OPEN MINDS

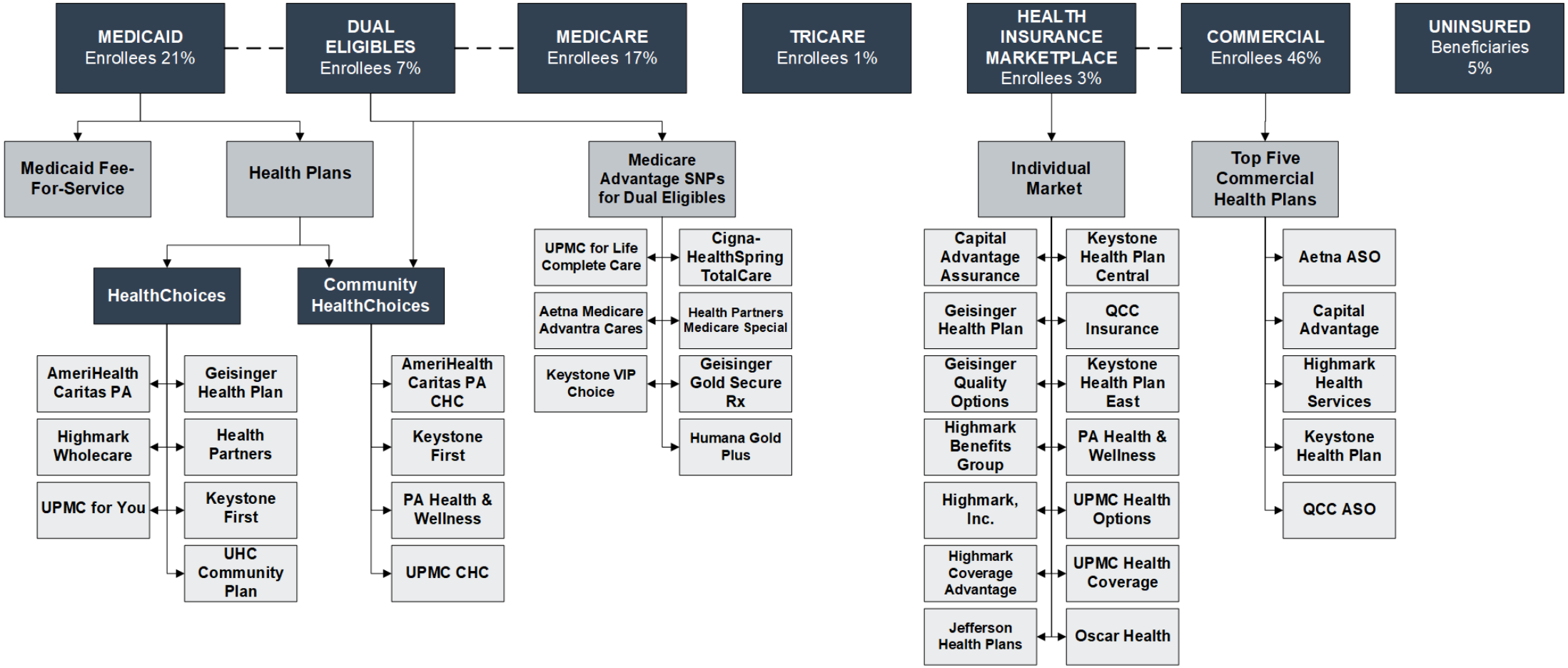
# Pennsylvania Health & Human Services System Market Profile: 2025

# Pennsylvania Health & Human Services Market Profile Overview

# A. Executive Summary

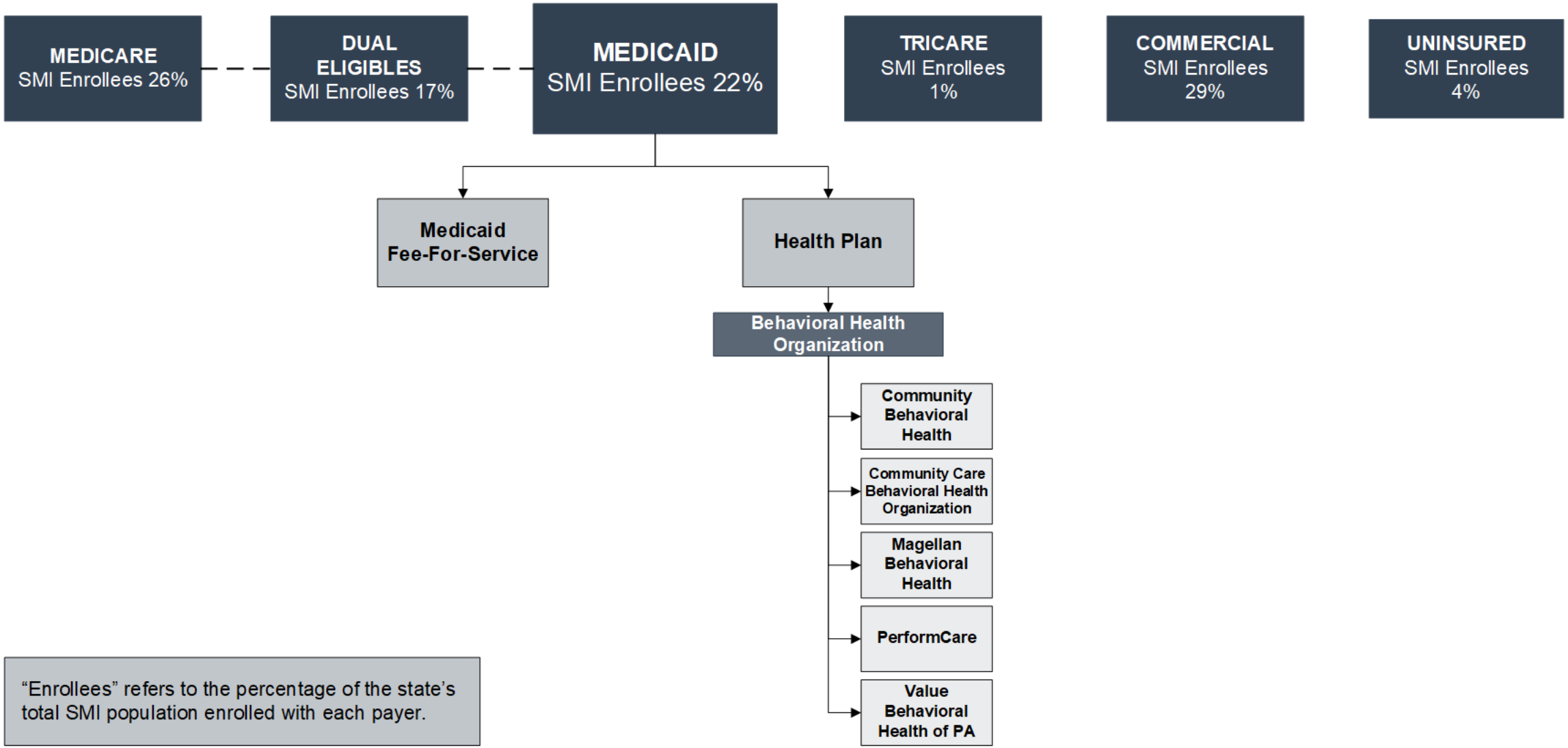
# A.1. Pennsylvania Physical Health Care Coverage by Payer

Total Pennsylvania Population- 12,961,683
Estimated SMI Population- 777,701




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

# A.1. Pennsylvania Behavioral Health Care Coverage by Payer




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

Totals may not equal 100% due to rounding.

# A.2. Health & Human Services System Care Coordination Initiatives

| Care Coordination Entities For Chronic Care Populations (Including SMI) | | |
|---|---|---|
| **Care Coordination Entity** | **Active Program** | **Description** |
| Managed Care Plan | ✓ | Yes, the health plans are responsible for care coordination and integration with the behavioral health managed care organizations (BH-MCOs). |
| Primary Care Case Management (PCCM) | | None |
| Accountable Care Organization (ACO) Program | | None, but ACOs are one option health plans can utilize to meet value-based reimbursement (VBR) requirements. |
| Affordable Care Act (ACA) Model Health Home | | None |
| Patient-Centered Medical Home (PCMH) | | There is no statewide program, but health plans can utilize PCMHs to meet VBR requirements. |
| Dual Eligible Demonstration | | None |
| Managed Long-Term Services and Supports (MLTSS) | ✓ | Yes, the Community HealthChoices program became a statewide program in 2020. |
| Certified Community Behavioral Health Clinics (CCBHC) Grant | ✓ | The state currently has eight CCBHCs operating under CCBHC grants. |
| Other Care Coordination Initiatives | ✓ | Other initiatives include opioid Centers of Excellence, integrated care incentives, and non-ACA health homes for pregnant women with addiction disorder. |

# A.3. Health Care Safety-Net Delivery System

## State Agencies Responsible For Uninsured Citizens & Delivery System Model

### Physical Health Services

The Department of Health provides funding to state health centers and county and municipal health departments to deliver physical health services to the safety-net population.

### Mental Health Services

The Department of Human Services, Office of Mental Health and Substance Abuse Services oversees the delivery of safety-net mental health services administered by the county Mental Health and Developmental Services offices.

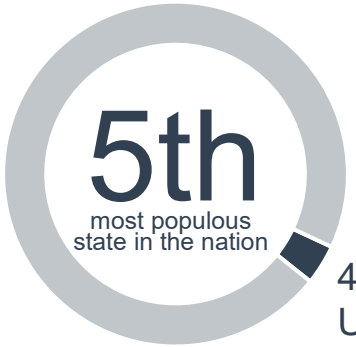
### Addiction Treatment Services

The Department of Drug and Alcohol Programs and the Department of Human Services provide funding to the single county authorities for addiction treatment safety-net services.

# B. Behavioral Health System Overview

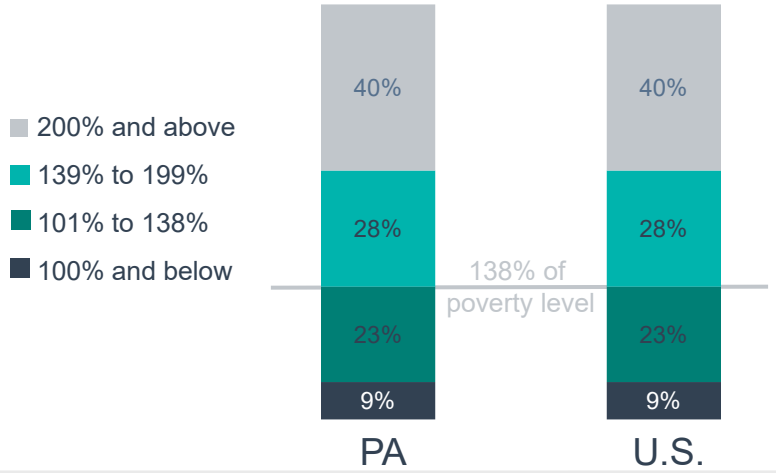
# B.1. Population Demographics

Total Pennsylvania Population- 12,961,683
Estimated SMI Population- 777,701




4% of the
U.S. population

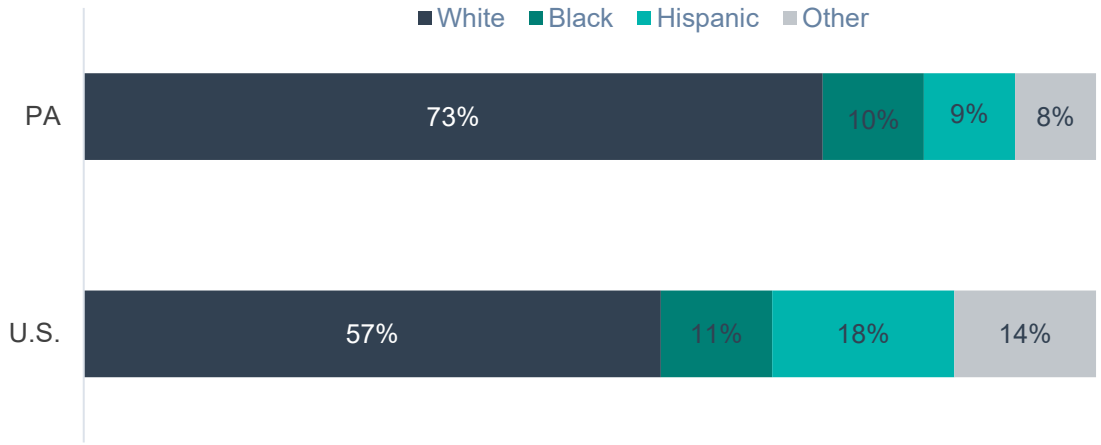
## Population Distribution By Income To Poverty Threshold Ratio



