

LAST UPDATED: 7/25/2024

State	Contract/Program	Term Begins	Term Ends	Options Through	RFP Timing (ESTIMATES ONLY)	Managed Care Enrollment (ESTIMATES ONLY)	Current Contract Holders	Status/Notes (Include Dates if timely information)
AK							No Medicaid managed care	
AK							No Medicaid managed care	
AZ	Complete Care (Medicaid Managed Care)	10/1/2018	9/30/2021	9/30/2024		2M	Plans available regionally: Banner-University Family Care Plan (Central, South), UnitedHealthcare (Central, South), Care 1st Arizona (North, Central), Mercy Care Plan (Central), Magellan Complete Care (Central), Arizona Complete Care (Central, South), Steward (North, Central)	12/23/2023: Announced that 3 plans filed protests - Banner, Mercy Care Plan, BCBS of AZ
AZ	Managed Care - Arizona Long Term Care System (ALTCES-EPI) (Provides acute care, BH, and LTSS for those who require a nursing facility or IC/FIDD LOC)	10/1/2017	10/1/2020	10/1/2024		26K	Effective 10/1/2024: UnitedHealthcare, Centene Plans available regionally: UnitedHealthcare (North, Central), Banner (Central, South), Mercy Care (Central, South)	12/1/2023: AHCCCS awarded UnitedHealthcare and Centene contracts. Banner, Mercy, and BCBS were not awarded. Contracts run from 10/1/2024 through 9/30/2027.
AZ	AHCCCS Regional Behavioral Health Entities (RBHAs) Provider-Led Arkansas Shared Savings Entities (PASSEs) BH and RDO	10/1/2022		9/30/2024		85K	Mercy, Centene/Aziona Complete, CentenaCare 1st	8/1/2023: RFP dropped, responses due 10/2/2023, awards expected 12/1/2023, Implementation 10/1/2024.
AR	AR Health and Opportunity for ME (ARHOME) - expansion population up to 138% FPL	1/1/2022	12/31/2026			300K	Arkansas Health & Wellness, Arkansas BCBS, OCA, QualChoice	
CA	Med-Cal	1/1/2024	12/31/2028		2028	11.7M	Varies regionally: Kaiser (no-fee), Elevance Health's Anthem Blue Cross of California Partnership Plan, Blue Shield of California Promise Health Plan, Community Health Group Partnership Plan, Centene's Health Net Community Solutions, and Molina Healthcare of California	9/2/2023: State announced go-live will be 1/1/2024 after go-live assessments. Beginning 2024, Imperial and San Benito models will no longer exist.
CO	Accountable Care Collaborative/Regional Accountable Entities (enhanced PCCM with ACO features)	7/1/2018	6/30/2019	6/30/2026		1.4M	Colorado Access, Colorado Community Health Alliance, Health Colorado, Northeast Health Partners, and Rocky Mountain Health Plans (UnitedHealthcare)	
CT							No Medicaid managed care	
DE	DSHP/DSHP Plus	1/1/2023	12/31/2027	12/31/2030		318K	Highmark Health Options Blue Cross Blue Shield, AmeriHealth Caritas, Centene/Delaware First Health	
DC	Medicaid Managed Care (DC Healthy Families Program, DC Healthcare Alliance Program, Immigrant Children's Program)	2/1/2023	1/31/2028	1/31/2033		254K	MedStar Family Choice, AmeriHealth Caritas, Anthem/Amgroup	
DC	Dual Choice	2/1/2022	12/31/2022	12/31/2025		12,300	UnitedHealthcare	
FL	Medicaid Managed Medical Assistance (MMA) and Long Term Care (LTC)	1/1/2019	12/31/2024		RFP Dropped April 2023	3.4 M	Region 1: Florida Community Care (FCC) Long Term Care (LTC), Humana, Simply Healthcare (Anthem), Sunshine Health (Centene) Region 2: FCC LTC, Humana, Simply Healthcare (Anthem), Sunshine Health (Centene) Region 3: FCC LTC, Humana, Sunshine Health (Centene), UnitedHealthcare Region 4: FCC LTC, Humana, Sunshine Health (Centene), UnitedHealthcare Region 5: FCC LTC, Humana, Sunshine Health (Centene), Simply Healthcare (Anthem) Region 6: FCC LTC, Humana, Sunshine Health (Centene), Simply Healthcare (Anthem), UnitedHealthcare Region 7: FCC LTC, Humana, Sunshine Health (Centene), Simply Healthcare (Anthem), Aetna Region 8: FCC LTC, Humana, Sunshine Health (Centene), Simply Healthcare (Anthem), Molina Region 9: FCC LTC, Humana, Sunshine Health (Centene), Simply Healthcare (Anthem), AmeriHealth Region 10: FCC LTC, Humana, Sunshine Health (Centene), Simply Healthcare (Anthem), Community Care Plan Region 11: FCC LTC, Humana, Sunshine Health (Centene), Simply Healthcare (Anthem), Aetna, AmeriHealth, Molina, UnitedHealthcare	1/1/2023: ACA announced revised awards for the statewide managed care program contracts. Incumbent partners Anthem HealthCare and UnitedHealthcare were selected after state revision. Aetna will serve regions D, E, and Molina will serve region I and Monroe County. The state also revised awards for Florida Community Care and South Florida Community Care Network/Community Care Plan. Florida Community Care will now serve statewide in long term care, in addition to a comprehensive plan in Regions A, B, C, D, I, South Florida Community Care Network will serve regions E, F, G, H, and I as a Managed Medical Assistance Plus plan. No change to previously awarded plans Humana, Simply Healthcare Plans (Elevance), and Sunshine State Health Plan (Centene), AmeriHealth Caritas, Seneca Care Alliance, and IntraCare (joint venture between CentSource and Spunk Products) did not secure a contract. 