## Missouri Managed Care Program Features, as of 2013

| Features | MO HealthNet Managed Care | Non-Emergency Medical Transportation Program (NEMT) | Program of All-inclusive Care for the Elderly (PACE) |
|---|---|---|---|
| **Program type** | Comprehensive MCO | Non-Emergency Medical Transportation | PACE |
| **Statewide or region-specific?** | Audrain, Bates, Benton, Boone, Callaway, Camden, Cass, Cedar, Chariton, Clay, Cole, Cooper, Franklin, Gasconade, Henry, Howard, Jackson, Jefferson, Johnson, Laclede, Lafayette, Lincoln, Linn, Macon, Madison, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Perry, Pettis, Phelps, Pike, Platte, Polk, Pulaski, Ralls, Randolph, Ray, St. Charles, St. Clair, St. Francois, St. Genevieve, St. Louis, Saline, Shelby, Vernon, Warren, Washington | Statewide | St. Louis |
| **Federal operating authority** | 1915(b) waiver | 1902(a)(70) NEMT | PACE |
| **Program start date** | 9/1/1995 | 10/1/2006 | 11/1/2001 |
| Waiver expiration date (if applicable) | 2/28/2015 | | |
| If the program ended in 2013, indicate the end date | | | |
| **Populations enrolled** | | | |
| Low-income Adults | Mandatory | Mandatory | |
| Aged, Blind or Disabled Children or Adults | Mandatory | Mandatory | Voluntary |
| Non-Disabled Children (excluding children in foster care or receiving adoption assistance) | Mandatory | Mandatory | |
| Individuals receiving Limited Benefits | | | |
| Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority | | | |
| Full Duals | | Mandatory | Voluntary |
| Partial Duals | | Mandatory | Voluntary |
| Children with Special Health Care Needs | Mandatory | Mandatory | |

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|---|---|---|---|
| Native American/Alaskan Natives | | | |
| Foster Care and Adoption Assistance Children | Mandatory | Mandatory | |
| **Enrollment choice period** | 15 days | | N/A |
| **Enrollment broker name (if applicable)** | Wipro Infocrossing | Medicaid State Plan | |
| **Notes on enrollment choice period** | Children in the care and custody of the State of Missouri have 90 calendar days to choose a MO HealthNet Managed Care health plan. | NEMT members are automatically enrolled when qualifications are met. There is not an enrollment period for this. | |
| **Benefits covered** | | | |
| Inpatient hospital physical health | X | | X |
| Inpatient hospital behavioral health (MH and/or SUD) | X | | X |
| Outpatient hospital physical health | X | | X |
| Outpatient hospital behavioral health (MH and/or SUD) | X | | X |
| Partial hospitalization | X | | X |
| Physician | X | | X |
| Nurse practitioner | X | | X |
| Rural health clinics and FQHCs | X | | X |
| Clinic services | X | | X |
| Lab and x-ray | X | | X |
| Prescription drugs and prosthetic devices | X | | X |
| EPSDT | X | | X |
| Case management | X | | X |
| Health home | X | | X |
| Family planning | X | | X |
| Dental services (medical/surgical) | X | | X |
| Dental (preventative or corrective) | X | | X |
| Home health agency services | X | | X |

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|---|---|---|---|
| Personal care (state plan option) | X | | X |
| HCBS waiver services | | | X |
| Private duty nursing | | | X |
| ICF-IDD | | | X |
| Nursing facility services | | | X |
| Hospice care | X | | X |
| Non-Emergency Medical Transportation | X | X | X |
| Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Adult Day Care, Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Impatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision | | Adult Day Care, Ambulatory Surgical Care, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Impatient Substance Use Disorders, Outpatient Substance Use Disorders, Prenatal Case Management, Vision |
| **Quality assurance and improvement** | | | |
| HEDIS data required? | Yes | No | No |
| CAHPS data required? | Yes | No | No |
| Accreditation required? | Yes | No | No |
| Accrediting organization | NCQA | | |
| EQRO contractor name (if applicable) | Behavioral Health Concepts, Inc. | | |
| **Performance incentives?** | Yes | No | No |
| Payment bonuses/differentials to reward MCOs | X | | |
| Preferential auto-enrollment to reward MCOs | X | | |
| Public reports comparing MCO performance on key metrics | | | |
| Withholds tied to performance metrics | | | |

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|---|---|---|---|
| **Participating plans and regions served** | | | |
| Plans in Program | HealthCare USA Eastern; HealthCare USA Central; HealthCare USA Western; Missouri Care Eastern; Missouri Care Central; Missouri Care Western; Home State Health Plan Eastern; Home State Health Plan Central; Home State Health Plan Western | Logisticare Solutions | Alexian Brothers Community Services |
| **Notes** | | | |
| Program notes | | | |