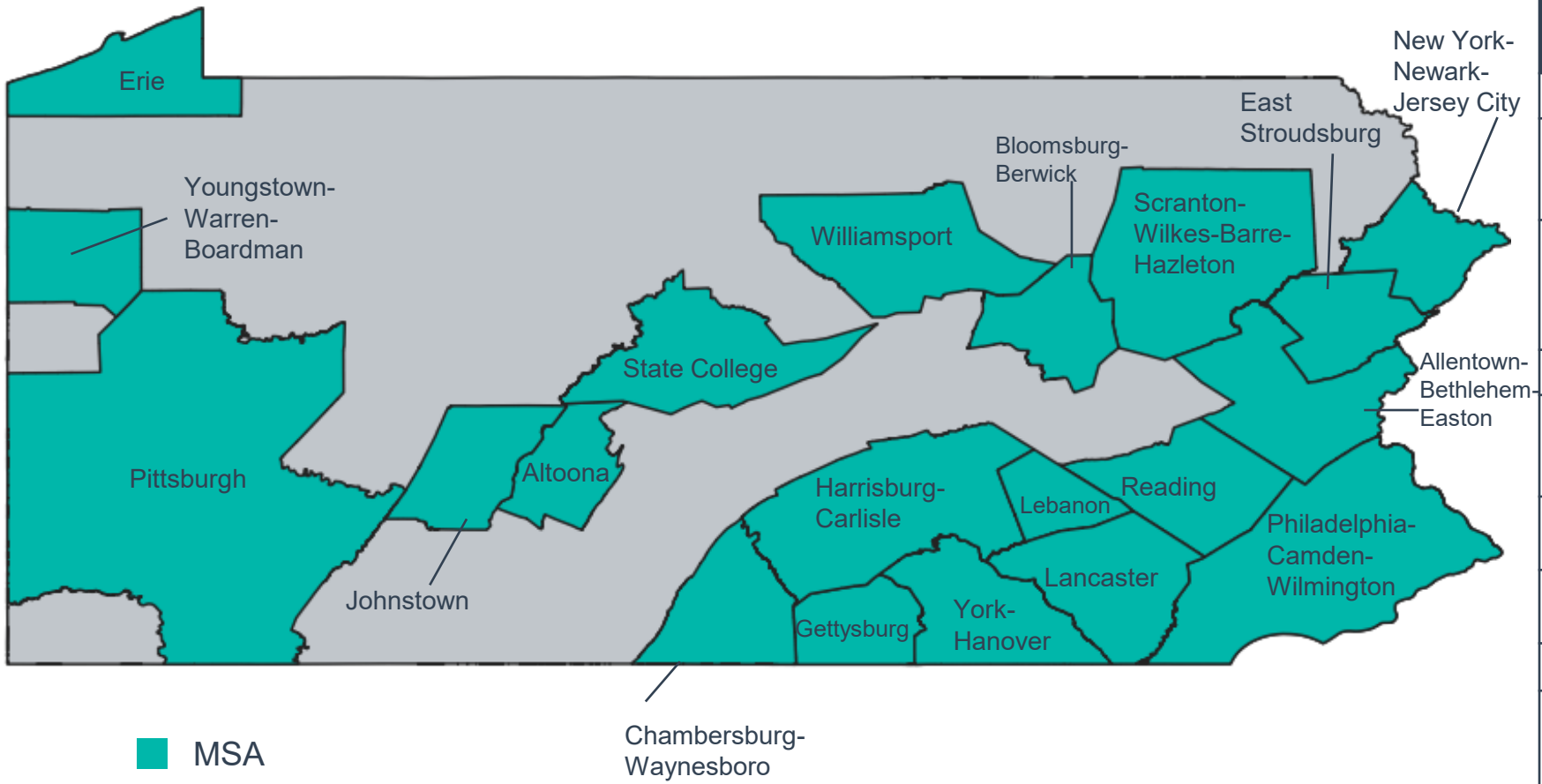

| Median Household Income | |
|---|---|
| Pennsylvania | $73,824 |
| U.S. | $77,719 |

## Population Distribution By Age


## Pennsylvania & U.S. Racial Composition



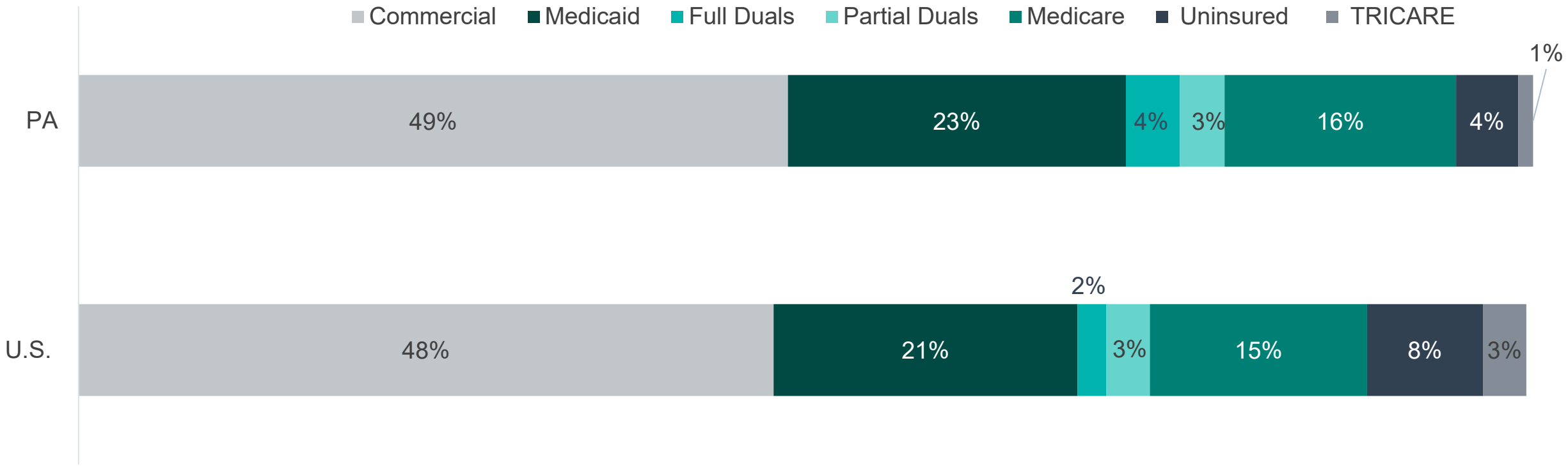
# B.2. Population Centers



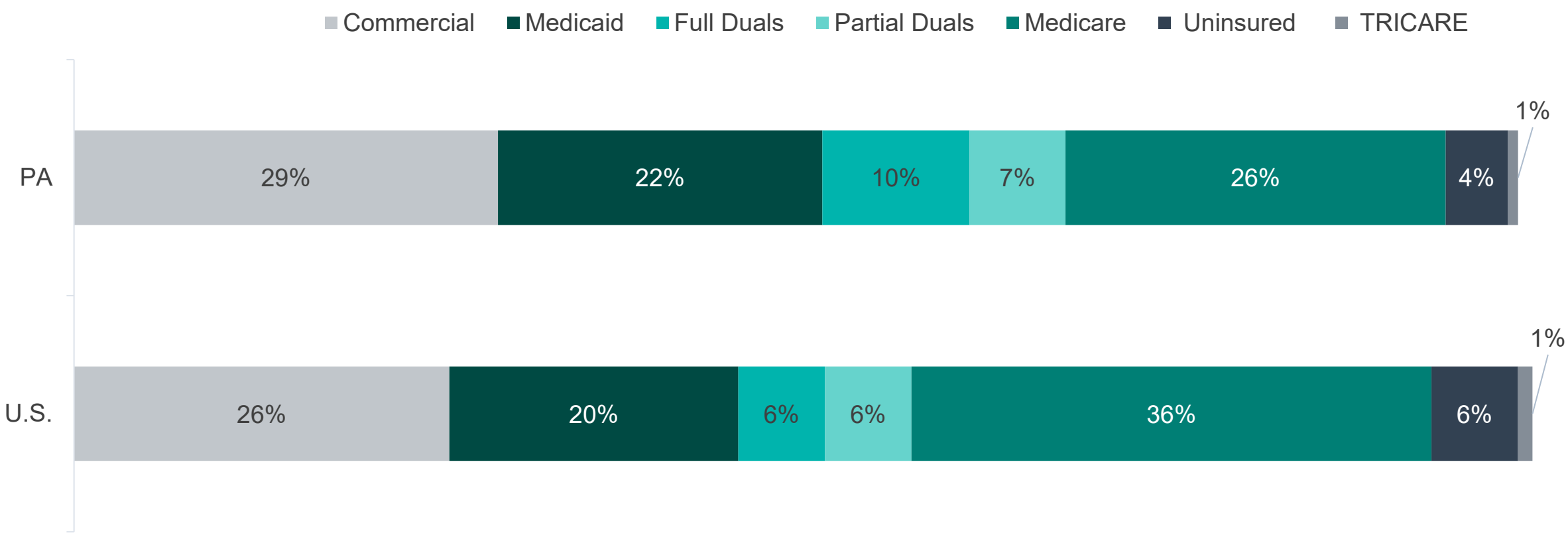

| Metropolitan Statistical Areas (MSAs) | | |
|---|---|---|
| **MSA** | **MSA Population** | **Percentage*** |
| **Total MSAs** | **33,914,663** | **N/A** |
| New York-Newark-Jersey City, NY-NJ-PA | 19,617,869 | N/A |
| Philadelphia-Camden-Wilmington, PA-NJ,DE,MD | 6,330,422 | 49% |
| Pittsburgh, PA | 2,429,917 | 19% |
| Allentown-Bethlehem-Easton, PA-NJ | 886,418 | 7% |
| Harrisburg-Carlisle, PA | 615,361 | 5% |
| Scranton-Wilkes-Barre, PA | 574,009 | 4% |
| Lancaster, PA | 563,293 | 4% |
| Youngstown-Warren-Boardman, OH-PA | 535,499 | 4% |
| York-Hanover, PA | 471,240 | 4% |
| Reading, PA | 439,117 | 3% |
| Other MSAs | 1,451,518 | 11% |

*MSA total exceeds state population due to MSA crossing state lines.

# 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 Pennsylvania Health Plans By Enrollment

| Plan Name | Plan Type | Enrollment* |
|---|---|---|
| Highmark Health Services | Commercial | 2,912,608 |
| QCC Insurance Company Personal Choice | Commercial | 1,397,205 |
| Medicare Fee-For-Service (FFS) | Medicare | 1,384,400 |
| Aetna ASO | Commercial Administrative Services Only (ASO) | 983,408 |
| Medicaid FFS | Medicaid | 701,396 |
| Capital Advantage Assurance Company | Commercial | 612,907 |
| UPMC For You | Medicaid managed care | 597,088 |
| Keystone Health Plan East | Commercial | 458,403 |
| Keystone First HealthChoices | Medicaid managed care | 458,101 |
| Cigna ASO | Commercial ASO | 395,211 |
| UPMC Health Options | Commercial | 392,029 |

*Medicare enrollment as of September 2024; Medicaid as of April 2025; TRICARE as of December 2023; Commercial as of December 2023

# B.4. Largest Pennsylvania Health Plans By Estimated SMI Enrollment

| Plan Name | Plan Type | Enrollment* | Estimated SMI Enrollment |
|---|---|---|---|
| Medicare FFS | Medicare | 1,384,400 | 179,972 |
| Highmark Health Services | Commercial | 2,912,608 | 142,718 |
| QCC Insurance Company Personal Choice | Commercial | 1,397,205 | 68,463 |
| Medicaid FFS | Medicaid | 701,396 | 61,723 |
| UPMC For You | Medicaid managed care | 597,088 | 52,544 |
| Aetna ASO | Commercial ASO | 983,408 | 48,187 |
| Keystone First HealtChoices | Medicaid managed care | 458,101 | 40,313 |
| Aetna Medicare | Medicare Advantage | 241,562 | 31,403 |
| AmeriHealth Caritas HealthChoices | Medicaid managed care | 349,492 | 30,755 |
| Capital Advantage Assurance Company | Commercial | 612,907 | 30,032 |

*Medicare enrollment as of September 2024; Medicaid as of April 2025; TRICARE as of December 2023; Commercial as of December 2023

# B.5. Health Insurance Marketplace

| Health Insurance Marketplace | |
|---|---|
| Health Insurance Marketplace | 3% |
| Type of Marketplace | State |
| Individual Enrollment Contact | https://pennie.com/ |
| | 1-844-844-8040 |
| 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. |

| 2025 Individual Market Health Plans |
|---|
| 1. Capital Advantage Assurance Company |
| 2. Cigna |
| 3. Geisinger Health Plan |
| 4. Geisinger Quality Options |
| 5. Highmark, Inc |
| 6. Highmark Benefits Group |
| 7. Highmark Coverage Advantage |
| 8. Jefferson Health Plans |
| 9. Keystone Health Plan East, Inc. |
| 10. Oscar Health |
| 11. Pennsylvania Health & Wellness, Inc. |
| 12. QCC Insurance Company |
| 13. UPMC Health Options, Inc. |
| 14. UPMC Health Coverage |
| **2025 Small Group Market Plans** |
| None |