5/3/2024: ACA received protest from Aetna, AmeriHealth Caritas, Florida Community Care, IntraCare, Molina Healthcare, Seneca Care Alliance, and IntraCare. ACA announced on April 12, 2024, the 2 awarders for the Statewide Medicaid Managed Care program contracts, serving approximately 3.4 million enrollees. The winners were incumbent Florida Community Care, Humana, Elevance/Simply Healthcare Plans, South Florida Community Care Network/Community Care Plan, and Centene/Sunshine State Health Plan, down from the current one plans. As part of this procurement, the state realigned the regions from eleven to nine. Florida Community Care will serve Regions A, B, C, D, and I while South Florida Community Care Network will serve Regions E, F, G, H, and I. The other three plans were awarded statewide contracts. Each plan also received at least one specialty plan award: Humana, Elevance/Simply Healthcare Plans, Florida Community Care awarded HIV/AIDS specialty plan and Seneca Mental Health specialty plan; South Florida Community Care Network/Community Care Plan awarded Seneca Mental Health specialty plan and Centene/Sunshine State Health Plan awarded CHD/Infants, HIV/AIDS specialty plan and Seneca Mental Health specialty plan. The contracts are set to run from October 1, 2024, through December 31, 2030. Current contract holders CVS/Aetna, Molina Healthcare, UnitedHealthcare, and AmeriHealth Caritas did not secure contracts for 4th round bidders Seneca Care Alliance and IntraCare's joint venture between CentSource and Spunk Products. 2/15/2024: HCA released an amendment on 2/15 extending the contract award timeline from 2/23/2024 to 3/25/2024 10/25/2023: AHCA announced ITN bidders are AmeriHealth Caritas, CVS/Aetna, Florida Community Care, Humana, IntraCare (CentSource), Molina, Seneca Care Alliance, Simply Healthcare Plans, South Florida Community Care Network/Community Care Plan, Centene/Sunshine State Health Plan, and UnitedHealthcare. 9/18/2023: AHCA announced ITN bidding delayed - bids now due October 25 with intent to award selected for February 2024 and 5 year contracts beginning in October 2024.
FL	Florida Healthy Kids	1/1/2020				208K	CVS Health/Aetna (Statewide), Anthem/Simply Healthcare (Statewide), South Florida Community Care Network/Community Care Plan (Regions 9, 10, 11)	
FL	Children's Medical Services Plan	1/1/2019	12/31/2024			91K	Centene/Welcare	
GA	Georgia Families	7/1/2017	6/30/2018	6/30/2023	Dropped 9/25/2023	2.7M	Centene, CareSource, Elevance	Anticipated award May-June 2024 10/31/2023: Alliant Health/Solutions, AmeriHealth Caritas, CVS Health, Humana, Kaiser Permanente, Molina Healthcare, and UnitedHealth attempted a bidding competition for Georgia's recent request for proposals for the Georgia Families and Families 360 programs. 9/25/2023: RFP released, due 12/1/23; Contract will run from date of award until the end of the state fiscal year with six one-year optional renewals.
GA	Georgia Families 360 (Foster)				Dropped 9/25/2023		Elevance	6/5/2023: State cancelled RFP - will address in RFP which will come in the coming months. State likely to extend existing Medicaid managed care contracts through 6/30/24 to allow for procurement
HI	QUEST (Integrated)	7/1/2021	12/31/2026	12/31/2029		306K	Athacare, Centene/WelCare, Hawaii Medical Service Association (HMSA), Kaiser Foundation Health Plan (Oahu and Maui Only), and UnitedHealthcare.	
HI	Community Care Services Program for Adults with SMI and SPMI	7/1/2021	6/30/2024	6/30/2026		4K	Centene	
ID	Medicare Medicaid Coordinated Plan (duals) (State considers to PCCM program (Healthy Connections) to be managed care)	1/1/2019	12/31/2021	12/31/2023	Q2 2023		Blue Cross of Idaho, Molina	
ID	Idaho Medicaid Plus (duals)	11/1/2018	12/31/2021	12/31/2023	Q2 2023		Managed Care, 22K PCCM, 250K Blue Cross of Idaho, Molina	6/14/2024: RFP Released. Idaho Daily/Eligible Medicare/Medicaid Managed Care Request for Proposals (RFP) for the Medicare Medicaid Coordinated Plan (MMC/P) and Idaho Medicaid Plus (IM/PL) Programs, issued June 14, 2024, Announced June 21, 2024. The programs, scheduled to begin in January 2026, will serve 26,000 enrollees. MMC/P is a fully integrated special needs plan (FISE, SNP) and IM/PL is a long term services and supports (LTSS) wrap around managed care program. Previously, these programs have not been procured through a competitive bid.
