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Value-based payment (VBP) strategies used by Medicaid Managed Care Organizations

Appendix: State Medicaid Programs with VBP Elements

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For more information about the Rural Health Value, contact:

University of Iowa | College of Public Health | Department of Health Management and Policy
www.RuralHealthValue.org | cph-rupri-inquiries@uiowa.edu | (319) 384-3831

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APPENDIX: State Medicaid Programs with VBP Elements

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Purpose

This appendix provides an overview of how states are incorporating value-based payment (VBP) arrangements in their Medicaid managed care organizations (MCO). Summary information is provided in the Rural Health Value Policy Brief: Value-based payment strategies used by Medicaid Managed Care Organizations

The appendix uses illustrative examples drawn from publicly available state materials. The information reflects website searches completed as of November 14, 2025, and may not capture all state activities or the updates posted after that time. The date of the most recent information posting for each state is enclosed in parentheses. In addition to commonly adopted VBP models, this appendix includes select state-led pilots and special initiatives that have been limited in duration, scale, or implementation to date.

Arizona (as of 09/2025)

Arizona's Medicaid delivery system, known as the Arizona Health Care Cost Containment System (AHCCCS), only operates through contracts with several MCOs. The contracts between the State of Arizona and their MCOs refer to the HCPLAN Framework (the Health Care Payment Learning & Action Network framework for measuring successful payment models), with specified minimum percentages of payments and expenditures to take the form of VBPs. Additionally, the state requires MCOs to formulate a timeline for meeting the targets and includes capitation rates.[1] MCOs are compensated using a capitated model, with payment categories based on anticipated participant costs for each month. Although these categories are not publicly detailed, the Arizona Department of Public Health explains that an MCO would receive lower capitated payments for an enrolled child with no preexisting conditions, compared to an older adult with multiple chronic conditions.[2]

The state employs a VBP model to incentivize providers within MCOs. Arizona's payment reform initiatives include:

- Differential Adjusted Payments (DAPs) – AHCCCS health plans must adjust contracted rates with providers to align with DAP increases, reflecting percentage changes in AHCCCS Fee-For-Service rates. These adjustments are based on positive Fee Schedules that reward providers for improving patient care, reducing healthcare costs, and enhancing member health outcomes. There are no associated risks with this payment form, and the specific rewards are not publicly disclosed.[2]
- Directed Payments – These are contractual payments between MCOs and Arizona's government, requiring specific amounts to be paid to providers within MCO contracts to advance delivery system reforms or performance improvement initiatives.
- Performance Based Payments (PBPs) – This payment form utilizes an Alternative Payment Model (APM) where performance targets are set, and providers meeting those targets are rewarded. This incentivizes providers to meet contractually specified targets, thus improving care for enrolled individuals.[2]

California (as of 03/2022)

California's Proposition 56 Value Based Payment Program, initiated in 2019, was an Incentive Payment Program (IPP) designed to reward providers who met specific measures aimed at improving care for high-need or high-cost populations. The measures focused on chronic disease management, behavioral health integration, prenatal & postpartum care, and early childhood prevention.[3] The California Department of Health Care Services (DHCS) considered various factors when defining these measures, including:

- Advocate and stakeholder comments
- Administrative monitoring capabilities
- Number of Medicaid beneficiaries impacted
- Alignment with preexisting DHCS quality efforts

DHCS also increased incentive payments for events involving enrollees identified as homeless, having a serious mental illness, or substance use disorder.[3]

The Proposition 56 program concluded in 2022. Currently, California's Medicaid program, Medi-Cal, uses MCOs to deliver care.[3,4] The state contracts directly with MCOs, based on a 615-page contract template.[5] It mentions the HCPLAN Framework and includes capitation as a payment method for providers from the MCOs.[6]

Colorado (as of 12/2024)

Health First Colorado, the state's Medicaid program, contracts with MCOs to provide benefits to Medical Assistance Program members, with MCO assignments based on the enrollee's geographic region.[7] By 2025, Colorado aims to tie half of Medicaid payments to value-based payment plans, though these programs are not specific to MCOs. Current APMs used by Health First Colorado include:

- APM 1 – Targeted at Primary Care Medical Providers serving over 500 Accountable Care Collaborative Medicaid enrollees, this model promotes sustainable, long-term investments in primary care. Providers are incentivized to meet performance measures aligned with other payment reforms.[8]
- APM 2 – Practices and providers can opt into this model, which prioritizes care for patients with chronic conditions. It uses a per member per month (PMPM) payment system for some or all of a provider's or practice's revenue. Providers in APM 1 can also participate. For Federally Qualified Health Centers (FQHCs), PMPM payments constitute 100 percent of medical revenue.[8]
- Prescriber Tool APM Model – This program incentivizes the use of the Prescriber Tool's Real-Time Benefits Inquiry module, and the prescription of preferred medications. It is an upside-risk-only program, sharing savings with eligible providers who complete a data validation survey, training, and meet drug list compliance rates.[8]
- Colorado Providers of Distinction (COPoD) – As of September 23, 2025 COPoD is in the planning stage, this APM focuses on elective surgical procedures, providing information to help members, referrers, and participants make informed choices and support quality and performance improvement.[8]

- Payment Alternatives for Colorado Kids (PACK) – Merged with Phase 3 of the Accountable Care Collaborative (ACC). Primary Care Medical Providers who see children with Health First Colorado will be served by numerous payment mechanisms from the ACC's Single Comprehensive Primary Care Payment Structure such as payments from HCPF, PMPM payments from RAE's, and performance-based payments from RAE.[9]
- Maternity Bundled Payments – This program offers a single payment covering all prenatal, labor and delivery, and postpartum care services within a given episode of care. Annual episode cost targets are based on historical claims data, with potential incentive payments for quality improvements. Participation is voluntary.[8]
- Maternity APM – An updated version of the Maternity Bundled Payments, currently in development.[8]

Delaware (as of 05/2025)

Delaware's Medicaid program, Delaware First Health, utilizes MCOs to provide care to enrolled members.[10] MCOs must participate in the VBP care initiative established by the Delaware Department of Health and Social Services (DHSS). Within the contract between MCOs and the state, minimum percentages of payments to providers that can be in the form of VBP arrangements are included, as well as a requirement for a glide path to guide the MCO to meet these targets.[1]

The three contracted MCOs describe different payment methods for providers. Highmark Health Options and AmeriHealth Caritas DE make little mention of APMs or VBP arrangements within their provider manuals.[11,12] Delaware First Health does not specifically require APMs, but does mention capitation, where payments are made by the state to the MCOs, and retained for their enrollees until payment is required by providers.[13]

Florida (as of 02/2025)

Under the Agency for Health Care Administration, Florida implemented the Statewide Medicaid Managed Care 3.0 program.[14] This program is broken into three components, the Long-Term Care program, the Managed Medical Assistance program, and the Dental program. Under this new model MCPs are required to submit claims with providers and subcontractors to the Agency for review.[14] All agreements must fit under the Tenets of the Agency's VBP program; maximize high-value care, reduce inappropriate care, and reward best-performing providers.[14] The MCPs will refer to the HCPLAN Framework, with specified minimum percentages of payments and expenditures to take the form of VBPs. Additionally, under the MMA physician incentive program, physicians who meet specified criteria related to quality and access will receive incentive payments, either through a capitated arrangement or on a fee-for-service arrangement.[14]

Georgia (as of 07/2022)

In 2006, Georgia introduced the Georgia families managed care program, contracting with MCOs to deliver Medicaid services to enrolled residents.[15] These contracts require VBP arrangements between MCOs and providers, without specific guidelines, and the contractually

outlined requirements have not yet been implemented by the state.[1] The published template for contracts between the Georgia Department of Community Health and MCOs includes capitation withholds, with 5 percent of the MCOs' payments being withheld that can be earned back based on performance, with a requirement that 50 percent of incentive payments are distributed to providers.[16] Since the implementation of managed care, Georgia has implemented various Medicaid payment programs. The current program, Georgia's Advancing Innovation to Deliver Equity (GA-AIDE), targets care for patients at Grady Memorial (the largest Medicaid provider in the state) and Augusta University Medical Center (the state-owned Academic Medical Center).[17] This multiyear VBP program involves directed payments with uniform increases up to the commercial equivalent, with 10 percent of payments at risk if the defined targets are not met. The program aims to improve:

- Child and maternal health
- Access to screening and preventative services
- Prevention and reduction of the impacts of chronic conditions
- Health outcomes

Hawaii (as of 06/2025)

In Hawaii, most Medicaid services are delivered through five MCO health plans. The contracts between Hawaii and MCOs mention the HCPLAN Framework, with no saturation or timeline requirements.[1] Two of the five contracted MCOs do not have publicly available documentation pertaining to payment outside of FFS for providers. Kaiser Permanente and 'Ohana Health Plan include capitation within their documentation, while AlohaCare Quest is adopting a variety of APM models.[18–22] In June 2025, the Section 1115 waiver was extended through 2029, to test new VBP strategies within the state of Hawaii. Additionally, Hawaii established a pay for performance pool for private hospitals in 2017. Since 2017, a second pay for performance pool has been established for public hospitals. The total size of the pool is up to 20% of the facility's Medicaid Managed Care Revenue for the private class and up to 5% for the public class.[19] The final quality payment pool distribution will be based on each facility's performance on various quality metrics. The State will direct Medicaid managed care plans to distribute 100% of the payment pools for each class for the contract year.[19] Any unearned dollars will be distributed among facilities that demonstrate additional improvements from the baseline. The number of metrics are expected to expand over time, transitioning from process to outcome measures as various efforts that advance the state's quality strategy goals are furthered through the pay for performance program.[19]

Illinois (as of 01/2020)

Illinois uses MCOs for Medicaid delivery. In MCO contracts with the state, VBP arrangements are required, but with no model specifications, allowing flexibility to create APMs that best suit each plan's needs.[1] Within the state and MCO contracts, the HCPLAN Framework is also mentioned, with special emphasis placed on categories 3 and 4 (APMs with shared savings and potentially downside risk, and population-based payment)[1,23] In 2019, the Illinois Department of Healthcare and Family Services met with community stakeholders to explore VBP adoption. Still, stakeholders expressed a lack of confidence in MCOs and felt unprepared for adoption – likely due to past failures.[24] However, there have been recent successes in the state such as In 2023, Aetna Better Health of Illinois, one of the state's contracted MCOs, voluntarily reported

delivering value-based care incentive payments to community health centers.[25] Additionally, Meridian Health Plan awarded substantial provider incentives through a value based care program, which is working to expand VBP arrangements through 2026.[26]

Indiana (as of 07/2025)

Indiana's Medicaid is in contract with three Managed Care Entity (MCE), and enrollees have 3-4 plans to choose from, depending on which Medicaid program they are enrolled in.[27] These MCEs were implemented in July 2024, and under SB0493, effective in July 2025, MCOs can enter into value based contracts to provide services under a risk based program . The Indiana Primary Health Care Association (IPHCA) is presenting educational sessions on VBP to help agencies, organizations, and practices implement VBP plans into state contracts.[28] Although there are VBP arrangements, there is no specific plan mentioned.

Iowa (as of 07/2023)

Medicaid enrollees in Iowa are typically part of the Iowa Health Link program, which allows them to choose an MCO for their services. In addition to these MCOs, IowaHealth+ (composed of 11 FQHCs) contracts with Iowa's Medicaid MCOs to implement VBP plans and models.[29] The contracts between MCOs and the state include the requirement that at least 40 percent of their enrolled population is a part of some form of VBP arrangement beginning in July 2023, with a 10 percent increase the following year, as well as including some specific requirements (e.g., Pay for Performance bonuses, and Medicare Shared Savings Program) and characteristics for the arrangements.[29,30] These VBP models include Pay for Performance and capitation withholds.[31]

