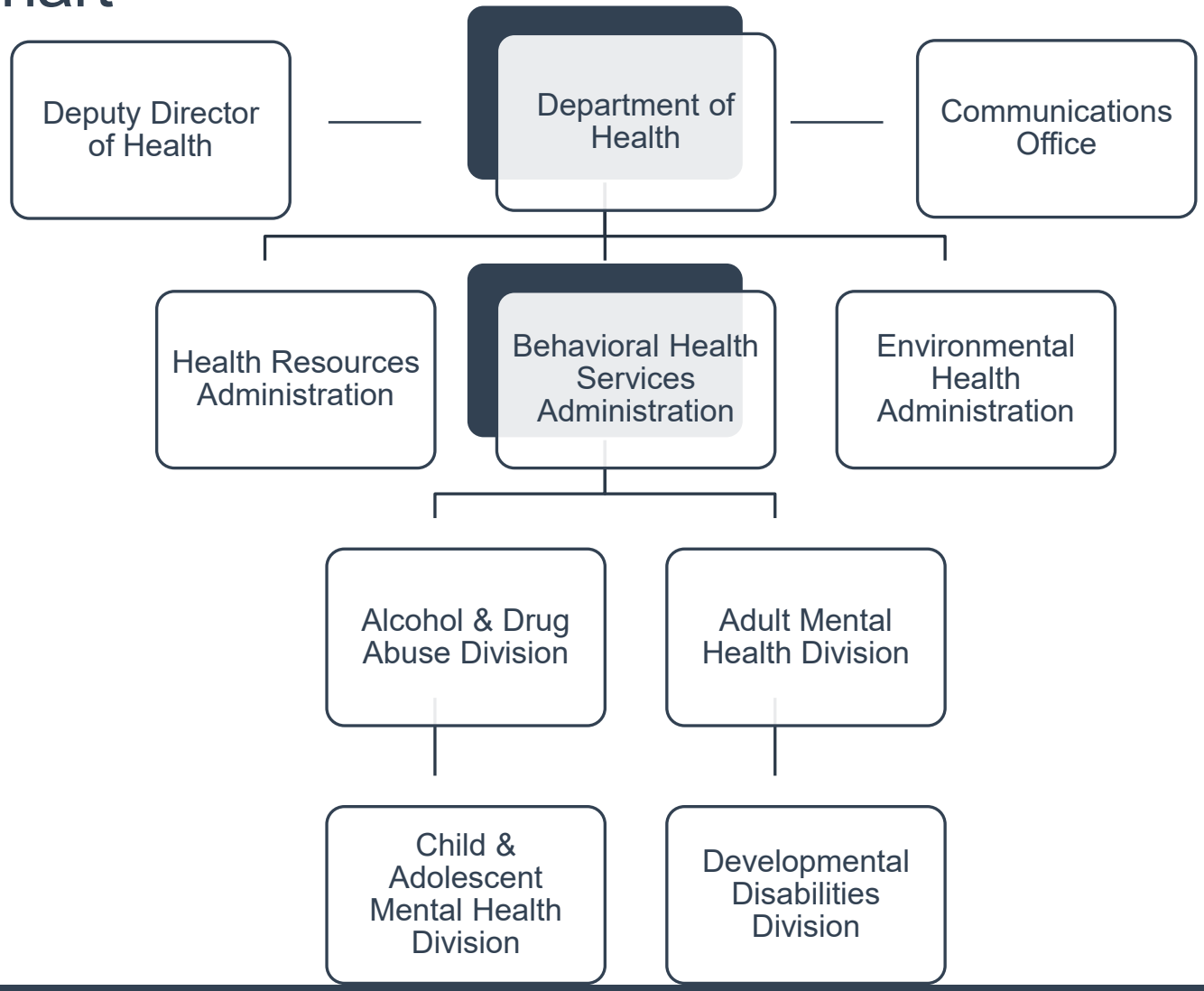
Specialized Behavioral Health & Addiction Treatment Benefits Provided By CCS To Persons With SMI
1. Assertive community treatment (ACT)
2. Crisis residential services
3. Financial management services
4. Supportive employment
5. Community integration services
6. Care coordination and case management
7. Biopsychosocial rehabilitation
8. Crisis services
9. Peer support specialist
10. Intensive outpatient hospital services

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

- There are no new or pending initiatives currently.