IL	HealthChoice Illinois	1/1/2018	12/31/2021	12/31/2025		2.8M	Aetna, BCBS of, CountyCare, Humana, Molina, Molina (For statewide MCOs, in or Cook County only)	RFP update: next procurement anticipated in early 2025. 1/9/2024: Illinois Department of Healthcare and Family Services announced plans to re-procure its Medicaid managed care contracts in Spring 2024. Current contracts end December 31, 2025. The incumbents are CVS/Aetna, Blue Cross Blue Shield of Illinois, Humana, Centene/Meridian Health Plan, Molina, and Cook County's CountyCare Health Plan
IN	HoosierCare Connect (Aged, blind and disabled non-duals)	4/1/2021	3/31/2025	3/31/2027			Anthem, Centene (MHS), UnitedHealthcare	
IN	Hoosier Healthwise and HEP (Healthcare, Children, Program Women HEP, Parent and caretaker relatives, expansion)	1/1/2023	12/31/2028	12/31/2028		1.6M	Anthem, CareSource, Centene/Managed Health Services, and MDatix	
IN	Pathways for Aging/MLTSS	7/1/2024	12/31/2028	12/31/2030			Anthem BCBS, Humana, Molina, UnitedHealthcare	3/1/2023: State awarded contracts to Anthem BCBS, Humana, Molina, and UHC for anticipated 1/1/2024 go-live New Anticipated start: 7/1/2024
IA	Health Link	7/1/2023	6/30/2027	6/30/2029	RFP dropped on 3/1/2024	770K	Anthem/Amgroup, Molina, Centene/Iowa Total Care also serves the Medicaid population and holds a current contract through 2025.	3/1/2024: DHS released an RFP for the Health Link Medicaid Managed Care program on March 1, 2024, to replace Centene's contract, set to expire on June 30, 2025. The state plans to contract with at least one vendor on the new contract. The contract will run for four years, beginning July 1, 2025, with one one-year renewal option. Letters of intent are due March 30, 2024, and responses are due May 8, 2024. Awards are expected September 3, 2024.
KS	KarCare	1/1/2019	12/31/2023		RFP dropped 10/2/2023	500K	CVS/Aetna, Centene (Sunflower State Health Plan), UnitedHealthcare	5/14/2025: Kansas Department of Health and Environment (KDHE) announced KarCare contract awarded to three organizations - incumbents, Sunflower Health Plan and UnitedHealthcare Community Plan, and new organization, Healthy Blue. The contract will run from January 1, 2025, to December 31, 2027, serving approximately 459,000 lives. Aetna and CareSource filed protests over the KarCare Medicaid procurement after not being selected. Kansas later denied the protests after revision and posted a written response deficiencies in the protesting bidders proposals, including concerns with the MCOs' descriptions to improve services for Kansas Medicaid enrollees. 4/15/2024: the state has delayed announcing the awards, which was originally scheduled to be on 4/12, new date not provided. 1/8/24: Announced bidders: CVS/Aetna, Blue Cross and Blue Shield of Kansas/Healthy Blue, CareSource, Centene/Sunflower State Health Plan, Molina, UCare, and UnitedHealthcare. Aetna, Centene, and UnitedHealthcare are incumbents. Awards are anticipated to be announced April 12, 2024. 10/2/2023: RFP released, due 1/4/24, awards expected April 12, 2024. Contracts will be effective January 1, 2025, through December 31, 2027, with up to two one-year renewal options.
KS								5/2/2023: Informational Meeting by KDHE, no RFP info shared
KY	Medicaid Managed Care	1/1/2021	12/31/2024	12/31/2036		1.6M	Aetna, Anthem, Humana, Passport/Molina, UnitedHealthcare, and WellCare/Centene	Several procurement cancellations, Anthem awarded both contract after protest, six optional two year renewals
LA	Healthy Louisiana	1/1/2023	12/31/2025	12/31/2027	2028	1.7M	CVS/Aetna Better Health, AmeriHealth Caritas, Anthem/Healthy Blue, Humana, Centene/Louisiana Healthcare Connections, and UnitedHealthcare	
MD							No Medicaid managed care	
MD	Medicaid Managed Care	MD does not have a formal RFP process; any health plan can complete provided it meets state requirements.				1.5M	Anthem (Amgroup), Johns Hopkins (Priority Partners), Maryland Physicians Care, UnitedHealthcare, MedStar Family Choice, Kaiser, Riverside, JA Medical Systems, Aetna	
MD	Medicaid managed care	3/1/2018	12/31/2022	12/31/2027		210K	Boston Medical Center Health Plan (BMC/HP) and Tufts Health Public Plans	
MA	Accountable Care Organizations	4/1/2023	12/31/2027	12/31/2032		630K	Anus Health (Tufts), Baystate (Health New England), Beth Israel Deaconess Care Organization, Boston ACO (BMC HealthNet Plan), Cambridge Health Alliance (Tufts), Children's Hospital Integrated Care Organization (Tufts), Community Care Cooperative, Health Collaborative of the Berkshires (Falcon), Lohrey Health, Mercy Health ACO (BMC HealthNet Plan), Merrimack Valley ACO (Neighborhood Health Plan), Pioneer HealthCare ACO, Reliant Medical Group (Falcon), Signature Healthcare Corporation (BMC HealthNet Plan), Southeast Health Network (BMC HealthNet Plan), Steward Medical Care Network, Wellcare (Falcon)	1/2023: Bid solicitation issued Model A: Integrated ACOMO Model, in which the ACO and MCO form a jointly owned entity that takes on full risk under risk-adjusted, prospective capitated rates and provides a full range of services to members; Model B: Direct to ACO Model, in which the ACO contracts directly with MassHealth, doesn't take insurance risk, but does participate in upside and downside performance incentives; Model C: MCO-Administered ACO, in which the ACO contracts with people with MCOs and has upside and downside performance incentives
MA	One Care (Integrated care option for adults with disabilities ages 21-64 at the time of enrollment who are eligible for both MassHealth and Medicaid)	1/1/2022	12/31/2025		RFP Dropped 11/30/2023	43K	Commonwealth Care Alliance (Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, UnitedHealthcare (Bristol, Essex (Partial), Franklin, Hampden, Hampshire, Middlesex, Plymouth, Suffolk and Worcester)	11/30/2023: One Care RFP released. Letters of intent are due February 15, 2024, and responses are due March 22, 2024. Plans will be selected by November 1, 2024. Implementation is set to begin January 1, 2026. 2/1/23: EOHHS announced they intend to release a request for responses (RFP) later this year for One Care and SCO. State expected to announce organizers in both programs. Contracts expected to be effective on 1/1/2026.

