

## EQR Table 2. States and Managed Care Plans Included in External Quality Review (EQR) Technical Reports, 2022–2023 Reporting Cycle

*Summary:* This table shows the number and types of managed care plans included in each state’s EQR technical report, as well as the populations the state’s managed care plans provide services to (both Medicaid and CHIP, Medicaid-only, or CHIP-only). During the 2022–2023 reporting cycle, managed care organizations (MCOs) were the most common managed care plan type included in state EQR technical reports, followed by prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management entities (PCCM-Es).

State	EQRO	Total Number of Plans	Managed Care Plan Type					Population		
			MCO <sup>a</sup>	PAHP <sup>b</sup>	PCCM-E <sup>c</sup>	PIHP <sup>d</sup>	Multiple	Both Medicaid and CHIP <sup>e</sup>	Medicaid Only	CHIP Only
<b>n = 45 states</b>		721	512	57	10	135	7	281	398	42
Alabama	IPRO	7	-	-	7	-	-	-	7	-
Arizona	HSAG	15	15	-	-	-	-	10	5	-
Arkansas	Qsource	6	4	2	-	-	-	-	6	-
California <sup>f</sup>	BHC	87	-	-	-	87	-	-	87	-
California <sup>f</sup>	HSAG	32	28	3	-	1	-	28	4	-
Colorado <sup>g</sup>	HSAG	15	7	1	-	-	7	-	9	6
Delaware	Mercer	2	2	-	-	-	-	-	2	-
District of Columbia	Qlarant	5	5	-	-	-	-	3	2	-
Florida	HSAG	19	16	3	-	-	-	-	18	1
Georgia	HSAG	5	5	-	-	-	-	4	1	-
Hawaii	HSAG	6	5	-	-	1	-	5	1	-
Idaho	Telligen	4	2	2	-	-	-	-	4	-
Illinois	HSAG	21	21	-	-	-	-	-	21	-
Indiana	Qsource	10	10	-	-	-	-	4	6	-
Iowa	HSAG	4	2	2	-	-	-	4	-	-
Kansas	KFMC	3	3	-	-	-	-	3	-	-
Kentucky	IPRO	6	6	-	-	-	-	6	-	-
Louisiana	IPRO	8	5	2	-	1	-	8	-	-
Maryland	Qlarant	9	9	-	-	-	-	9	-	-
Massachusetts	IPRO	28	24	-	3	1	-	19	9	-
Michigan	HSAG	49	10	22	-	17	-	2	47	-
Minnesota	IPRO	34	34	-	-	-	-	7	27	-
Mississippi	CCME	5	5	-	-	-	-	3	-	2
Missouri	PTM	3	3	-	-	-	-	3	-	-

EQR Table 2 (continued)

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Nebraska	HSAG	4	3	1	-	-	-	4	-	-
Nevada	HSAG	5	4	1	-	-	-	5	-	-
New Hampshire	HSAG	3	3	-	-	-	-	3	-	-
New Jersey	IPRO	10	10	-	-	-	-	5	5	-
New Mexico	IPRO	3	3	-	-	-	-	-	3	-
New York	IPRO	73	73	-	-	-	-	13	60	-
North Carolina <sup>h</sup>	CCME	6	-	-	-	6	-	-	6	-
North Carolina <sup>h</sup>	HSAG	5	5	-	-	-	-	5	-	-
North Dakota	Qlarant	1	1	-	-	-	-	-	1	-
Ohio	IPRO	5	5	-	-	-	-	5	-	-
Oregon	HSAG	21	16	5	-	-	-	21	-	-
Pennsylvania	IPRO	28	27	-	-	1	-	-	18	10
Rhode Island	IPRO	14	13	1	-	-	-	8	6	-
South Carolina <sup>i</sup>	CCME	8	8	-	-	-	-	5	3	-
Tennessee	Qsource	12	10	2	-	-	-	12	-	-
Texas	ICHHP	52	46	6	-	-	-	16	17	19
Utah	HSAG	25	11	3	-	11	-	20	2	3
Vermont	HSAG	1	-	-	-	1	-	1	-	-
Virginia	HSAG	12	12	-	-	-	-	12	-	-
Washington	Comagine	11	6	-	-	5	-	10	1	-
West Virginia	Qlarant	4	4	-	-	-	-	3	1	-
Wisconsin	MetaStar	34	31	-	-	3	-	14	19	1
Wyoming	Guidehouse	1	-	1	-	-	-	1	-	-