# B.6. Accountable Care Organization

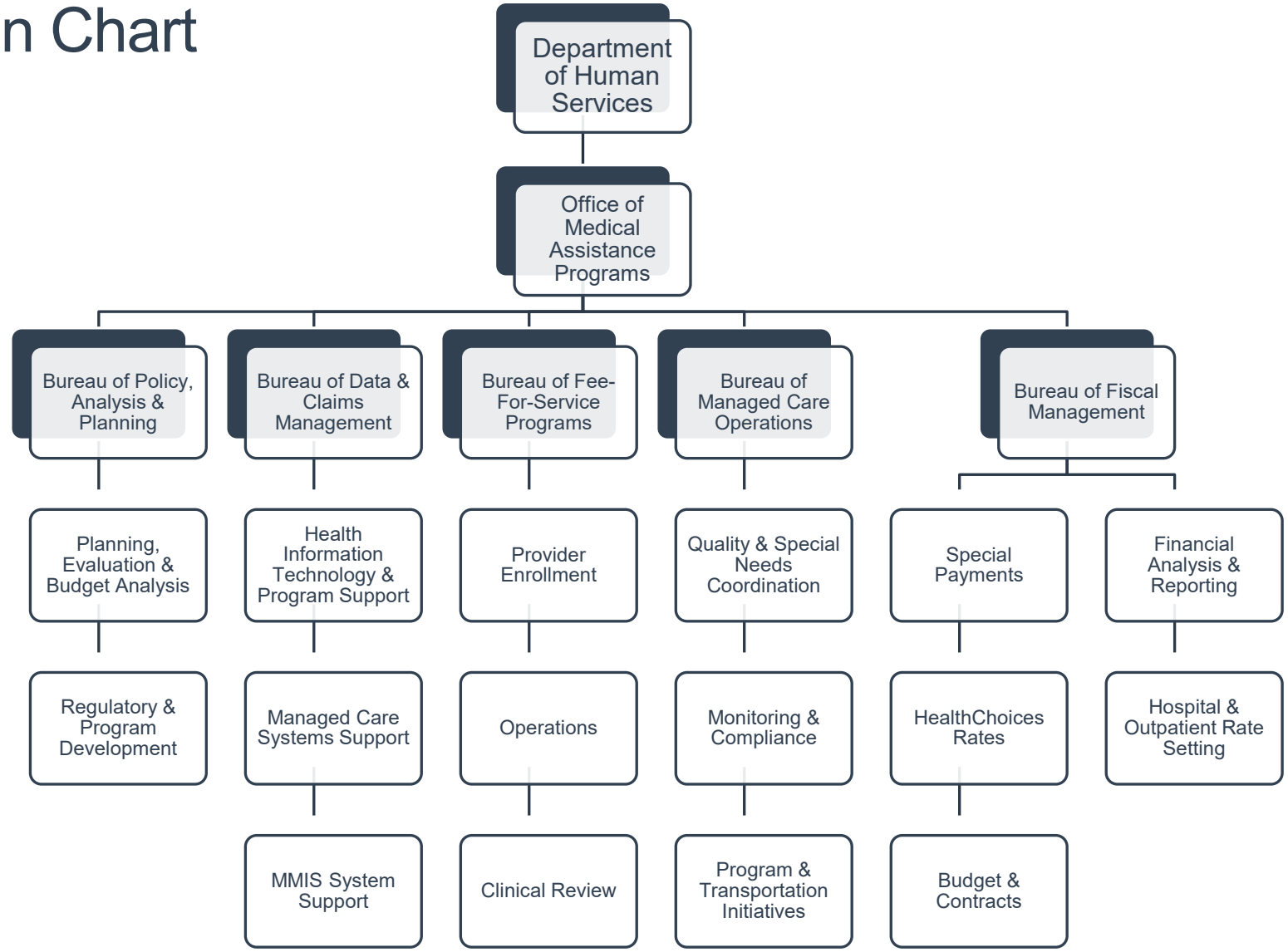
| Commercial ACOs | |
|---|---|
| **ACO** | **Commercial Insurer** |
| Abington Health | Independence Blue Cross |
| Accountable Care Organization of Pennsylvania, LLC | Independence Blue Cross, Humana |
| Atlantic Accountable Care Organization (AHS ACO, LLC) | Aetna, UnitedHealthcare |
| Bridges Health Partners | Aetna, Cigna, Humana |
| Children's Hospital of Philadelphia (CHOP) | Aetna |
| Lancaster General Health Community Care Collaborative, LLC | Highmark |
| Penn Medicine (IBC) | Independence Blue Cross |
| Tandigm Health | Independence Blue Cross |
| UPMC Pinnacle Health System | Aetna, Capital BlueCross |
| Valley Preferred | Aetna, Cigna |
| Wellspan Health | Aetna |

# B.6. Accountable Care Organizations

| Medicare Shared Savings ACOs | | |
|---|---|---|
| 1. Accountable Care Coalition of Northeast Partners, LLC<br>2. ACMG Health Systems, Inc<br>3. ACO West Virginia<br>4. AdvantagePoint Health Alliance – Laurel Highlands<br>5. Bridges Health Partners Accountable Care Organization<br>6. CAMC Health Network LLC<br>7. Capital Health Accountable Care Organization, LLC<br>8. Caravan Collaborative Pathways<br>9. CHSPSC ACO 13, LLC<br>10. Community Care Collaborative of Pennsylvania and New Jersey<br>11. Crozer ACO<br>12. Delaware Valley ACO<br>13. Doylestown Value Partners, LLC | 14. eBrightHealth ACO<br>15. Einstein Care Partners<br>16. Healthier Communities ACO, LLC<br>17. Heritage Valley Healthcare Network ACO<br>18. Keystone ACO<br>19. Lancaster General Health Community Care Collaborative<br>20. Lehigh Valley Health Network Accountable Care Organization<br>21. Mercy Health Select, LLC<br>22. Aledade 155 National MSSP<br>23. On Belay Health Solutions<br>24. Aledade 90 National MSSP Enhanced<br>25. Aledade 150 PACHC MSSP Enhanced<br>26. PA Clinical Network ACO Inc | 27. Aledade 196 Advocare collaborative Health MSSP<br>28. Penn Medicine Healthcare Partners, LLC<br>29. Physician Partners of Western PA<br>30. Premier Health ACO<br>31. St. Luke's Medicare ACO<br>32. Stellar Health ACO<br>33. Steward National Care Network, Inc<br>34. Tandigm Value Partners, LLC<br>35. Trinity Health Integrated Care<br>36. UM ACO<br>37. USMM Accountable Care Partners, LLC<br>38. VBLTC<br>39. Wellspan Population Health Services |

# C. Medicaid Administration, Governance & Operations

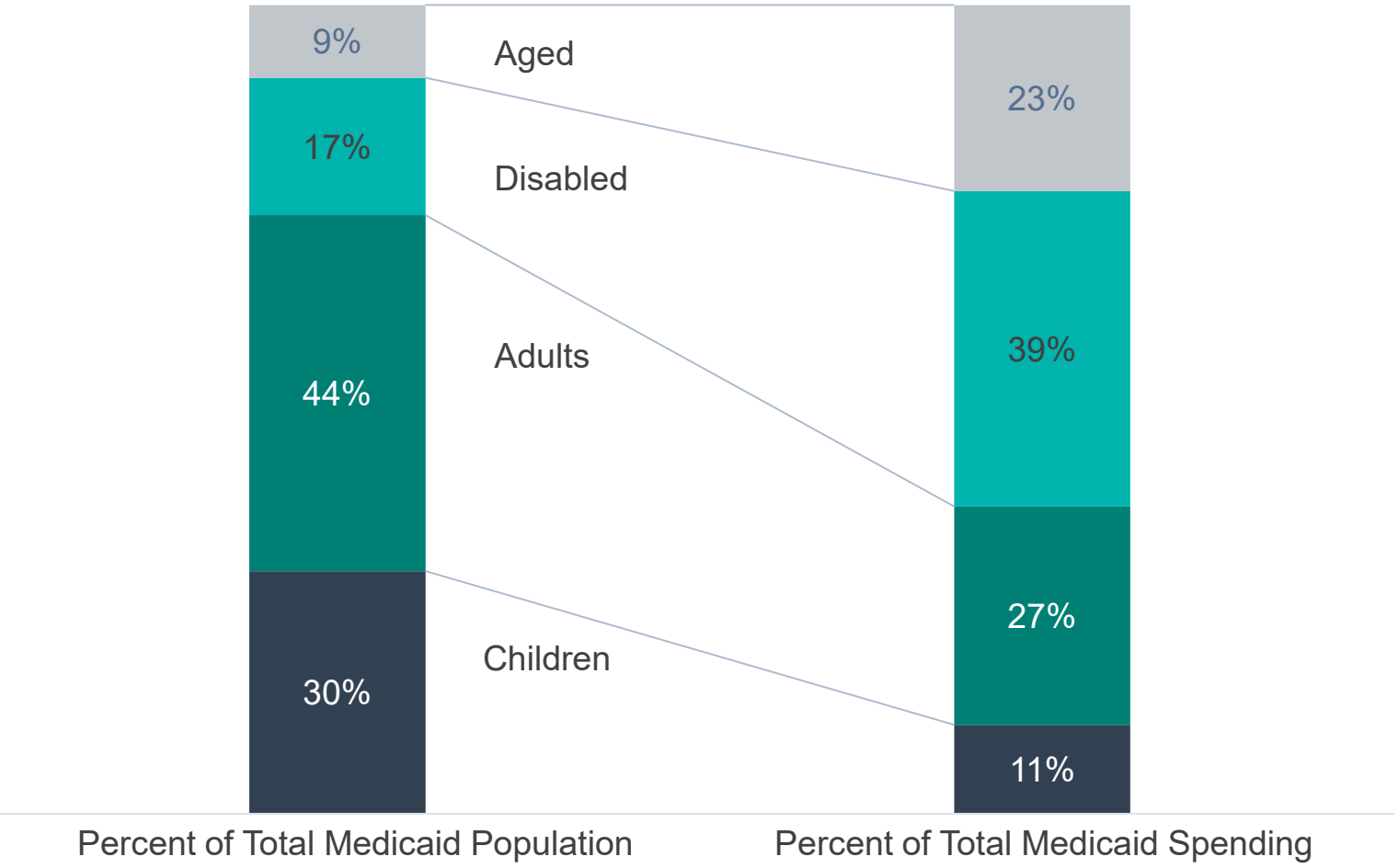
# C.1. Medicaid Governance: Office of Medical Assistance Programs Organization Chart



# C.1. Medicaid Governance: Key Leadership

| Name | Position | Department | Email |
|---|---|---|---|
| Valerie Arkoosh, MD, MPH | Secretary | Department of Human Services | varkoosh@pa.gov |
| Andrew Barnes | Executive Deputy Secretary, State Medicaid Director | DHS | abarnes@pa.gov |
| Sally Kozak | Deputy Secretary | Office of Medical Assistance Programs | sakozak@pa.gov |
| Robin Ritter | Administrative Officer | OMAP | roritter@pa.gov |
| Gwen Zander | Director, Bureau of Managed Care Operations | OMAP | gzander@pa.gov |
| Michael Hale | Director, Bureau of FFS Programs | OMAP | mhale@pa.gov |
| Michele Minter | Director, Bureau of Fiscal Management | OMAP | mminter@pa.gov |

# C.2. Medicaid Program Spending By Eligibility Group




Based on FY 2022 data

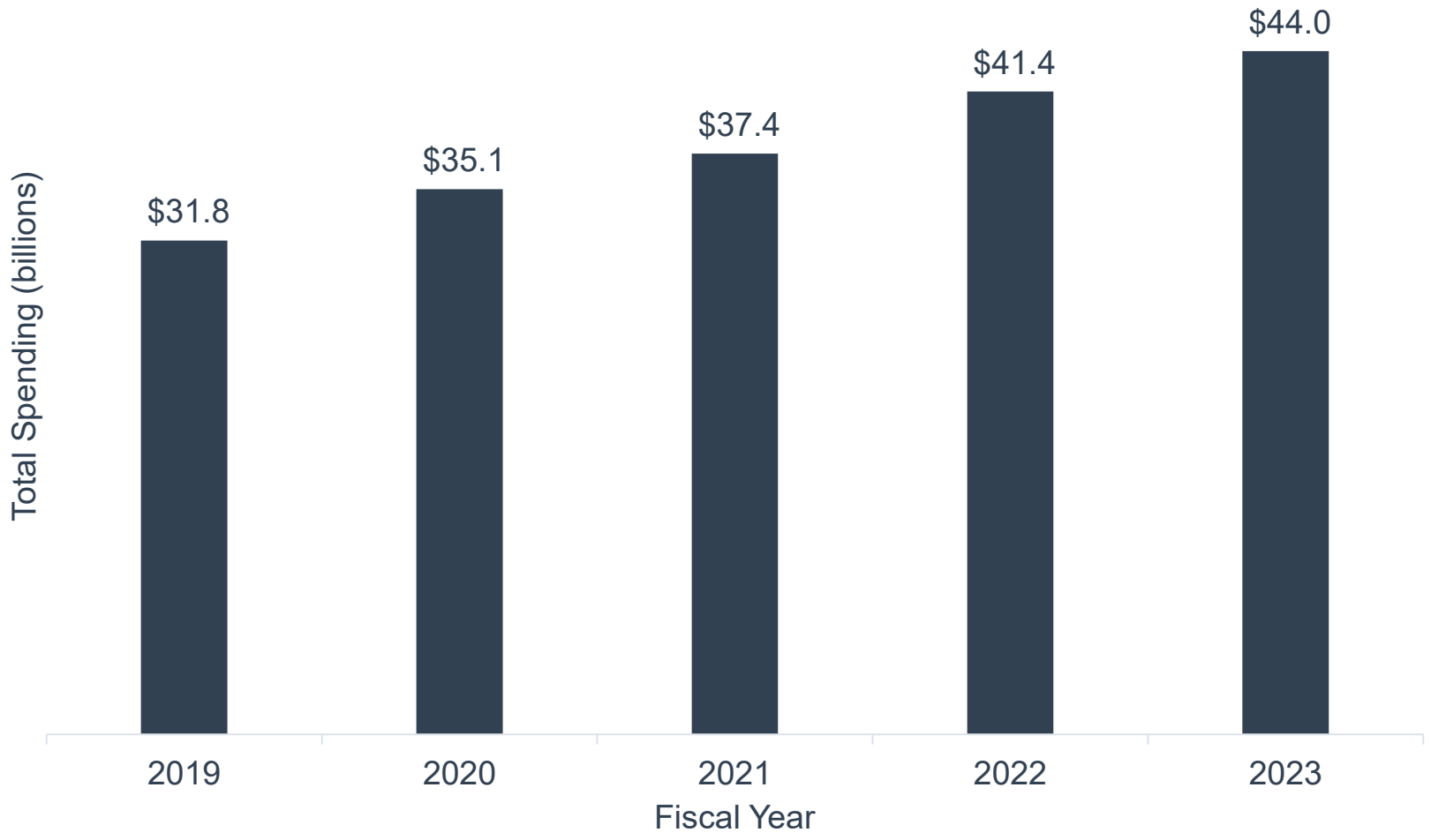
| Medicaid Spending Per Enrollee, FY 2022 | | |
|---|---|---|
| | U.S. | PA |
| All populations | $8,813 | $12,031 |
| Children | $3,786 | $4,573 |
| Adults | $5,443 | $6,736 |
| Expansion adults | $7,569 | $7,793 |
| Blind and disabled | $25,483 | $26,991 |
| Aged | $19,191 | $29,357 |