	Senior Care Options (SCO) ( Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) that provide integrated Medicare and Medicaid services to Medicaid/Health Standard eligible members aged 65 and older at all functional levels)	1/1/2018	12/31/2025	RFP Dropped 11/30/2023	60K	Wellness (Barnstable, Bristol, Hampton, Plymouth, or Suffolk) Commonwealth Care Alliance (Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester) FalmouthCare (Barnstable, Franklin, Hampshire, Hampden, Worcester, Middlesex, Essex, Suffolk, Norfolk, Plymouth, Bristol, Barnstable) Senior Whole Health/Molina (Hampden, Worcester, Middlesex, Essex, Suffolk, Norfolk, Bristol, Plymouth) Tully (Hampshire, Hampden, Worcester, Middlesex, Essex, Suffolk, Norfolk, Plymouth, Bristol, Barnstable) UnitedHealthcare (Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester)	11/30/2023: SCO RFP released. Letters of intent are due February 15, 2024, and responses are due March 22, 2024. Plans will be selected by November 1, 2024. Implementation is set to begin January 1, 2025. 2/21/23: EOHHS announced they intend to release a request for responses (RFP) later this year for One Care and SCO. State expects to prefer organizations operate in both programs. Contracts expected to be effective on 1/1/2026. 1/2023: Last publicly available contract amendment extended another year ending 12/31/2022.	
MI	Comprehensive Health Care Program (CHCP)/Healthy Michigan Plan	1/1/2016	9/30/2024	RFP Dropped 10/30/2023	2.3M	Region 1: Upper Peninsula Health Plan Region 2: McLaren Health Plan, Meridian Health Plan (Centene), Molina, UnitedHealthcare Region 3: McLaren Health Plan, Meridian Health Plan, Molina, UnitedHealthcare Region 4: Blue Cross Complete, McLaren, Meridian, Molina, Priority Health Choice, UnitedHealthcare Region 5: McLaren Health Plan, Meridian Health Plan, Molina, UnitedHealthcare Region 6: Blue Cross Complete, HAP Empowered, McLaren, Meridian, Molina, UnitedHealthcare Region 7: Blue Cross Complete, McLaren, Meridian, Molina Region 8: Aetna, McLaren, Meridian, Molina, Priority, UnitedHealthcare Region 9: Aetna, Blue Cross, McLaren, Meridian, Molina, UnitedHealthcare Region 10: Aetna, Blue Cross, HAP, McLaren, Meridian, Molina, Priority, UnitedHealthcare	4/8/2024: MDHS announced awards to 9 health plans across the state's 10 prosperity regions: Upper Peninsula Health Plan, Blue Cross Complete, McLaren Health Plan, Meridian Health Plan, HAP CareSource, UnitedHealthcare, and Aetna Contracts will be for five-year, include three, one-year optional extensions and implementation is set for 10/1/2024. Region 1: Upper Peninsula Prosperity Alliance: Upper Peninsula Health Plan, LLC Region 2: Blue Cross Complete of Michigan, LLC, McLaren Health Plan, Inc., Molina Healthcare of Michigan, Inc., Priority Health Choice, Inc. Region 3: Blue Cross Complete of Michigan, LLC, McLaren Health Plan, Inc., Molina Healthcare of Michigan, Inc., Priority Health Choice, Inc. Region 4: Blue Cross Complete of Michigan, LLC, McLaren Health Plan, Inc., Meridian Health Plan of Michigan, Inc., Molina Healthcare of Michigan, Inc., Priority Health Choice, Inc., UnitedHealthcare Community Plan, Inc. Region 5: Blue Cross Complete of Michigan, LLC, McLaren Health Plan, Inc., Meridian Health Plan of Michigan, Inc., Molina Healthcare of Michigan, Inc., Priority Health Choice, Inc., UnitedHealthcare Community Plan, Inc. Region 6: Blue Cross Complete of Michigan, LLC, HAP CareSource, Inc., McLaren Health Plan, Inc., Meridian Health Plan of Michigan, Inc., Molina Healthcare of Michigan, Inc., Priority Health Choice, Inc., UnitedHealthcare Community Plan, Inc. Region 7: Aetna Better Health of Michigan, Inc., HAP CareSource, Inc., McLaren Health Plan, Inc., UnitedHealthcare Community Plan, Inc. Region 8: Aetna Better Health of Michigan, Inc., McLaren Health Plan, Inc., Meridian Health Plan of Michigan, Inc., UnitedHealthcare Community Plan, Inc. Region 9: Aetna Better Health of Michigan, Inc., Blue Cross Complete of Michigan, LLC, HAP CareSource, Inc., McLaren Health Plan, Inc., Meridian Health Plan of Michigan, Inc., UnitedHealthcare Community Plan, Inc. Region 10: Aetna Better Health of Michigan, Inc., Blue Cross Complete of Michigan, LLC, HAP CareSource, Inc., McLaren Health Plan, Inc., Meridian Health Plan of Michigan, Inc., UnitedHealthcare Community Plan, Inc. 10/30/23: RFP released, due 1/16/24, anticipated contract start date of 10/1/24	
	HIDE SNP						6/5/2024: Michigan released a request for proposals (RFP) for the Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP). The HIDE SNP will integrate long-term service and supports (LTSS) and contracted managed care plans will provide all Medicare and most Medicaid covered benefits for their dual-eligible enrollees through contracted, D-SNP only contracts. Specially Modified behavioral health services will remain carved out and will continue to be provided by Regional Pre-Paid Inpatient Health Plans (RPHs). Proposals are due August 1, 2024. The implementation of the HIDE SNP is currently on hold. The state is currently expanding the state's existing managed care program by January 2027. Incumbents CVS/Aetna, AmeriHealth Caritas, HAP/CareSource, Centene/Meridian Health Plan, Molina, and Upper Peninsula Health Plan currently serve 35,000 dual eligibles. Plans will be awarded by region, ranging from two to eight plans for each region.	