H. State Behavioral Health Administration & Finance System

H.1. Behavioral Health Services Administration Governance: Organization Chart



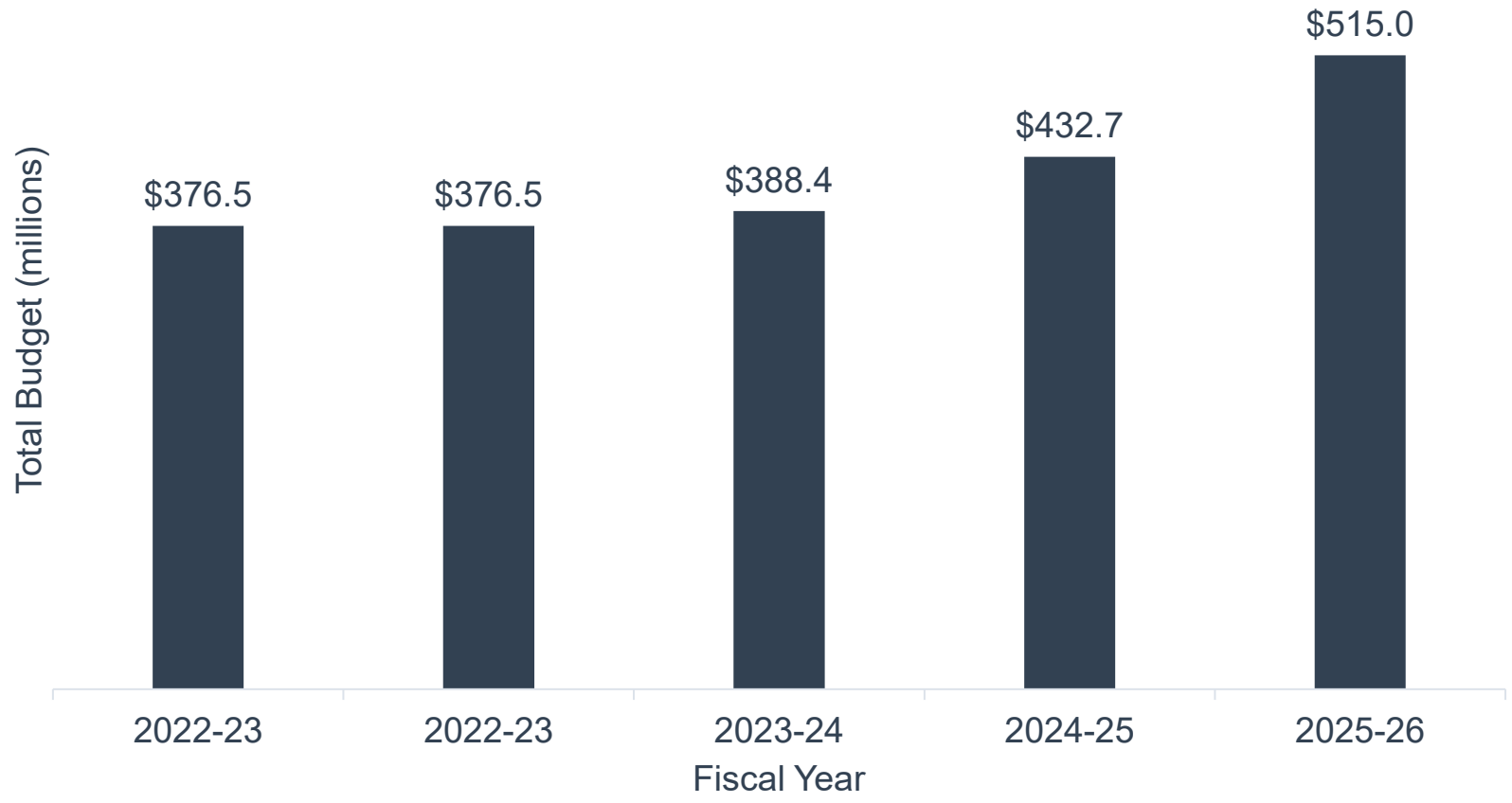
H.1. Behavioral Health Services Administration Governance: Key Leadership