# C.2. Medicaid Program Spending

| Budget Item | SFY 2023 Spending | Percent Of Budget |
|---|---|---|
| Managed care and premium assistance | $34,686,000,000 | 79% |
| Home- and community-based LTSS | $4,208,000,000 | 10% |
| Hospital | $1,987,000,000 | 5% |
| Institutional LTSS | $1,396,000,000 | 3% |
| Medicare premiums and coinsurance | $1,036,000,000 | 2% |
| Other acute services | $540,000,000 | 1% |
| Clinic and health center | $77,000,000 | <1% |
| Physician | $34,000,000 | <1% |
| Drugs | $24,000,000 | <1% |
| Dental | $7,000,000 | <1% |
| Other practitioner | $1,000,000 | <1% |
| **Budget Total: $43,996,000,000** | | |

| Federal & County Financial Participation | |
|---|---|
| FY 2025 Federal Medical Assistance Percentage (FMAP) | 55.1% |
| 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 2015 |
| **Medicaid eligibility income limit for able-bodied adults** | 133% of Federal Poverty Level (FPL)<br>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. The state originally expanded Medicaid using section 1115 waiver authority. State plan amendment authority for the expansion became effective in April 2015. |
| **Number of individuals enrolled in the expansion group (June 2024)** | 831,819 |
| **Number of enrollees newly eligible due to expansion** | 781,493 |
| **Benefits plan for expansion population** | Benefits for the Medicaid expansion population are identical to state plan benefits. |

# 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

## Pennsylvania's Optional Benefits

1. Podiatry
2. Optometry
3. Chiropractic services
4. Other practitioners service
5. Clinic services
6. Dental services
7. Prescribed drugs
8. Dentures
9. Prosthetic devices
10. Eyeglasses
11. Preventive services
12. Rehabilitative services
13. Services for individuals ages 65 and over in IMDs
14. Intermediate care facility services for individuals with intellectual or developmental disabilities (ICF/IDD)
15. Public institution services for individuals with I/DD
16. Inpatient psychiatric services for individuals under age 22
17. Hospice care
18. Case management
19. Nursing facility services for individuals under 21

# 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- HealthChoices** |
| **Enrollment (April 2025)** | 701,396 | 2,783,032 |
| **SMI Enrollment** | • Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.<br>• 20% of the SMI population in FFS; 80% in managed care | |
| **Management** | Department of Human Services | • Physical Health: Seven health plans<br>• Behavioral health: Behavioral Health Managed Care Organizations (BH-MCOs) |
| **Payment Model** | FFS | Both: Capitated rate |
| **Geographic Service Area** | Statewide | Statewide |

**Total Medicaid: 3,484,428 | Estimated Medicaid With SMI: 306,629**

# D.1. Medicaid System Overview

| Medicaid Financial Delivery System Enrollment | |
|---|---|
| Total Medicaid population distribution | • As of April 2025: 20% in fee-for-service (FFS), 80% in managed care |
| SMI population inclusion in managed care | • Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.<br>• Estimated 20% of population in FFS, 80% in managed care |
| Dual eligible population inclusion in managed care | • Managed care is mandatory for all full benefit dual eligibles.<br>• Estimated 100% in managed care. |
| Long-term services and supports (LTSS) population inclusion in managed care | • LTSS services are included in managed care for individuals enrolled in Community HealthChoices managed care program. |

| Medicaid Financing & Risk Arrangements: Behavioral Health | | |
|---|---|---|
| **Service Type** | **FFS Population** | **Managed Care Population** |
| Traditional behavioral health | Covered FFS by the state | Excluded from the physical health plan's (PH-MCOs) capitation rate and provided by the at-risk behavioral health plan (BH-MCO). |
| Specialty behavioral health | Covered FFS by the state | |
| Pharmaceuticals | Covered FFS by the state | Included in the PH-MCO's capitation rate. |
| Long-term services and supports (LTSS) | Covered FFS by the state | The Community HealthChoices managed care program covers nursing facility and home- and community-based services (HCBS) for Medicaid only enrollees who require LTSS and dual eligibles. |

# D.1. Medicaid Care Coordination Initiatives

| Care Coordination Entities For Chronic Care Populations (Including SMI) | | |
|---|---|---|
| **Care Coordination Entity** | **Active Program** | **Description** |
| Managed Care Plan | ✓ | Yes, the health plans are responsible for care coordination and integration with the behavioral health managed care organizations (BH-MCOs). |
| Primary Care Case Management (PCCM) | | None |
| Accountable Care Organization (ACO) Program | | None, but ACOs are one option health plans can utilize to meet value-based reimbursement (VBR) requirements. |
| Affordable Care Act (ACA) Model Health Home | | None |
| Patient-Centered Medical Home (PCMH) | | There is no statewide program, but health plans can utilize PCMHs to meet VBR requirements. |
| Dual Eligible Demonstration | | None |
| Managed Long-Term Services and Supports (MLTSS) | ✓ | Yes, the Community HealthChoices program became a statewide program in 2020. |
| Certified Community Behavioral Health Clinics (CCBHC) Grant | ✓ | The state currently has eight CCBHCs operating under CCBHC grants. |
| Other Care Coordination Initiatives | ✓ | Other initiatives include opioid Centers of Excellence, integrated care incentives, and non-ACA health homes for pregnant women with addiction disorder. |

# 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 dual eligibles) | | ✓ |
| Medicaid expansion | | | ✓ |
| Individuals residing in nursing homes | | | ✓ |
| Individuals residing in ICF/IDD | ✓ | | |
| Individuals in foster care | | | ✓ |
| Other populations | • Enrolled in the OBRA waiver or a waiver administered by the Department of Developmental Disabilities<br>• Third-party insurance<br>• Residing in or admitted to a state psychiatric hospital<br>• Aliens eligible only for emergency services | | • Individuals in the Breast and Cervical Cancer Prevention and Treatment Program |

# D.2. Medicaid FFS Program: Overview

- FFS enrollment as of April 2025 was 701,396.
- Pennsylvania calls its Medicaid program Medical Assistance.

# D.2. Medicaid FFS Program: Behavioral Health Benefits

- All behavioral health services and pharmacy are provided FFS by the state.

| FFS Mental Health Benefits |
| --- |
| 1. Inpatient services |
| 2. Outpatient services |
| 3. Partial hospitalization |
| 4. Mobile mental health treatment |
| 5. Peer support services |
| 6. Psychiatric clinic services |
| 7. Family-based mental health rehabilitative services for children and youth |
| 8. Mental health crisis intervention services |
| 9. Mental health targeted case management |
| 10. Service coordination |

| FFS Addiction Treatment Benefits |
| --- |
| 1. Inpatient detoxification |
| 2. Outpatient services |
| 3. Methadone maintenance clinic services |
| 4. Rehabilitation services for individuals under age 21 |

# D.2. Medicaid FFS Program: SMI Population

- Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of April 2025, *OPEN MINDS* estimates that 20% of the SMI population was enrolled in FFS.
- Ongoing implementation of the Community HealthChoices program (see section D.3.) will decrease the share of the Medicaid SMI population enrolled in FFS.

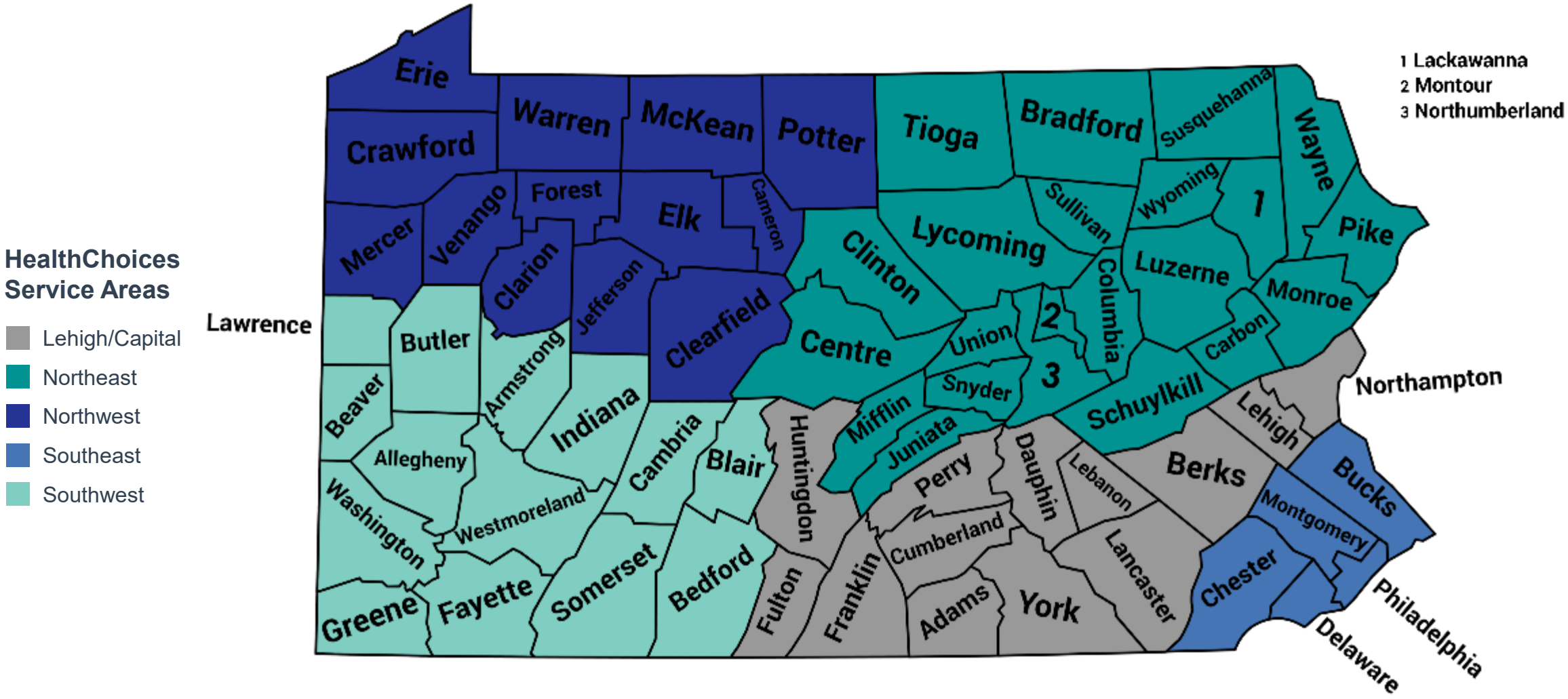
# D.2. Medicaid FFS Program: Pharmacy Benefit

| Pennsylvania FFS Program Pharmacy Benefit & Utilization Restrictions | |
|---|---|
| **State Uses Pharmacy Benefit Manager** | No; however, Change Healthcare manages the state's PDL. |
| **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 |
| **State Uses A PDL For Mental Health Drugs** | Yes, the state includes antipsychotics and antidepressants on the state's general PDL. |
| **State Uses A PDL For Addiction Treatment Drugs** | Yes, the state includes opiate dependence drugs on the state's general PDL |
| **Coverage Of Antipsychotic Injectable Medications** | Antipsychotic injectable medications are covered as a pharmacy benefit, included on the general pharmacy PDL, and obtained through the specialty drug pharmacies. Most antipsychotic injectables must be delivered through the state's specialty pharmacy contracts with Walgreens and Diplomat Specialty Pharmacy. |
| **Utilization Restrictions For Mental Health Or Addiction Treatment Drugs** | • Non-preferred drugs and prescriptions in excess of quantity limits require prior authorization.<br>• Therapeutic failure, contraindication, or intolerance of preferred drugs is required for approval of non-preferred drugs.<br>• Atypical antipsychotics for children under age 18 require prior authorization.<br>• After the first 60 days of therapy, low dosage atypical antipsychotic prescriptions require prior authorization.<br>• Specific restrictions apply for Benzodiazepine prescriptions.<br>• Additional restrictions apply to certain opiate dependence treatments. |
| **State Has A Pharmacy Lock-In Program Or Other Restriction Program** | Yes, the state operates the Recipient Restriction/Centralized Lock-in Program for individuals who have abused Medical Assistance services. Individuals are locked-in to a single clinical professional or group of clinical professionals for five years. |

# D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of April 2025 was 2,783,032.
- The Medicaid program in Pennsylvania is called Medical Assistance.
- Pennsylvania has two managed care programs:
  - **Physical HealthChoices** – Provides physical health and pharmacy services to low-income adults, children, parent/caretaker relatives, and the aged, blind, and disabled population that does not need long-term services and supports (LTSS).
  - **Community HealthChoices (CHC)** – Provides physical health and LTSS services to individuals who qualify for LTSS and dual eligibles regardless of their need for LTSS.
- The Department of Human Services breaks the state into five regions for the financing of managed care. The regions are the same for CHC and Physical HealthChoices. The health plans available in the two programs differ.
  - Physical HealthChoices is available statewide, and health plans are available by region.
  - CHC program operates statewide, and health plans are available by region.