Kansas (as of 01/2025)

KanCare, Kansas' Medicaid program, contracts with MCOs.[32] While a state VBP plan has not been implemented, it has been discussed by state decision-makers.[33] The Kansas Association of Medicaid Health Plans indicates that their MCOs implement VBP reforms, but no specifics are provided.[34] Each of the four contracted MCOs in Kansas support some form of VBP:

- Sunflower – subsidiary of Centene, has specific value-based programs[35]
- UnitedHealthcare – utilizes VBPs[36]
- Healthy Blue – offers tools to providers to achieve VBP plan goals, but does not set goals for providers[37]
- Aetna – offers a Healthier Outcomes incentive program to financially incentivize efficient and high-quality care[38]

None of these provisions are state mandated, and MCO participation in VBP plans is entirely voluntary.

Kentucky (as of 12/2024)

Kentucky's Medicaid system contracts with MCOs, assigning enrollees based on geographic location.[39] These contracts require VBP arrangements between providers and MCOs, without specific guidelines.[1] In 2024, Kentucky implemented a VBP plan with MCO contracts, utilizing a capitation withhold program. Under this plan, providers will be eligible for payments up to the Average Commercial Rate (ACR), but 20% of the total payment amount will be withheld until the end of the performance period and depend on providers' performance on a menu of quality metrics (this will change when the One Big Beautiful Bill Act of 2025 (H.R.1) is implemented). For the inpatient and outpatient hospital services portions of the payment, the ACR will be calculated inclusive of payments under Kentucky's Hospital Rate Improvement Program (HRIP) state directed payment.[40] A pro rata reduction will then be applied to ensure that the aggregate payments made under HRIP and this Kentucky Medical Assistance Program (KMAP) directed payment program do not exceed 100% of Kentucky's statewide ACR limit.[40] Uniform payment amounts will be based on actual quarterly paid utilization, following the end of each quarter. Providers will then receive the at-risk portion of the payment at the end of the program period based on meeting quality metrics.[40]

Louisiana (as of 10/2025)

Louisiana's Medicaid program contracts with MCOs and has included VBP plans within these contracts since 2018.[41,42] The contracts also include the HCPLAN Framework, which is explicitly used to guide the state's VBP efforts. Additionally, MCOs are required to meet saturation targets, both of general VBP payments and of specific HCPLAN targets, as well as creating a timeline developing a VBP Strategic Plan to do so.[1]

Maine (as of 01/2025)

In January 2025 MaineCare introduced a transition from typical fee-for-service payment to VBP strategies in Nursing Facilities (NF).[43] Key components of this model will include APMs, quality metrics, and performance incentives to provide rewarders for meeting benchmarks, and a focus on equity. Chosen NFs will be put in a quality bonus pool with year 1 being pay-for-participation, followed by pay-for-minimum achievement in year 2, and pay-for-performance in year 3.[43]

Maryland (as of 03/2025)

Maryland's Medicaid managed care program, HealthChoice, allows residents to choose their contracted MCO.[44] Maryland began its VBP reform in 2014, making it one of the earliest states to implement such reforms. The state currently uses the Maryland Total Cost of Care Model, which bases provider reimbursement on both the populations served and the quality of care provided. Each hospital operates under a global fixed budget established by an independent commission.[45]

Massachusetts (as of 06/2025)

Massachusetts' Medicaid and CHIP programs are combined under MassHealth, which utilizes both MCOs and ACOs.[46] The two MCOs contract with the state specifying saturation targets based upon the proportion of enrollees connected to providers in VBP arrangements and requires a timeline for meeting the targets.[1] Providers who serve WellSense Essential MCO enrollees may be paid through capitation, as are all Primary Care Providers (PCPs) within ACOs. However, the other MCO, Tufts Health Together, does not mention VBPs, or capitation in their publicly available documentation.[47,48] The MassHealth Quality and Equity Incentive Program (MQEIP) incentivizes MCOs and ACOs to improve performance in three specific areas:

- Quality and equitable access
- Demographic and health-related social needs data
- Collaboration and capacity

Contracted organizations receive a Quality Score determining their quality incentive payment, and a Health Equity Score. Together, these scores determine the Quality and Equity incentive payment available to the organizations.[49]

Michigan (as of 08/2023)

Michigan's Medicaid program utilizes nine MCOs to deliver services to enrollees.[50] Although there are no state-mandated VBP plans for these organizations, Michigan's 2023-2026 Comprehensive Quality Strategy aims to "improve quality outcomes through value-based initiatives and payment reform." Additionally, contracts between each MCO and the state specify a minimum percentage of payments as VBP arrangements, with required yearly increases, and a uniform set of performance measures after the second CY.[51] This strategy includes provisions for a Pay for Performance APM, which is not state mandated but is used by many MCOs.[52]

Mississippi (as of 12/2024)

Mississippi's Medicaid managed care program, MississippiCAN, included a VBP plan in its Comprehensive Quality Strategy for 2021-2024.[53,54] In their contract with MCOs, they mention the HCPLAN Framework.[1] This plan withholds 1 percent of the capitated rate for a given fiscal year. Organizations that demonstrate measurable improvement on various measures, primarily based on Healthcare Effectiveness Data and Information Set (HEDIS) metrics, can receive the previously withheld amount.[54] The Mississippi Division of Medicaid is working on development of a plan for 2025-2029.

Missouri (as of 07/2024)

Missouri's Medicaid program, MO HealthNet, contracts with MCOs.[55] In late 2021, Missouri released a Request for Proposals (RFP) for MCOs, aiming to implement VBP strategies.[55] Under DSS/MHD one of the guiding principles for MCOs is participation in the Medicaid Reform and Transformation Program which includes VBP strategies. Under the ToRCH model, rural hospitals are eligible for incentive payments based on performance metrics. The first payments will be paid out in January 2026.[94]

Nebraska (as of 03/2024)

Nebraska's Medicaid managed care program, including CHIP, is referred to as Heritage Health.[56] Some of the individual contracted MCOs leverage VBP models with providers, but there are no current state requirements to do so.[57]

New Hampshire (as of 03/2025)

New Hampshire Medicaid beneficiaries are enrolled in one of three MCO plans.[58] Contracts between the MCOs and the state reference the HCPLAN Framework and a minimum percentage of expenditures as VBP arrangements is specified.[1]

New Jersey (as of 01/2024)

New Jersey has five contracted MCOs delivering Medicaid services.[59] Currently, the state has no VBP strategy in place and there is no mention of MCO payments to providers.

New Mexico (as of 07/2025)

New Mexico implemented its managed care program, Turquoise Care, in July 2024.[60] While there are various briefs, proposals, and MCO-level (or lower) VBP plans in place or proposed, the state has not mandated full MCO participation in these plans.[61] However, the most recent contracts between the state and MCOs include saturation targets, and the publicly available contracts with Blue Cross Blue Shield of New Mexico and the Presbyterian Health Plan specify that monthly capitation payments to providers from the state for CY 2025 are considered payment in full, with confidential rates.[62-65]

New York (as of 01/2022)

New York's Medicaid program contracts with MCOs.[66] Current contracts between the state and their MCOs include the HCPLAN Framework as well as saturation targets, a timeline for the MCOs, and a framework besides the HCPLAN Framework for provider VBP arrangements, as follows:

- Category 1: Upside only FFS with retrospective reconciliation
- Category 2: Upside and downside FFS with retrospective reconciliation
- Category 3: PMPM or bundled payments[1]

Providers are paid in one of the following ways:

- Salary (PCP-Specific): Patient volumes and outcomes have no effect on their payment
- Capitation (for PCPs with their own offices): Paid a set fee per patient regardless of visit volume
- Incentive: Capitation withhold, with what they earn back paid out at the end of the year
- Regular Medicaid: Set FFS[67]

New York also constructed a voluntary program to work with MCOs to help meet population health goals.[1]

North Carolina (as of 04/2023)