MN	Medicaid Managed Care: Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO), MinnesotaCare & Medical Assistance	Twin Cities: 1/1/2022 Greater MN: MN11/1/2023	Twin Cities: 12/31/2022 Greater MN: 12/31/2023	Twin Cities: 12/31/2027 Greater MN: 12/31/2028	1.1M	Varies by County, plans include: Blue Plus, Hennepin Health, HealthPartners, Isara Medical Care, Medica, PrimeWest, South County Health Alliance, UCare, UnitedHealthcare		
	Special Needs BasicCare (SNBC)	1/1/2023	12/31/2023	12/31/2028	62K	Varies by County, plans include: HealthPartners, Medica, Hennepin Health, PrimeWest, South County, UCare, UnitedHealthcare		
MS	MississippiCAN and CHIP		5/31/2024		463K	Unit 6/2024: Magnolia (Centene), UnitedHealthcare, Molina Beginning 7/1/2024: TrueCare (plan-provider alliance/CareSource), Magnolia (Centene), Molina	10/27/23: Procurement remains stalled following protests by UnitedHealthcare and Elevance/Amegroup, state has extended current contracts to June 2024	
MO	MO HealthNet	7/1/2022	6/30/2023	6/30/2027	900K	Centene, UnitedHealthcare, and Anthem Foster, Centene		
MT						No Medicaid managed care		
ND	Expansion	1/1/2022	12/31/2024	12/31/2026	26K	Blue Cross Blue Shield of North Dakota	11/16/23: ND officially end its Medicaid Primary Care Case Management (PCCM) program as early as January 1, 2024. The state enacted legislation earlier this year to end the program. PCCM members will be transitioned to fee-for-service Medicaid.	
NE	Heritage Health	1/1/2024	12/31/2028	12/31/2030	360K	Molina, UnitedHealthcare, Total Nebraska Care (Centene)		
NV	N/Medicaid	1/1/2022	12/31/2025	12/31/2027	630K	Community Health Care Plan of Nevada (Anthem), Silver Summit HealthPlan (Centene), Health Plan of Nevada (UnitedHealthcare), Molina (Currently only Clark and Washoe Counties, rural areas in FFS)	1/18/2024: The Nevada Division of Health Care Financing and Policy announced on January 18, 2024 that the statewide Medicaid managed care program RFP is expected by January 2025. Contract implementation to begin January 1, 2025. 5/22/2023: Lawmakers approved funding to transition to Medicaid managed care in rural areas of the state, effective January 2026.	
NH	Medicaid Care Management Program	9/1/2019	8/31/2024	RFP Dropped 9/8/2023	190K	Well Sense, Centene, Granite State Health Plan, AmeriHealth Caritas	1/19/24: DHHS announced awards to AmeriHealth Caritas, GraniteCentene, BMCHP/Helse, contracts from 9/1/24 through 8/31/2029. 3/8/2023: RFP released, due 10/30/23 Contracts are expected to run from September 1, 2024, through August 31, 2025. Mandatory letters of intent are due by September 18 and proposals are due on October 30.	
NJ	Medicaid Managed Care	NJ does not have a formal RFP process; any health plan can compete provided it meets state requirements.			2.1M	Horizon BCBS, UnitedHealthcare, Anthem, Centene, Aetna		
NM	Centennial/Turquoise Care	7/1/2024	12/31/2026	12/31/2032	930K	Blue Cross and Blue Shield of New Mexico, UnitedHealthcare, Molina Healthcare, and Presbyterian Health Plan Turquoise Care Children in State Custody (CISC): MCO- Presbyterian Health Plan is the sole managed care entity serving most children in state custody (except Native American members)	8/10/2023: Ethics committee defers Governor's cancellation of awards and State will release notices of intent to award contracts to four previously selected MCOs: BCBSNM, UHC, Molina, Presbyterian. Contract implementation is set for 7/1/24. This will be a loss for Centene/Welby 1/30/2023: State cancelled procurement issued in September 2022 - awards would have went to BCBS, UnitedHealthcare, Molina, and Presbyterian	
NY	Managed Medicaid	NY does not have a formal RFP process; any health plan can compete provided it meets state requirements.			5.5M	Centene/Fidelis Care, HealthFirst/Senor Health, MetroPlus, Anthem, Centers Plan for Healthy Living, Integra, VNS, ElderPlan, ElderSense, Village Care, Senior Whole Health, Agnew, CVS, Aetna, VNA, Extended M.T.C., ArchCare, Crick Care, Harnock, Moriflex, Kaiser Health, Fallon, Elert, Elderswood, Senior Network Health, Prime Health Choice, Independent Living for Seniors, PACE CNY, Eddy Senior Care, CHS, Buffalo Life, Total Senior Care, Complete Senior Care, UnitedHealthcare		
NC	Prepaid Health Plans (PHPs)	7/1/2021	6/30/2024	6/30/2026	1.6M	PHPs: AmeriHealth Caritas, Blue Cross and Blue Shield of North Carolina, UnitedHealthcare, WellCare, and Carolina Complete Health (regional Provider-Led Entity (PLE) partnering with Centene)		
	Behavioral Health and Intellectual/Developmental Disability Tailored Plans	7/1/2024	TBD	TBD	210K	Local Management Entity-Managed Care Organizations (LME-MCOs): Alliance Health, Partners Health Management, Trillium Health Resources, and Voya Health	2/6/2024: North Carolina announced that the Tailored Plans will go on July 1, 2024. Tailored plans will be provided through the awarded Local Management Entity-Managed Care Organizations (LME-MCOs) Alliance Health, Partners Health Management, Trillium Health Resources, and Voya Health. Of note, awarded Sanofi/Wellby Center as a preferred provider network with Trillium Health Resources. The tailored plans are expected to cover about 160,000 beneficiaries. 7/12/2023: Delaty 10/1/23 they not long enough, new date TBD	
	Children and Family Specialty Plan (CFSP)/Foster Care Specialty Plan	12/1/2024	6/30/2028	6/30/2029	RFP Dropped 2/7/2024	34K	TBD	2/7/2024: North Carolina Department of Health and Human Services released the new Children and Families Specialty Plan (CFSP) RFP for February 7, 2024. CFSP will be a single, statewide plan for children, youth, and families served by the child welfare system. The plan will provide physical health, behavioral health, intellectual and developmental disability, long-term care, and pharmacy services. Proposals are due 6/1/2024 and award expected 6/15/2024. The contract will run December 1, 2024, through June 30, 2028, with one additional one-year renewal option.