# D.3. Medicaid Managed Care Program: Community & Physical HealthChoices Regions



# D.3. Medicaid Managed Care Program: Physical HealthChoices

- Physical HealthChoices is offered statewide, with health plans are available on a regional basis. Enrollment in Physical HealthChoices was 2,381,072 as of April 2025, representing 86% of the Medicaid managed care population.
- The Physical HealthChoices program provides physical health and pharmacy services to:
  - Children;
  - Parents/caretaker relatives;
  - Medicaid expansion population; and
  - Aged, blind, and disabled population that do not need LTSS.
- As of 2024, 50% of the medical portion of the capitation and maternity revenue rates must be expended through VBP.
- The state awarded contracts to AmeriHealth Caritas of PA, Geisinger Health Plan, Health Partners Plan, Highmark Wholecare, Keystone First, UHC, and UPMC.

# D.3. Medicaid Managed Care Program: Physical HealthChoices New Procurement

| Zone | Plan |
|---|---|
| **Lehigh/ Capital Counties** | 1. AmeriHealth<br>2. Geisinger<br>3. Highmark Wholecare<br>4. Health Partners<br>5. UPMC |
| **Northeast Counties** | 1. UPMC<br>2. AmeriHealth<br>3. Geisinger |
| **Northwest Counties** | 1. AmeriHealth<br>2. Health Partners<br>3. Highmark Wholecare<br>4. UPMC |

| Zone | Plan |
|---|---|
| **Southeast Counties** | 1. Geisinger<br>2. Health Partners<br>3. Keystone First<br>4. UnitedHealthcare<br>5. UPMC |
| **Southwest Counties** | 1. AmeriHealth<br>2. Geisinger<br>3. Health Partners<br>4. Highmark Wholecare<br>5. UPMC |

# D.3. Medicaid Managed Care Program: Community HealthChoices

- The Community HealthChoices (CHC) program is a managed care program for individuals in need of physical care, behavioral health services, and long-term services and supports (LTSS).
- As of April 2025, enrollment in CHC was 401,960, representing an estimated 14% of the Medicaid managed care population.
- CHC provides LTSS and physical health services to:
  - Dual eligibles over the age of 21
  - Individuals in need of LTSS, except those enrolled in the OBRA waiver or a waiver administered by the Department of Developmental Disabilities (ability to access HCBS is limited by waiver slots).
- Each region of the state has four health plans: AmeriHealth Caritas, Keystone First, PA Health & Wellness, and UPMC. Individuals select their own plan.
- The CHC health plans are required to implement innovations related to housing, workforce participation, employment, and technology (i.e., home monitoring and telemedicine).
  - For individuals in need of LTSS, the health plans must develop person-centered care plans and person-centered care teams.
- As of 2024, 15% of medical portion of capitation must be expended through value-based payments.
  - 25% of LTSS payments must be through a VBP arrangement.

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

## Highmark Wholecare

1. **Profit status:** Non-profit
2. **Parent company:** None
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** CVS/Caremark
5. **Managed care programs:** HealthChoices
6. **Enrollment share:** 12%

## Geisinger Health Plan

1. **Profit status:** Non-profit
2. **Parent company:** Geisinger Health System
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** Navitus
5. **Managed care programs:** HealthChoices
6. **Enrollment share:** 11%

## AmeriHealth Caritas PA

1. **Profit status:** Non-profit
2. **Parent company:** Independence Health Group
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** PerformRx
5. **Managed care programs:** HealthChoices, CHC
6. **Enrollment share:** 15%

## Health Partners

1. **Profit status:** Non-profit
2. **Parent company:** None
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** None
5. **Managed care programs:** HealthChoices
6. **Enrollment share:** 13%

*Behavioral health services are not included in the HealthChoices PH-MCO and CHC-MCO capitation rate because Pennsylvania contracts with at-risk BH-MCOs to provide all behavioral health services.

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

## UPMC For You

1. **Profit status:** Non-profit
2. **Parent company:** UPMC
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** Express Scripts
5. **Managed care programs:** HealthChoices, CHC
6. **Enrollment share:** 25%

## UnitedHealthcare Community Plan Of PA

1. **Profit status:** For-profit
2. **Parent company:** UnitedHealthcare
3. **Behavioral health subcontractor:** Optum*
4. **Pharmacy benefit manager:** Optum Rx
5. **Managed care programs:** HealthChoices
6. **Enrollment share:** 4%

## Keystone First

1. **Profit status:** Non-profit
2. **Parent company:** Independence Health Group
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** Perform Rx
5. **Managed care programs:** HealthChoices, CHC
6. **Enrollment share:** 19%

## PA Health & Wellness

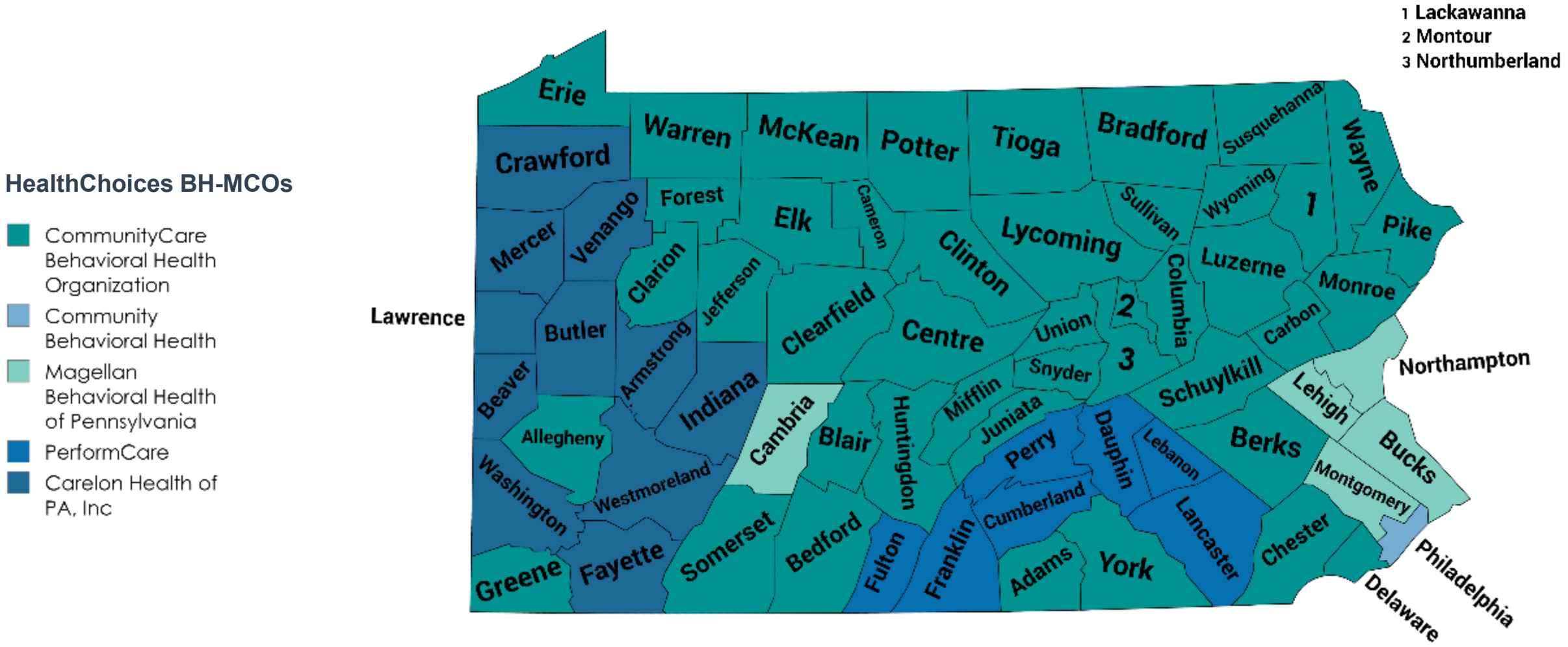
1. **Profit status:** For-profit
2. **Parent company:** Centene-WellCare
   **Behavioral health subcontractor:** Cenpatico*
3. **Pharmacy benefit manager:** Envolve Pharmacy Solutions
4. **Managed care programs:** CHC
5. **Enrollment share:** <1%

*Behavioral health services are not included in the HealthChoices PH-MCO and CHC-MCO capitation rate because Pennsylvania contracts with at-risk BH-MCOs to provide all behavioral health services.

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

- Most behavioral health services are excluded from the Physical HealthChoices and CHC program. However, pharmacy, ambulance, and emergency visits related to behavioral health are included in the health plan's capitation rate.
- Behavioral health services are covered by the at-risk Behavioral Health Managed Care Organizations (BH-MCOs).
  - A county, a group of counties, or their contracted entity are given the first right of opportunity to act as the BH-MCO.
  - 44 counties have exercised their right of first opportunity, and the county or its subcontractor act as the BH-MCO.
  - 23 counties did not exercise the right of first opportunity and are not part of the state's contract with the BH-MCO.
- BH-MCOs are available by contracting grouping of counties, and individuals do not have a choice of BH-MCO.
  - The contracting regions for BH-MCOs do not match the Physical and Community HealthChoices regions.
- Both the Physical HealthChoices and CHC health plans must have written agreements with the BHOs in their area that address the coordination of services, exchange of information, releases to share clinical information, etc.

# D.3. Medicaid Managed Care Program: HealthChoices BH-MCOs By County



# D.3. Medicaid Managed Care Program: HealthChoices Behavioral Health Regions

| PH-MCO Zone | BH-MCOs | Counties Served |
|---|---|---|
| **Lehigh/Capital** | Community Care Behavioral Healthcare Organization (CCBHO) | Adams, Berks, York |
| | Magellan Behavioral Health | Lehigh, Northampton |
| | PerformCare | Cumberland, Dauphin, Lancaster, Lebanon, Perry |
| **North/Central** | CCBHO | Blair, Carbon, Clinton, Erie, Lycoming, Monroe, Pike |
| | Magellan Behavioral Health | Cambria |
| | PerformCare | Bedford, Franklin, Fulton, Somerset |
| | Value Behavioral Health of Pennsylvania | Crawford, Mercer, Venango |
| **North/Central (State Contractor)** | CCBHO | Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, Wayne |
| **Northeast** | CCBHO | Lackawanna, Luzerne, Susquehanna, Wyoming |
| **Southeast** | Community Behavioral Health | Philadelphia |
| | CCBHO | Chester |
| | Magellan Behavioral Health | Bucks, Delaware, Montgomery |
| **Southwest** | CCBHO | Allegheny |
| | Value Behavioral Health of Pennsylvania | Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland |

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

- BH-MCOs may provide services in-lieu of state plan services if medically appropriate, cost-effective, and agreed to by the participant. These benefits can also be offered as supplemental benefits.

| Mental Health Benefits Delivered By The BH-MCOs | Addiction Treatment Benefits Delivered By The BH-MCOs | Authorized BH-MCO "In-Lieu Of" Or Supplemental Benefits |
|---|---|---|
| 1. Inpatient psychiatric services<br>2. Psychiatric partial hospitalization<br>3. Emergency room evaluations for commitments<br>4. Psychiatric outpatient services<br>5. Laboratory studies<br>6. Clozapine support services<br>7. Crisis intervention<br>8. Mental health targeted case management<br>9. Family-based mental health services for individuals under 21 years old | 1. Inpatient detoxification<br>2. Non-hospital detoxification, rehabilitation, and halfway house services<br>3. Behavioral health rehabilitation services for individuals under age 21<br>4. Outpatient drug and alcohol services, including methadone maintenance clinics | 1. Partial hospitalization for addiction<br>2. Site, clubhouse, or mobile psychiatric rehabilitation<br>3. Addiction targeted case management<br>4. Intensive outpatient services<br>5. Supported living services<br>6. Assistance in obtaining housing, employment, and income support<br>7. Continuous community-based treatment teams<br>8. Adult residential treatment<br>9. Consumer operated/directed self-help programs<br>10. Addiction prevention and intervention services<br>11. Social rehabilitation<br>12. Addiction transitional housing<br>13. Addiction drop-in centers |

# D.3. Medicaid Managed Care Program: SMI Population

- Pennsylvania does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of April 2025, *OPEN MINDS* estimates that 80% of the SMI population was enrolled in managed care.