Name	Position	Department	Email
Kenneth Fink, MD, MGS, MPH	Director	Department of Health	kenneth.fink@doh.hawaii.gov
Valerie Kato	Deputy Director	DOH	valerie.kato@doh.hawaii.gov
Marian Tsuji	Deputy Director	DOH, Behavioral Health Administration	marian.tsuji@doh.hawaii.gov
Mark Fridovich, Ph.D.	Chief	BHA, Adult Mental Health Division	mark.fridovich@doh.hawaii.gov
Janelle Saucedo	Chief	BHA, Alcohol and Drug Abuse Division	janelle.saucedo@doh.hawaii.gov
M. Stanton Michels, M.D.	Chief	BHA, Child and Adolescent Mental Health Division	stanton.michels@doh.hawaii.gov

H.2. Behavioral Health Services Administration: Budget

Budget Item	SFY 2025-26 Budget Request	Percent Of Budget
Adult mental health inpatient	$159,652,244	31%
Developmental disabilities	$130,699,110	25%
Adult mental health outpatient	$104,056,251	20%
Child and adolescent mental health	$83,604,395	16%
Alcohol and drug abuse division	$36,780,449	7%
Behavioral Health administration	$210,907	<1%
Budget Total: $515,003,356		

H.2. Behavioral Health Services Administration: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	**Location**	**Beds**
Hawaii State Hospital	Kaneohe	417

- Hawaii State Hospital (HSH) beds are augmented by DOH contracts with Kāhi Mōhala Behavioral Health (KMBH) and Correct Care Recovery Solutions (Correct Care).
  - DOH contracts for 46 beds at KMBH. The cost of the beds is approximately $13 million.
  - To serve individuals who cannot be safely treated at HSH due to intractable, dangerous behaviors, DOH contracts for up to four beds at Correct Care's secure forensic facility in South Carolina.

H.4. Behavioral Health Safety-Net Delivery System

- The Adult Mental Health Division within the Behavioral Health Administration (BHA) provides funding for mental health services for the adult safety-net population through four state-operated community mental health center (CMHC) branches, each with multiple satellite clinics providing service coverage statewide.
  - The four CMHC branches are in Hawaii County, Kauai, Maui, and Oahu.
- Youth mental health services are administered by the Child and Adolescent Mental Health Division within the BHA and provided through school-based treatment and seven state-operated family guidance centers.
- The Alcohol and Drug Abuse Division within the BHA provides funding for addiction treatment services for the safety-net population through a network of provider organizations and school-based outpatient treatment provider organizations.
- For a list of services provided by safety-net provider organizations, see the next slide.

H.4. Behavioral Health Safety-Net Delivery System

Adult Mental Health Services	Child & Adolescent Mental Health Services	Addiction Treatment Services
1. Community-based case management 2. Inpatient psychiatric services 3. Peer coaching 4. Community housing 5. Crisis services 6. Outpatient treatment	1. Crisis intervention stabilization 2. Outpatient therapeutic treatment and counseling for youth and family 3. Care coordination, clinical case management, therapeutic services, and community resources for youth 4. Pre-hospitalization screening and assessment 5. Community-based residential treatment 6. Clinical consultation and medication management 7. Peer and family coaching	1. Residential treatment (up to 60 days) 2. Case management 3. Clinical consultation 4. Outpatient treatment, including school-based 5. Prevention activities and services

H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2024 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.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	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm

I.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.

I.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 2025, the FPL is $15,060 for an individual and $31,200 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.

I.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 ages 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.

I.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.

I.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.

I.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.

I.3. Sources

A. Executive Summary

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B.1. Population Demographics

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

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I.3. Sources

B.3. SMI Population Distribution By Payer: National vs. State
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B.4. Largest State Health Plans By Enrollment
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