	Managed Medicaid	2/1/2023	6/30/2024	Optional renewals each fiscal year	2.45M	AmeriHealth Caritas, Anthem BCBS, CareSource, Centene/Buckeye, Humana, Molina, UnitedHealthcare		
	Other/ISE (Foster)	7/1/2022			60K	CVS/Aetna		
OH	Next Generation MyCare	1/1/2026	12/31/2028	RFA released on 5/31/2024	150K		5/1/2024: The Ohio Department of Medicaid (ODM) released a request for applications (RFA) for MyCare Ohio managed care organizations (MCOs) interested in providing services to individuals dually eligible for Medicare and Medicaid as part of the Next Generation MyCare Ohio program. The MyCare Ohio program currently operates under the Centers for Medicare & Medicaid Services' Financial Alignment Initiative demonstration program and is expected to end by December 31, 2025. Under the Next Generation MyCare Ohio program, MCOs are required to become CMS-approved fully integrated dual eligible special needs plans (FIDE-SNPs). Plans awarded a Next Generation MyCare Ohio contract will need to notify CMS of their intent to establish a FIDE-SNP in Ohio by fall 2024. Notification of intent to apply are due to the Ohio Department of Medicaid (ODM) by June 21, 2024, and applications are due by August 2, 2024. The contract will run from January 1, 2026 through December 31, 2028, with the option for annual renewals and up to 4 MCOs will be selected. The selected FIDE-SNPs will begin coverage in the current 29 demonstration counties and the remainder of the state will be phased in. ODM reported there are approximately 150,000 individuals currently enrolled in the MyCare Ohio demonstration program, and approximately 43 percent of enrollees elect to have their Medicare and Medicaid benefits coordinated by one MCO. The incumbent MCOs are Aetna Better Health of Ohio, Centene/Buckeye Health Plan, CareSource, Molina Healthcare, and UnitedHealthcare Community Plan.	
OK	SoonerCare Select and SoonerSelect (Foster)	4/1/2024	6/30/2024	6/30/2029	750K	6/8/23: CHCA awarded contracts to Centene/Oklahoma Complete Health, CVS/Aetna, and Humana. Centene also won the children's specialty contract. 6/8/23: CHCA awarded contracts to Centene/Oklahoma Complete Health, CVS/Aetna, and Humana. Centene also won the children's specialty contract. Expected implementation of April 2024 pending CMS approval.	Law requiring transition to MMC by 10/1/2023.	
OR	Oregon Health Plan - Coordinated Care Organizations	1/1/2020	12/31/2024	12/31/2026	850K	Advanced Health, AHCare, Cascade Health Alliance, Columbia Pacific, Eastern Oregon, Health Share of Oregon (includes CareOregon), InterCommunity Health Network, Jackson Care Connect, PacificSource, Trillium Community Health Plan, Umpqua Health Alliance, Yamhill Community Care	A new RFP is expected Fall 2025	
PA	HealthChoices Physical Health	7/4/2022	12/31/2025	12/31/2028	2.3M	Northwest: AmeriHealth Caritas, Geisinger, Health Partners, UPMC Northeast: AmeriHealth Caritas, Geisinger, Health Partners, UPMC Southwest: Geisinger, Health Partners, Keystone First, UnitedHealthcare, UPMC Lehigh/Capital: AmeriHealth Caritas, Geisinger, Health Partners, Highmark Wholecare, UPMC Southwest: AmeriHealth Caritas, Geisinger, Health Partners, Highmark Wholecare, UPMC		
	Community HealthChoices (MLTSS & dual eligibles)	1/1/2018	12/31/2022	12/31/2024	RFA dropped on 1/30/2024	130K MLTSS 320K Duals	AmeriHealth Caritas, Pennsylvania Health and Wellness (Centene), and UPMC for You	3/15/2024: Solicitation due date extended to 4/1/2024 1/30/2024: RFA released. Applications due on 3/15/2024. Implementation date: 1/1/2025. The contract will run for 5 years and will have 3 one-year renewal options. 9/20/23: No firm timing communicated by state, assume into 2024. 3/6/2023: RFI issued and stated that the initial term of the CHC agreements was five years and the agreements included two optional one-year renewals. The CHC agreements were effective on January 1, 2018 and are set to expire on December 31, 2024.