# D.3. Medicaid Managed Care Program: Pharmacy Benefit

| Pennsylvania Managed Care Program Pharmacy Benefit | |
|---|---|
| **Responsible For Financing General Pharmacy Benefit** | Health plans |
| **Responsible For Financing Mental Health Pharmacy Benefit** | • Health plans for most drugs.<br>• Methadone, when used to treat opioid dependency and dispensed by a BH-MCO clinical professional, is not covered by the health plans, but instead is the responsibility of the BH-MCO. |
| **Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy** | Yes, the health plans must use the state's universal 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** | The health plans can set their own restrictions—including step therapy on preferred and non-preferred drugs—but these restrictions must be approved by the state. |
| **Health Plan Allowed To Implement Pharmacy Lock-In Program** | Both the Physical HealthChoices and Community HealthChoices program must maintain a Recipient Restriction Program to interface with the Department's Recipient Restriction Program. |

# D.4. Medicaid Program: Care Coordination Initiatives

| Accountable Care Organization (ACO) Program | Affordable Care Act (ACA) Health Home | Patient-Centered Medical Home (PCMH) | Other Care Coordination Initiative |
|---|---|---|---|
| There is no statewide ACO program; however, the health plans may use ACOs to meet their value-based reimbursement requirements. | None | There is no statewide PCMH program; however, the health plans may use PCMH to meet their value-based reimbursement requirements. | Other care coordination programs include:<br>1. Certified community behavioral health clinics<br>2. Integrated Care Program<br>3. Opioid use disorder Centers of Excellence<br>4. Healthy Beginnings Plus Health Homes |

# D.4. Medicaid Program Care Coordination Initiatives: CCBHOs

- The state currently operates and funds the CCBHO program.
- Of the two prospective payment systems authorized through the CCBHC program, the state has opted to use the daily unit of payment method.
  - Under the fixed daily rate, CCBHOs receive the same fixed payment for all services provided to a Medicaid beneficiary on a given day, regardless of the intensity of services provided.
- CCBHOs are required to coordinate care across the spectrum of health services, including physical health, behavioral health, and social services; and must form partnerships with other organizations, including FQHCs, inpatient psychiatry, detoxification, and post-detoxification step-down services, residential programs, and social services provider organizations.

| CCBHO | Service Area |
|---|---|
| Berks Counseling Center | Berks County |
| Cen Clear Child Services | Clearfield County |
| Cen Clear Child Services | Jefferson County |
| Community Council Health Systems | Philadelphia |
| Northeast Treatment Centers | Philadelphia |
| Pittsburgh Mercy | Allegheny County |
| Resources for Human Development | Montgomery County |
| The Guidance Center | McKean County |

# D.4. Medicaid Program Care Coordination Initiatives: Integrated Care Plan Program

- The Integrated Care Plan (ICP) program provides financial incentives to be paid to the health plans and BH-MCOs from funding pools based on shared performance measures. The goals of the program are to reduce Medical Assistance expenditures and improve the quality of health care via coordination of behavioral health and physical health care.
- To qualify for performance payments based on quality measures, the health plans and BH-MCOs must perform three activities for individuals with SMI:
  - PH-MCOs and BH-MCOs must report stratification of their members with SMI into one of four groups: Low physical health/low behavioral health needs, low physical health/high behavioral health needs, high physical health/low behavioral health needs, or high physical health/high behavioral health needs.
  - Integrated behavioral health and physical health care plans must be created for a minimum of 1,200 members (health plans) and .42% of the population (BH-MCOs).
  - Health plans and BH-MCOs must notify each other of hospital admissions; and share joint responsibility for discharge coordination and follow-up.
- The health plans and BH-MCO funding pool is $10 million each. Payments are allocated based on the overall enrollment share of health plan/BH-MCO member months. The health plans/BH-MCOs receive up to 100% of their pool allocation for making incremental improvements over their previous year's performance on the following five measures. The health plans/BH-MCOs earn a maximum of 20% of the allocation for each measure.

| Integrated Care Plan Quality Measures |
|---|
| Initiation and engagement of alcohol and other drug dependence treatment (NCQA-HEDIS) |
| Adherence to antipsychotic mediations for individuals with schizophrenia (NCQA-HEDIS) |
| Combined behavioral health and physical health inpatient 30-day readmission rate for individuals with SMI (NCQA-HEDIS) |
| Emergency department utilization for individuals with SMI (NCQA-HEDIS) |
| Combined behavioral health and physical health inpatient admission utilization for individuals with SMI (Pennsylvania-specific measure) |

| Incremental Payment Scale* | |
|---|---|
| ≥ 3 percentage point improvement | 100% |
| ≥ 2 and < 3 percentage point improvement | 85% |
| ≥ 1 and < 2 percentage point improvement | 75% |
| 0.5 - < 1 percentage point improvement | 50% |

*For the last two performance measures, 100% payout will be made if there is a reduction of >3.0 events per 1,000 member months and a 75% payout if there is a reduction in >2.0 events per 1,000 member months.

# D.4. Medicaid Program Care Coordination Initiatives: Centers Of Excellence For Opioid Use Disorder

- Pennsylvania established 45 Centers of Excellence (COE) for opioid use disorder throughout the state.
- The COEs operate as hub-and-spoke networks, with a physician specializing in addiction treatment serving as the hub, providing expert guidance to primary care physicians who serve as spokes. The primary care physicians provide direct care, which includes prescribing medication assisted treatment (MAT).
- The COEs must:
  - Deploy a community-based care management team
  - Report on care management activities
  - Provide direct access or referrals to MAT
  - Meet defined referral standards for drug and alcohol counseling and mental health counseling
  - Report on standard quality outcomes
  - Participate in a learning network
  - Track/report aggregate outcomes
- An initial payment of $500,000 was made to each COE to assist in the creation of the program, along with service capacity expansion of an additional 300 consumers.
- Ongoing funding is included in the physical and behavioral health managed care plan capitation rates. The health plans and the BH-MCOs are expected to contract with the COEs in their service areas.
  - The health plans must pay $277.22 per member per month for COE services; and are required to explore value-based arrangements with the COEs.
- Persons not enrolled in Medicaid may also participate using funding provided through the single county authorities.

# D.4. Medicaid Program Care Coordination Initiatives: Healthy Beginnings Plus Health Homes

- As part of the state's Healthy Beginnings Plus program, PH-MCOs and CHC-MCOs are required to contract with hospitals and health systems that perform more than 900 Medicaid deliveries per year to establish health homes for pregnant mothers with addiction disorder.
- The health homes must focus on identifying, initiating treatment for, and referring pregnant individuals who need comprehensive addiction disorder treatment services.
- The state is not a party to the negotiated health home structures and payment models between the health plans and the provider organizations.
- If a health plan is unable to reach an agreement with a high-volume delivery organization, it must document its efforts for review by the state.

# D.5. Medicaid Program: Demonstration & Managed Care Waivers

| Waiver Title | Waiver Description | Waiver Type | Enrollment Caps | Effective Date | Expiration Date |
|---|---|---|---|---|---|
| PA 67 (PA-09) | • Authorizes mandatory delivery of physical health benefits through managed care organizations—called PH-MCOs—by the state.<br>• Authorizes mandatory delivery of behavioral health benefits through behavioral health prepaid inpatient health plans (PIHPs)– called BH-MCOs—by the state.<br>• Authorizes a specialty pharmacy program for individuals in FFS. | 1915 (b) | None | 01/01/2022 | 12/31/2026 |
| Community HealthChoices (CHC) | • Authorizes mandatory delivery of physical health benefits and LTSS for dual eligibles and individuals age 21 and over in need of LTSS through a new managed care program phasing in regionally between January 2018 and January 2020. The plans are called CHC-MCOs by the state.<br>• Operates concurrently with the PA CHC (formerly COMMCARE) 1915 (c) waiver.<br>• Authorization of mandatory delivery of behavioral health benefits for the CHC population is through the PA 67 1915 (b) waiver. | 1915 (b) | None | 01/01/2023 | 12/31/2027 |
| Pennsylvania Medicaid Coverage Former Foster Care Youth From A Different State & SUD Demonstration | • Authorizes Medicaid state plan coverage for former foster care youth under age 26 who moved from another state.<br>• Authorizes residential treatment in institutions for mental disease (IMDs) for addiction disorder treatment. | 1115 | None | 10/01/2017 | 09/30/2027 |

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

| Waiver Title | Target Population | 2025 Enrollment Cap | Operating Unit | Concurrent Management Authority? |
|---|---|---|---|---|
| PA Community HealthChoices (CHC) (0386.R05.00) | Individuals ages 21 and over requiring a nursing facility level of care and previously enrolled in the Aging waiver, Attendant Care Waiver, and Independence waiver. | 167,328 | Office of Long-Term Living (OLTL) | 1915 (c) |
| PA Consolidated Waiver (0147.R07.00) | Individuals with autism or intellectual disabilities (all ages) or developmental disabilities (birth to age eight) requiring an ICF level of care. | 19,906 | Office of Developmental Programs (ODP) | None |
| PA Person/Family Directed Support (0344.R05.00) | Individuals with autism or intellectual disabilities (all ages) or developmental disabilities (birth to age eight) requiring an ICF level of care. | 15,490 | ODP | None |

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

| Waiver Title | Target Population | 2025 Enrollment Cap | Operating Unit | Concurrent Management Authority? |
|---|---|---|---|---|
| PA Medicaid Waiver For Infants, Toddlers & Families (0324.R05.00) | Individuals with I/DD from birth to age two requiring an ICF level of care. | 6,500 | Office of Child Development and Early Learning | None |
| Community Living Waiver (PA.1486.R01.00) | Individuals with autism or intellectual disabilities (all ages) or developmental disabilities (birth to age eight) requiring an ICF level of care. | 8,850 | ODP | None |
| PA OBRA (0235.R06.00) | • Individuals with developmental disabilities ages 18 to 59 requiring an ICF level of care.<br>• Individuals ages 18 to 20 from the PA Independence and Attendant Care waivers phasing in regionally. | 862 | OLTL | None |
| PA Adult Autism (0593.R03.00) | Individuals with autism age 21 and over requiring an ICF level of care. | 769 | ODP | None |

# D.6. Medicaid Managed Care: 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 (September 2024)** | 1,384,400 | 1,540,971 |
| **SMI Enrollment** | • *OPEN MINDS* estimates 53% of the population in Medicare Advantage, 47% in Traditional Medicare. | |
| **Management** | • Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care<br>• 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: 2,925,371 | Total Medicare With SMI: 380,298**

# E.1. Medicare Financing & Service Delivery System

| Medicare Financial Delivery System Enrollment | |
|---|---|
| Total Medicare population distribution | As of September 2024: 53% Medicare Advantage, 47% in traditional Medicare. |
| SMI population inclusion in managed care | Estimated 53% of population in Medicare Advantage, 47% in traditional Medicare. |
| Medicare population inclusion in Chronic special needs plan or (C-SNP). | Estimated that less than 1% of population is enrolled in C-SNP plans. |
| Medicare population inclusion in Institutional Special Needs Plan (I-SNP). | Estimated that less than 1% of population is enrolled in I-SNP plans. |

# E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 2,925,371.
- It is estimated around 17% of the state's total population is enrolled in Medicare, compared with about 18% 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.
- Pennsylvania stands out as having among the most robust Medicare Advantage markets in the country.
  - Plan availability varies by county, but every county in Pennsylvania had at least 35 Advantage plans available in 2025, and most have more than 60.
- There are 52 insurers that offer individual Medigap plans in Pennsylvania as of 2025.
- In 2025, there are 16 stand-alone Medicare Part D plans for sale in Pennsylvania, with monthly premiums that start at $0.
  - As of September 2024, there were 1,061,924 beneficiaries of Medicare in Pennsylvania with stand-alone Part D coverage, and another 1,406,285 had Part D coverage integrated with 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. Accountable Care Coalition of Northeast Partners, LLC<br>2. ACMG Health Systems, Inc<br>3. ACO West Virginia<br>4. AdvantagePoint Health Alliance – Laurel Highlands<br>5. Bridges Health Partners Accountable Care Organization<br>6. CAMC Health Network LLC<br>7. Capital Health Accountable Care Organization, LLC<br>8. Caravan Collaborative Pathways<br>9. CHSPSC ACO 13, LLC<br>10. Community Care Collaborative of Pennsylvania and New Jersey<br>11. Crozer ACO<br>12. Delaware Valley ACO<br>13. Doylestown Value Partners, LLC | 14. eBrightHealth ACO<br>15. Einstein Care Partners<br>16. Healthier Communities ACO, LLC<br>17. Heritage Valley Healthcare Network ACO<br>18. Keystone ACO<br>19. Lancaster General Health Community Care Collaborative<br>20. Lehigh Valley Health Network Accountable Care Organization<br>21. Mercy Health Select, LLC<br>22. Aledade 155 National MSSP<br>23. On Belay Health Solutions<br>24. Aledade 90 National MSSP Enhanced<br>25. Aledade 150 PACHC MSSP Enhanced<br>26. PA Clinical Network ACO Inc | 27. Aledade 196 Advocare collaborative Health MSSP<br>28. Penn Medicine Healthcare Partners, LLC<br>29. Physician Partners of Western PA<br>30. Premier Health ACO<br>31. St. Luke's Medicare ACO<br>32. Stellar Health ACO<br>33. Steward National Care Network, Inc<br>34. Tandigm Value Partners, LLC<br>35. Trinity Health Integrated Care<br>36. UM ACO<br>37. USMM Accountable Care Partners, LLC<br>38. VBLTC<br>39. Wellspan Population Health Services |

# 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

| Medicaid System Characteristics | | |
|---|---|---|
| **Characteristics** | **Medicaid Managed Care (CHC)** | **PACE** |
| **Enrollment (April 2025)** | 401,960 | 9,637 |
| **SMI Enrollment** | 84,411 | 2,024 |
| **Management** | • Physical Health: three health plans<br>• Behavioral health: Behavioral Health Managed Care Organizations (BH-MCOs) | Nine organizations |
| **Payment Model** | Both: Capitated rate | Blended capitated rate |
| **Geographic Service Area** | Statewide | Available by county |

**Total Dual Eligibles: 411,597 | Total Dual Eligibles With SMI: 86,435**

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

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

| Health Plans | Parent Company | Plan Type | March 2024 Enrollment | Estimated SMI Enrollment |
|---|---|---|---|---|
| UPMC for Life Complete Care | UPMC Health Plan, Inc | Medicare Advantage D-SNP | 47,510 | 9,977 |
| Aetna Medicare Advantra Cares | Aetna Health, Inc Pennsylvania | Medicare Advantage D-SNP | 34,427 | 7,230 |
| Cigna-HealthSpring TotalCare | Cigna, Inc | Medicare Advantage D-SNP | 17,023 | 3,575 |
| Keystone VIP Choice | None | Medicare Advantage D-SNP | 14,189 | 2,980 |
| Health Partners Medicare Special | Health Partners Plans, Inc | Medicare Advantage D-SNP | 12,808 | 2,690 |
| Geisinger Gold Secure Rx | Geisinger Health Plan | Medicare Advantage D-SNP | 10,356 | 2,175 |
| Humana Gold Plus | Humana, Inc | Medicare Advantage D-SNP | 7,475 | 1,570 |
| Community LIFE PACE | Community LIFE | PACE | 879 | 185 |
| Mercy LIFE – Philadelphia | Trinity Health | PACE | 857 | 180 |
| Pittsburgh Care Partnership, Inc | Community LIFE | PACE | 808 | 170 |

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

- As of April 2025, dual eligible enrollment was 411,597.
- 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 automatically enrolled in CHC whether they need LTSS or not.
  - With the transition to managed care, dual eligibles now receive behavioral health services through the behavioral health managed care organizations (BH-MCOs) operated by the counties.
  - The CHC health plans must operate aligned D-SNP plans.
- Total D-SNP enrollment as of March 2024 was 143,788, total D-SNP SMI enrollment was 30,195.
- Additionally, dual eligibles in need of LTSS may enroll in the PACE program as an alternate to CHC.
  - Pennsylvania calls its PACE program, LIFE (Living Independence For The Elderly).