Acronyms: BHC = Behavioral Health Concepts, Inc.; CCME = Carolinas Center for Medical Excellence; CHIP = Children's Health Insurance Program; EQR = External Quality Review; EQRO = External Quality Review Organization; FY= Fiscal Year; GU = Guam; HMO = Health Maintenance Organization; HSAG = Health Services Advisory Group; ICHHP = Institute for Child Health Policy; MCO = Managed Care Organization; PACE = Program of All-Inclusive Care for the Elderly; PAHP = Prepaid Ambulatory Health Plan; PCCM-E = Primary Care Case Management Entity; PIHP = Prepaid Inpatient Health Plan; PR = Puerto Rico; PTM = PRO Team Management Healthcare Business Solutions; USVI = United States Virgin Islands.

Source: EQR technical reports for the 2022–2023 reporting cycle. EQR technical reports must be publicly posted by April 30 of each year. Information about the EQR process is available at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>.

Notes: The following two states and territories did not post EQR technical reports by the April 30 deadline: PR and VT. VT posted its report after the April 30 deadline but is included in this table. During the 2022–2023 reporting cycle, the following eight states and territories did not contract with a qualifying managed care plan subject to EQR: AK, CT, GU, ME, MT, OK, SD, and USVI.

<sup>a</sup> MCOs include managed care plans that provide comprehensive care to Medicaid or CHIP enrollees, such as HMOs and PACE plans.

<sup>b</sup> A PAHP is an entity that provides services to enrollees under contract with the state; is a non-comprehensive prepaid health plan that provides only certain outpatient services, such as dental services or outpatient health care; does not cover any inpatient services; and does not have a comprehensive risk contract (42 C.F.R. § 438.2). PAHPs include prepaid plans that provide more limited or targeted

services, including plans that cover a limited set of services (such as behavioral health, dental care, or long-term care), as well as plans that target specific populations (such as plans that provide specialized care to people with disabilities).

<sup>c</sup> PCCM-Es are entities whose contracts with the state provide for shared savings, incentive payments, or other financial rewards for the PCCM-E for improved quality outcomes as described at 42 C.F.R. § 438.310(c)(2).

<sup>d</sup> A PIHP is an entity that provides medical services to enrollees under contract with the state agency, and on the basis of prepaid capitation payments, or other payment arrangements that do not use state plan payment rates; provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; and does not have a comprehensive risk contract (42 C.F.R. § 438.2).

<sup>e</sup> Managed care plans are categorized as both Medicaid and CHIP if the state operates a combination or Medicaid expansion CHIP program and the EQR technical report did not specify whether the state's CHIP population was included. If the EQR technical report specified the population served, plans were categorized accordingly.

<sup>f</sup> CA engaged two separate EQROs: BHC for its specialty mental health and substance use disorder treatment managed care plans, and HSAG for its physical health managed care plans.

<sup>g</sup> CO launched its Accountable Care Collaborative program in 2011 as the primary vehicle for delivering health care to the state's Medicaid members. In July 2018, CO's seven Regional Accountable Entities (RAEs) established medical homes that serve as the central point of members' care, coordinate care, and provide comprehensive community-based mental health and substance use disorder services. The RAEs operate under a 1915(b) waiver as a PCCM-E and PIHP. The PIHP is limited to providing behavioral health services. RAEs are in the fourth year of contracting with the state (FY 2021-2022). The RAEs in regions 1 and 5 additionally have a Limited Managed Care Capitation Initiative, which operate under federal authority as MCOs (Rocky Mountain Health Plan PRIME and Denver Health Medical Plan).

<sup>h</sup> NC engaged two separate EQROs: HSAG for its MCOs and CCME for its PIHPs.

<sup>i</sup> SC posted EQR technical reports for some of its managed care plans by the April 30 deadline. Therefore, the table includes only partial information for SC.