RI	Medicaid Managed Care: Rite Care, Rhydy Health Partners, Expansion	6/1/2017	6/30/2025	Jun-27	RFP Dropped 12/15/2023	313K	Neighborhood Health Plan of RI, UnitedHealthcare, Tufts Health Plan	12/15/2023: EOHHS released RFP. Proposals due 2/23/2024. New contracts will be implemented in three phases, starting with adding long-term services and supports benefits to Medicaid managed care for Medicaid-only beneficiaries beginning on July 1, 2025. Under the second phase, current fully dual eligible members will transition to Medicaid managed care plans on January 1, 2026. Finally, beginning January 1, 2027, default enrollment will begin for Medicaid members who become newly eligible for Medicaid. 6/1/2023: EOHHS released RFI seeking feedback on new elements to program: new RFO expected to be released Fall 2022 RFO cancelled
SC	Medicaid managed care	SC does not have a formal RFP process; any health plan can compete provided it meets state requirements.			880K	AmeriHealth Caritas, BCBS of South Carolina, Centene, Molina		
SD						No Medicaid managed care		

TN	TennCare	1/1/2023	12/31/2024	12/31/2031		1.6M	UnitedHealthcare, Anthem (Amerigroup), BCBS-TN	11/15/23: State will renew existing TennCare Medicaid managed care contracts with three incumbent plans, rather than initiate new contracts awarded in 2021, pending the outcome of a lawsuit filed by Centene. Incumbents: Blue Cross Blue Shield of Tennessee, UnitedHealthcare, and Elevance/Amerigroup were awarded the new contracts. Centene, which was the only other bidder, did not win a contract.
	TennCare Select Pread Inpatient Health Plan for Children				RFP released 11/6/2023	52K	BCBS-TN	11/6/2023: RFP released, responses due 2/13/2024, NOA 5/14/2024, contract 7/1/25 up to three years with seven 1-year renewal options
TX	STAR-PLUS (ABD)	2/1/2024				540K	Anthem, Centene, Molina, UnitedHealthcare	Anticipated start: 9/1/2024 12/4/2023: HHSC awards contracts to: United Healthcare Community Plan of Texas, Molina Healthcare of Texas, Centene/Superior HealthPlan, and Elevance/Amerigroup Insurance Company, as well as Community First Health Plans, El Paso Health, and Community Health Choice Texas.
	STAR and CHIP	Q2 2025			12/1/2022	4.6M	Aetna, Anthem (Amerigroup), BCBS of TX, CHRISTUS Health Plan, Centene (Superior HP), Community First Health Plan, Community Health Choice, Cook Children's Plan, DISCOT Children's Health Plan, El Paso First, FirstCare, Molina, Parkland Community Health Plan, RightCare from Scott and White HP, Sundown Health Plan, Seton Health Plan, TX Children's HP, UnitedHealthcare	3/13/2024: announced Superior HealthPlan/Centene protest on scoring. 3/7/2024: Texas HHS awards contracts to: Molina Healthcare of Texas, Blue Cross and Blue Shield of Texas, CVS/Aetna, UnitedHealthcare Community Plan of Texas, Elevance/Amerigroup/Welbilt, DSH Children's Health Plan, Centene/Superior HealthPlan, Humana, El Paso First Health Plans, Community Health Choice Texas, Community First Health Plans, Scott and White Health Plan/Baylor Scott & White, and Parkland Community Health Plan. The state announced in the RFP that no more than seven regions will be awarded to any single managed care organization, which causes three of the incumbents to lose footprint. Molina awarded seven regions (down from eight). Amerigroup was awarded six regions (down from 11) and Superior won in three regions (down from 13). The go-live is expected to be between September and November 2025, and contracts will serve more than 4.6 million enrollees. Contracts will run for six years, with three two-year renewal options, not to exceed a total contract term of 12 years.
	STAR Kids	11/1/2016	10/31/2019	10/31/2027	3/1/2024	150K	Aetna, Anthem (Amerigroup), BCBS of TX, Centene (Superior HP), Children's Medical Center, Community First Health Plan, Cook Children's HP, DISCOT Children's HP, Texas Children's HP, UnitedHealthcare	5/10/2024: Texas announces release of the Star Kids RFP on May 10, 2024. The STAR Kids program encompasses approximately 150,000 children and youth under age 21 disabled and receiving supplemental security income. Texas plans to award contracts to at least two plans for each service area (SA), and each MCO can be awarded up to six SAs. Incumbents are: CVS/Aetna, Elevance/Amerigroup, Blue Cross Blue Shield of Texas, Centene/Superior Health Plan, Community First Health Plan, Cook Children's Health Plan, DISCOT Children's Health Plan, Texas Children's Health Plan, and UnitedHealthcare. Proposals are due on July 11, 2024. Awards anticipated between December 2025 to February 2026, and anticipated go live between December 2025 to February 2027. This will be a six years contract, with three two-year renewal option. Kids draft RFP on February 15, 2024 in which they announced the finalized RFP will be released on 3/1/2024. Proposals are due 6/6/2024. Awards anticipated for 6/2023 contracts will begin in September 2025 and run for six years with three two-year renewal options. Texas Health and Human Services Commission plans to award contracts to a minimum of two plans for each service area.