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

- Pennsylvania does not have a demonstration with the Centers for Medicare & Medicaid Services (CMS) to design and implement a new model for integrating the benefits and financing for dual eligibles.

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

# G.1. LTSS Financing & Service Delivery System

Pennsylvania delivers LTSS services through its Community HealthChoices (CHC) program. The CHC program provides physical health care and LTSS for individuals who are dually eligible for Medicaid and Medicare, individuals over the age of 21, and individuals in needs of LTSS.

| LTSS* Medicaid System Characteristics | |
|---|---|
| **Characteristics** | **Medicaid Managed Care** |
| **Enrollment (February 2025)** | 43,077 |
| **Estimated SMI Enrollment** | 9,046 |
| **Management** | • Physical Health: Four health plans<br>• Behavioral health: Behavioral Health Managed Care Organizations (BH-MCOs) |
| **Payment Model** | Both: Capitated rate |
| **Geographic Service Area** | Statewide |

**Total LTSS: 43,077 | Total LTSS With SMI: 9,046**

*Long-Term Services & Supports

# 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 dual eligibles) | | ✓ |
| Individuals with I/DD | | | ✓ |
| Individuals residing in nursing homes | | | ✓ |
| Individuals residing in ICF/IDD | ✓ | | |
| Other HCBS Recipients | | | ✓ |
| Other populations | • Enrolled in a waiver administered by the Department of Developmental Disabilities<br>• Third-party insurance<br>• Residing in or admitted to a state psychiatric hospital<br>• Aliens eligible only for emergency services | | • Individuals in the Breast and Cervical Cancer Prevention and Treatment Program |

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

- The Community HealthChoices (CHC) program is a managed care program for individuals in need of physical care, behavioral health services, and long-term services and supports (LTSS).
- As of March 2025, enrollment in CHC was 401,960, representing an estimated 13% of the Medicaid managed care population.
- CHC provides LTSS and physical health services to:
  - Dual eligibles over the age of 21; and
  - Individuals in need of LTSS, except those enrolled in the OBRA waiver or a waiver administered by the Department of Developmental Disabilities (ability to access HCBS is limited by waiver slots).
- The CHC health plans are required to implement innovations related to housing, workforce participation, employment, and technology (i.e., home monitoring and telemedicine).
  - For individuals in need of LTSS, the health plans must develop person-centered care plans and person-centered care teams.
- Starting calendar year 2024, 15% of medical portion of capitation must be expended through value-based payments.
  - 25% of LTSS payments must be through a VBP arrangement.

# G.3. Medicaid LTSS Program: Health Plan Characteristics

**Keystone First**

1. **Profit status:** Non-profit
2. **Parent company:** Independence Health Group
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** Perform Rx
5. **Managed care programs:** HealthChoices, CHC

**AmeriHealth Caritas PA**

1. **Profit status:** Non-profit
2. **Parent company:** Independence Health Group
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** Perform Rx
5. **Managed care programs:** HealthChoices, CHC

**UPMC For You**

1. **Profit status:** Non-profit
2. **Parent company:** UPMC
3. **Behavioral health subcontractor:** N/A*
4. Pharmacy **benefit manager:** Express Scripts
5. **Managed care programs:** HealthChoices, CHC

**PA Health & Wellness**

1. **Profit status:** For-profit
2. **Parent company:** Centene-WellCare
3. **Behavioral health subcontractor:** N/A*
4. **Pharmacy benefit manager:** Envolve Pharmacy Solutions
5. **Managed care programs:** CHC

*Behavioral health services are not included in the HealthChoices PH-MCO and CHC-MCO capitation rate because Pennsylvania contracts with at-risk BH-MCOs to provide all behavioral health services.

# G.4. Medicaid LTSS Program: Health Benefits

| Mental Health Benefits Delivered By The BH-MCOs |
| --- |
| 1. Inpatient psychiatric services<br>2. Psychiatric partial hospitalization<br>3. Emergency room evaluations for commitments<br>4. Psychiatric outpatient services<br>5. Laboratory studies<br>6. Clozapine support services<br>7. Crisis intervention<br>8. Mental health targeted case management<br>9. Family-based mental health services for individuals under 21 years old |

| Addiction Treatment Benefits Delivered By The BH-MCOs |
| --- |
| 1. Inpatient detoxification<br>2. Non-hospital detoxification, rehabilitation, and halfway house services<br>3. Behavioral health rehabilitation services for individuals under age 21<br>4. Outpatient drug and alcohol services, including methadone maintenance clinics |

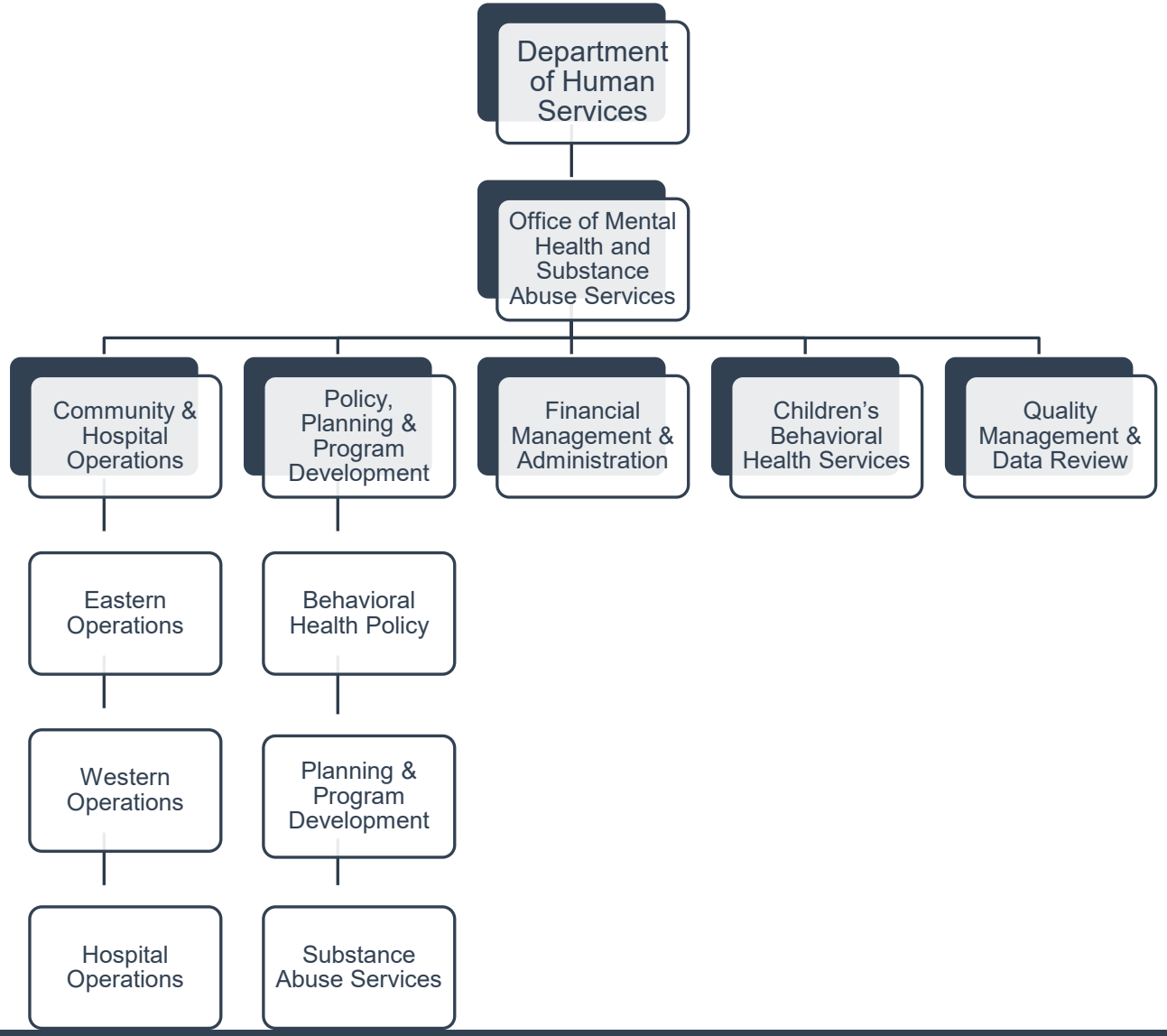
| Authorized BH-MCO “In-Lieu Of” Or Supplemental Benefits |
| --- |
| 1. Partial hospitalization for addiction<br>2. Site, clubhouse, or mobile psychiatric rehabilitation<br>3. Addiction targeted case management<br>4. Intensive outpatient services<br>5. Supported living services<br>6. Assistance in obtaining housing, employment, and income support<br>7. Continuous community-based treatment teams<br>8. Adult residential treatment<br>9. Consumer operated/directed self-help programs<br>10. Addiction prevention and intervention services<br>11. Social rehabilitation<br>12. Addiction transitional housing<br>13. Addiction drop-in centers |

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

- There are no new or pending initiatives currently.

# H. State Behavioral Health Administration & Finance System

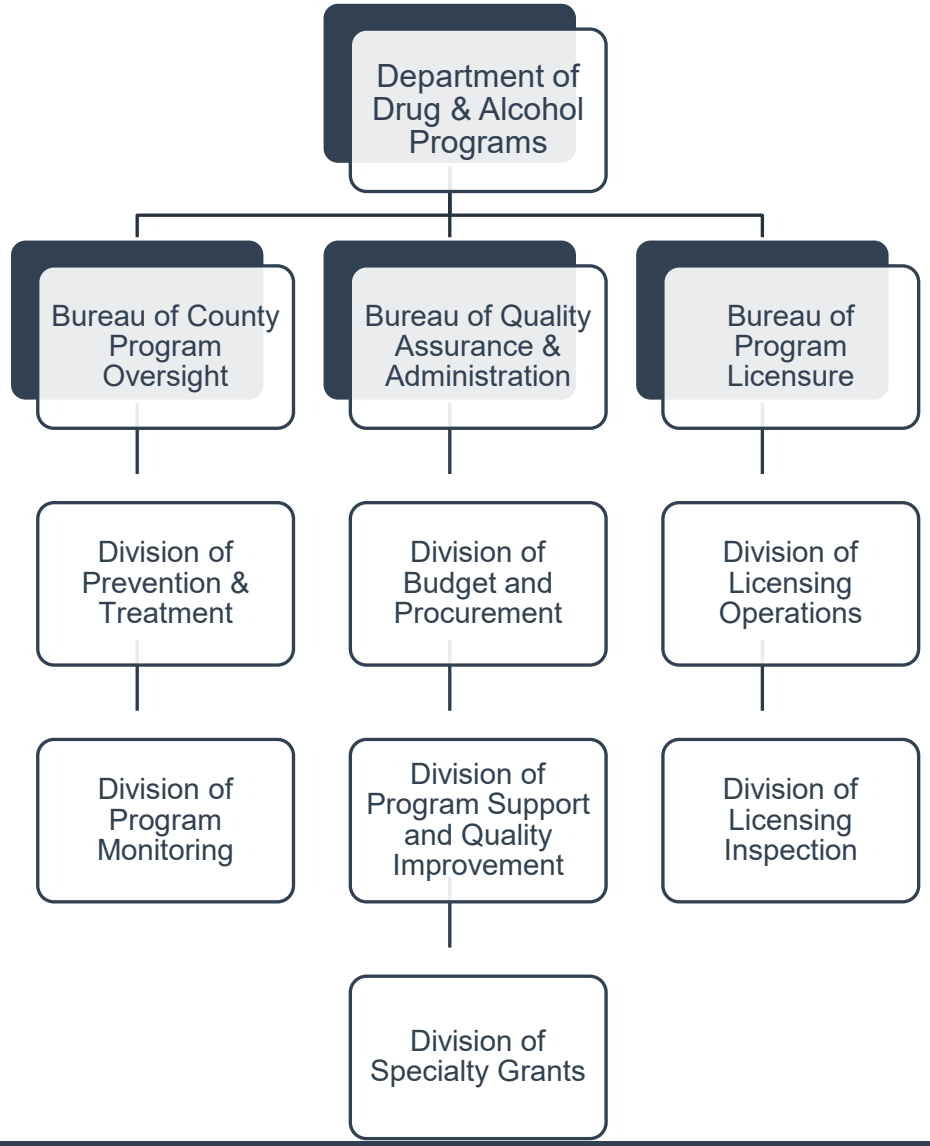
# H.1. Office Of Mental Health & Substance Abuse Services: Organization Chart