	STAR Health (managed care to foster children)	9/1/2023			2022	34K	Superior Health Plan (Centene)	10/2022: HHSC announced award to incumbent Superior Health Plan
UT	Medicaid managed care	UT does not have a formal RFP process; any health plan can compete provided it meets state requirements.				369K	Intermountain/SelectHealth, Molina, Healthy U Medicaid (owned by University of Utah), Health Choice Utah/Steward Health Care, HOME (owned by University of Utah)	
VT	No Medicaid managed care							
VA	Cardinal Care ( merge of former Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) programs)	7/1/2024	6/30/2030	6/30/2034	RFP Released 9/1/2023	1.8M	Aetna Better Health of Virginia, Anthem HealthKeepers Inc., Humana Healthy Horizons of Virginia, Sentara Health Plans, and United Healthcare of the Mid-Atlantic	3/19/2024: DMAS announced withdrawing of notice of intent to award (NOIA) 2/28/2024: DMAS announced that the Cardinal Care contract has been awarded to live health plans: incumbents CVS/Aetna, Elevance/Anthem, Sentara/Optima Health, and United Healthcare, and non-incumbent Humana/delivering incumbent (Molina). A separate foster care specialty plan contract was awarded to Elevance/Anthem only, incumbent Molina, was not one of the awardees. 9/1/2023: State released RFP, LOI due 9/30/2023 and responses due 10/27/2023 - contract expected to go live 7/1/2024 1/1/2023: Medallion and Commonwealth Coordinated Care Plus (CCC Plus) merged effective 1/1/2023 to form Cardinal Care Last RFP released: Medallion - 2017 CCC+ launched completed procurement in 2016 and launched in 2017 (higher intensity needs)
WA	Washington Apple Health (formerly Healthy Options - Integrated Managed Care/Expanded Access)	7/1/2012 (MCO varies by region)	12/31/2013 (MCO varies by region)	12/31/2022 (MCO varies by region)	2024 - 2025	2M	2024 Integrated managed care regions as follows: Greater Columbia: WellPoint, CHPW, Centene/Coordinated Care, Molina Greater Puget: WellPoint, CHPW, Centene/Coordinated Care, Molina, UnitedHealthcare King: WellPoint, CHPW, Centene/Coordinated Care, Molina, UnitedHealthcare North Central: WellPoint, Centene/Coordinated Care, Molina, CHPW North Sound: WellPoint, CHPW, Centene/Coordinated Care, Molina, UnitedHealthcare Pierce: WellPoint, CHPW, Centene/Coordinated Care, Molina, UnitedHealthcare Salish: WellPoint, CHPW, Centene/Coordinated Care, Molina, UnitedHealthcare Southwest (Clark, Skamania, Klickitat): Centene/Coordinated Care, CHPW, Molina, WellPoint Spokane: WellPoint, CHPW, Centene/Coordinated Care, Molina Thurston-Mason: WellPoint, CHPW, Centene/Coordinated Care, Molina, UnitedHealthcare	3/13/2023: State announced they were delaying RFP to focus on re-determinations, likely pushed to 2025 5/2022: State announced plans to reprocure Apple Health for planned implementation 1/1/2025
	Managed Foster Care	8/1/2015				25K	Centene/Coordinated Care	
WV	Mountain Health Trust (TANF, CSHCN, SSL Expansion, and CHIP)	7/1/2020				429K	UniCare/Anthem), CVS/Aetna, The Health Plan of the Upper Ohio Valley, Highmark (7/1/24)	1/17/24: DHS has approved Highmark/Highmark Health Options West Virginia's application to become a Medicaid Managed Care Organization in the state, allowing the organization to begin offering coverage on July 1, 2024, for four years. Highmark did not participate in West Virginia's last Medicaid managed care procurement; however, the state legislature passed a bill which removed the procurement process in March 2023, and now permits any eligible plan to apply to participate.
	Mountain Health Promise (Foster)	7/1/2023	6/30/2024	6/30/2027		30K	CVS/Aetna	2/7/2023: Aetna awarded 10/2022: RFP released
WI	BadgerCare+ and SSI	WI does not have a formal RFP process; any health plan can compete provided it meets state requirements.				1.06M	BadgerCare+: Anthem BCBS (Compare), Children's Community Health Plan, Dean Health Plan, GHC of Eau Claire County, GHC of South Central Wisconsin, Gunderson Lutheran Health Plan, Health Tradition Health Plan, I-Care, Centene (Managed Health Services), Mercy Health Plan, Molina, Network Health Plan, Physicians Plan, Security Health Plan, Trinity Health Insurance, UnitedHealthcare, Unity Health Plan SSI: Anthem BCBS (Compare), Care WI Health Plan, GHC of Eau Claire County, I-Care, Centene (Managed Health Services), Molina, Network Health Plan, Trinity Health Insurance, UnitedHealthcare LTC: Care WI Health Plan, Community Care Connections of WI, Community Care Inc., Continuals, I-Care, Lakeland Care District, My Choice Family Care, Western Wisconsin Care	1/12/24: RFP dropped for the Medicaid managed long-term care (LTC) programs for low-income frail, elderly and adult individuals with developmental, intellectual, or physical disabilities. This procurement, which covers geographic service region (GSR) I/IV is part one of a three part process that will award multiple managed care organizations (MCOs) with contracts for the Family Care and Family Care Partnership programs. DHS is currently in the process of transitioning GSRs, and the new region will consist of former GSRs 1, 2, and 14. For Family Care, DHS seeks to award between two to four MCOs for the GSR and two for Family Care Partnership, one to three MCOs. Contracts are expected to begin on January 1, 2025, and will run for two years with three year renewals. Proposals are due March 7 with intent to award expected on June 14, 2024
	Family Care and Family Care Partnership (Long-term Care)	1/1/2023	12/31/2024	12/31/2030		45K	Inclusa, Lakeland Care, Community Care Inc, MyChoice Wisconsin	5/22/2024: Wisconsin Department of Health Services (DHS) plans to award My Choice Wisconsin/Molina the Medicaid long-term care (LTC) Family Care and Family Care Partnership program contract to provide services in Geographic Service Region 5. The contract is expected to begin on January 1, 2025, and last for two years with the option for three two-year renewals. Molina currently serves approximately 5,600 members in both the Family Care and Family Care Partnership program. The state has approximately 55,000 total members enrolled in the two programs.
WY	No Medicaid managed care							