# H.1. Office Of Mental Health & Substance Abuse Services Governance: Key Leadership

| Contact | Position | Department | Email |
|---|---|---|---|
| Valerie Arkoosh, MD, MPH | Secretary | Department of Human Services | varkoosh@pa.gov |
| Jennifer Smith | Deputy Secretary | DHS, Office of Mental Health and Substance Abuse Services | Not available |
| Dawn Hamme | Director | Bureau of Financial Management and Administration | dhamme@pa.gov |
| Scott Talley | Director | Bureau of Children's Behavioral Health Services | stalley@pa.gov |
| Jill Stemple | Director | Bureau of Policy, Planning, and Program Development | jistemple@pa.gov |
| Philip Mader | Director | Bureau of Community and Hospital Operations | pmader@pa.gov |
| Dale Adair | Medical Director | Office of Mental Health and Substance Abuse Services | dadair@pa.gov |
| Amanda Roth | Director | Bureau of Quality and Systems Management and Clinical Review | aroth@pa.gov |

# H.1. Department Of Drug & Alcohol Programs: Organization Chart



# H.1. Department Of Drug & Alcohol Programs: Organization Chart & Key Leadership

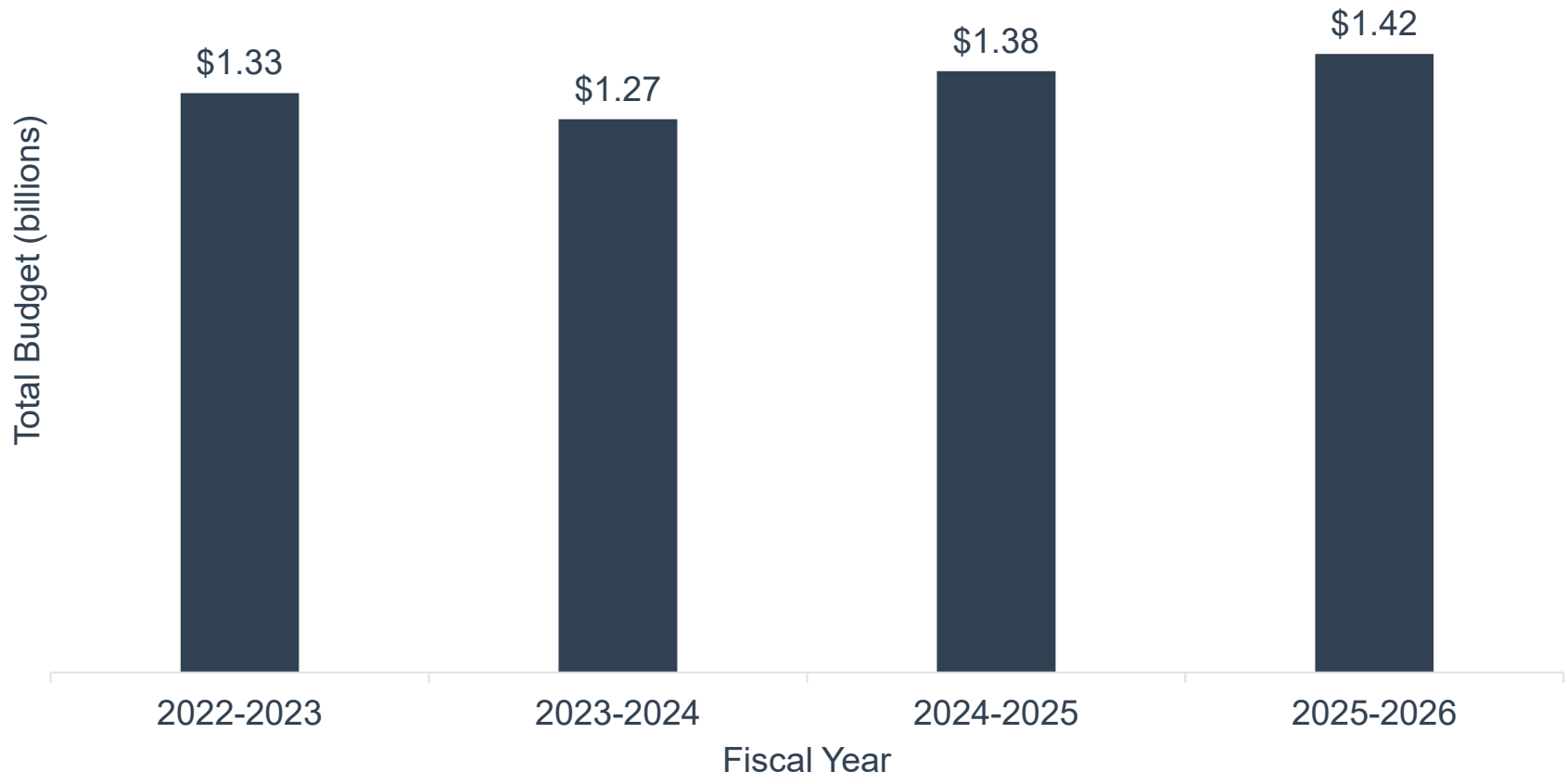
| Name | Position | Department | Email |
|---|---|---|---|
| Latika Davis-Jones | Secretary | Department of Drug and Alcohol Programs | Not available |
| Kelly Primus | Deputy Secretary | Department of Drug and Alcohol Programs | kprimus@pa.gov |
| Jodi Skiles | Director | Bureau of Program Licensure | joskiles@pa.gov |
| Jennifer Newell | Director | Bureau of Quality Assurance and Administration | jnewell@pa.gov |
| Erica Nocho | Director | Bureau of County Program Oversight | enocho@pa.gov |

# H.2. Office Of Mental Health & Substance Abuse Services: Budget

| Budget Item | SFY 2025-2026 Budget | Percent Of Budget |
|---|---|---|
| Community Programs | $827,348,000 | 58% |
| Hospitals | $541,515,000 | 38% |
| South Mountain State Restoration Center | $33,817,000 | 2% |
| Administration | $25,387,000 | 2% |
| **Total Budget: $1,428,067,000** | | |

Additionally, in the FY 2025-2026 the Pennsylvania Department of Drug and Alcohol Programs spent approximately $350,057,000 for addiction prevention and treatment programs administered by the Single County Authorities.

# H.2. Office Of Mental Health & Substance Abuse Services : Budget Over Time

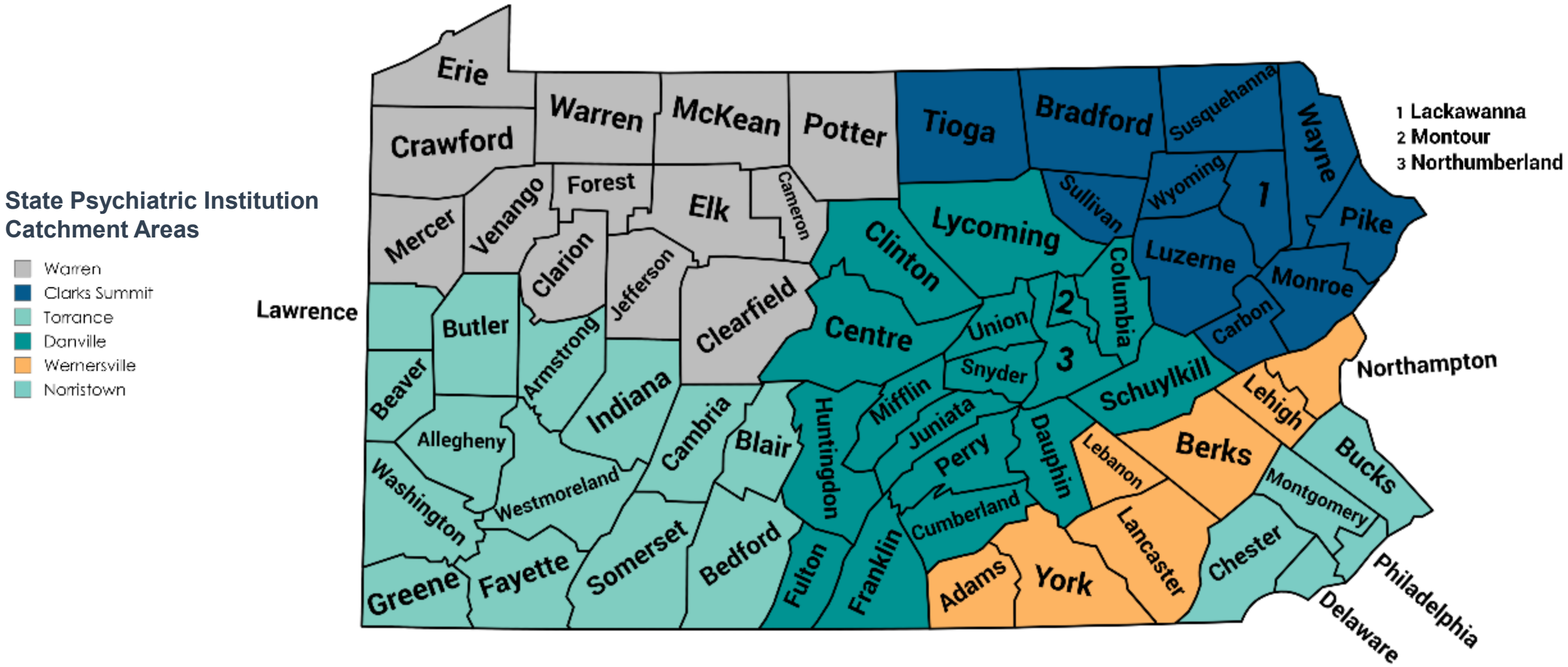



*Totals do not include Department of Drug and Alcohol Programs' budget.

# H.3. State Psychiatric Institutions

| State Psychiatric Institutions | | | |
|---|---|---|---|
| **Institution** | **Location** | **Beds** | **Population as of July 2024** |
| Clarks Summit State Hospital | Clarks Summit | 203 | 159 |
| Danville State Hospital | Danville | 180 | 143 |
| Norristown State Hospital | Norristown | 375 | 343 |
| South Mountain Restoration Center | South Mountain | 159 | 91 |
| Torrance State Hospital | Torrance | 353 | 260 |
| Warren State Hospital | North Warren | 152 | 138 |
| Wernersville State Hospital | Wernersville | 266 | 259 |
| **Total** | | **1,688** | **1,393** |

# H.3. State Psychiatric Institution Catchment Areas



# H.4. Behavioral Health Safety-Net Delivery System

- Mental Health and Developmental Services (MH/DS) offices operated at the county or joint county level administer community mental health services.
  - The MH/DS offices contract with local provider organizations for treatment services, assess individuals for treatment requirements, and make treatment referrals.
  - MH/DS services are funded by grants through the state Department of Human Services (DHS), county funds, Medicaid and other insurance payments for individuals, and individual contributions based on ability to pay.
- Single County Authority (SCA) offices operated at the county or joint county level administer safety-net addiction treatment services.
  - The Department of Drug and Alcohol Programs (DDAP) provides SCAs with state and federal funding to deliver or purchase drug and alcohol services, including treatment services for Pennsylvanians who do not have insurance or resources to pay for treatment, as well as for treatment services not reimbursed under insurance programs.
  - SCA services are also funded by grants through county funds, Medicaid and other insurance payments for individuals, and individual contributions based on ability to pay.
  - SCAs prepare prevention, intervention, and treatment plans tailored to meet the needs of their respective communities. DDAP approves these plans and formulates a statewide plan based on those findings.
  - The SCAs contract with local provider agencies for treatment services, assess individuals for treatment requirements, and make treatment referrals.

# 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. (2022). 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/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a |
| **Medicaid** | 8.8% of persons enrolled in traditional Medicaid | Substance Abuse and Mental Health Services Administration. (2022). 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/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a |
| **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 2023 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 partial 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 |
| | 16% of persons in the Medicare population dually eligible for full Medicaid benefits | |
| **Other Public** | 4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system | U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html |
| **No Health Care Insurance** | 6.7% of uninsured persons over age 18 | Substance Abuse and Mental Health Services Administration. (2022). 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/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a |

# I.2. Glossary Of Terms

| Term | 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

| Term | 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

| Term | 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

| Term | 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

| Term | 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

| Term | 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**

1. Information compiled from sources provided throughout the profile.

**B.1. Population Demographics**

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved May 2025 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved May 2025 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved May 2025 from https://data.census.gov/cedsci/table?q=S1901
4. United States Census Bureau. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved May 2025 from https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05

**B.2. Population Centers**

1. Federal Reserve Bank of St Louis. (2024) Retrieved May 2025 from https://fred.stlouisfed.org/categories/27281
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved May 2025 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved May 2025 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
4. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved May 2025 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html

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

1. *OPEN MINDS*. (2025). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved May 2025. https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2024). Retrieved May 2025. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved May 2025. https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

# I.3. Sources


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

1. *OPEN MINDS*. (2025). Serious Mental Illness Prevalence Estimates.

**B.4. Largest State Health Plans By Enrollment**

1. *OPEN MINDS.* (2025, April). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved May 2025 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2025). Subscription Database. Available from http://www.markfarrah.com/

**B.4. Largest State Health Plans By Estimated SMI Enrollment**

1. *OPEN MINDS.* (2025, April). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved May 2025 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2025). Subscription Database. Available from http://www.markfarrah.com/

**B.5. Health Insurance Marketplace**

1. NCIOM. (2021). A Review of 2021 Health Insurance Exchange Plan Availability and Cost in Pennslyvania . Retrieved May 2025 from https://nciom.org/a-review-of-2021-health-insurance-exchange-plan-availability-and-cost-in-north-carolina/
2. Kaiser Family Foundation. (2020, October 19). 2021 Premium Changes on ACA Exchanges and the Impact of COVID-19 on Rates. Retrieved May 2025 from https://www.kff.org/private-insurance/issue-brief/2021-premium-changes-on-aca-exchanges-and-the-impact-of-covid-19-on-rates/

**B.6. ACOs**

1. *OPEN MINDS*. (2023). ACO Database.
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**H.5. Behavioral Health System: New Initiatives**

1. Derived from information throughout this profile.