North Carolina's Medicaid system contracts with MCOs to deliver services to enrolled members.[68] In 2021, the state government introduced VBP plans and initiatives within these contracts. The contracts also encourage the use of Levels 2 through 4 of the HCPLAN Framework, as well as a minimum percentage of payments to providers to be in VBP form.[1] This APM was initiated 18 months after the program's launch in 2024. It involves a Capitation Withhold, where a portion of capitation payments to MCOs is withheld from providers to incentivize quality improvement. As of this writing, specific percentages and quality measures were not yet defined, as the contracts were still in implementation stages.[4,69]

Ohio (as of 06/2025)

The Ohio Department of Medicaid works with MCOs to use VBP strategies through the Comprehensive Primary Care model (CPC) and the Comprehensive Maternal Care model (CMC).[70] Both models work through the HCPLAN framework and use two additional provider payment streams based on performance metrics. MCOs in these programs are eligible for PMPM payments and are enrolled in shared savings to reward total cost of care savings.[70]

Oklahoma (as of 05/2025)

Oklahoma uses primary care case management (PCCM) programs to deliver Medicaid services.[4] In April 2024, Oklahoma's Medicaid MCO program, SoonerSelect went live.[71,72] Starting in Quarter 3 of 2025 providers in SoonerSelect are eligible for incentive payments based on VBP, although a specific model is not specified.

Oregon (as of 06/2023)

Oregon's Medicaid delivery is managed by Coordinated Care Organizations (CCOs), instead of MCOs. In 2024, they launched the Primary Care VBP Model to achieve 70 percent of CCO payments to providers through VBP.[73] In the contracts between these CCOs and the state, saturation targets are specified, and a timeline is required of each CCO. In 2020, 20 percent of total payments to providers had to be in HCPLAN Category 2C (Pay for Performance) or higher, and 70 percent was required by 2024.[1] This initiative is a part of the Primary Care Payment Reform Collaborative, a state-mandated advisory group focused on reforming primary care payments. The current model includes prospective payments for defined services, fee-for-service payments for uncovered services, risk-adjusted infrastructure payments, and performance-based initiatives.[73,74]

Pennsylvania (as of 01/2025)

Pennsylvania's Medicaid Managed Care Program, known as HealthChoices, is incrementally increasing VBP requirements for MCOs. These incremental increases are included in the MCO's state contracts, with a minimum percentage of payments taking the form of VBP arrangements each year.[1] Currently, 50 percent of Physical HealthChoices, and 20 percent of Behavioral HealthChoices MCO payments to providers must take some form of VBP.

Discussions are ongoing for Community HealthChoices MCO payments.[75] The state employs various APMs, including:

- Pay for Performance – Incentive bonuses for improvements in identified racial disparities within performance measures[4]
- Capitation Withhold – Withholding 2 percent of Medicare capitation payments, which can be earned back based on performance in clinical care, safety, care coordination (patient and caregiver experience), and efficiency/cost reduction[76]

Rhode Island (as of 12/2024)

Rhode Island delivers Medicaid services through MCOs.[77] While there are no state-mandated VBP plans for these MCOs, recent contracts have referenced the HCPLAN framework. In addition Rhode Island set a goal of having 70% of payments be value based by 2024. [1] Rhode Island is currently evaluating the potential for VBP programs based on met or exceeded quality expectations, based on quarterly reports from MCOs.[78]

South Carolina (as of 12/2023)

South Carolina delivers Medicaid services through MCOs.[79] Although there are no mandatory VBP plans for MCOs, state pilots have been testing VBPs since 2022.[79] In December 2023, legislation was passed allowing these organizations to voluntarily establish Value-Based Agreements.[80,81] The HCPLAN Framework and saturation targets are included in recent contracts between MCOs and the state.[1] According to the contracts, for payment to qualify as an APM, network contracts must link provider payment to performance, and these are usually linked to the HCPLAN Framework.[81]

Tennessee (as of 04/2025)

Tennessee delivers Medicaid services through MCOs.[82] In April 2025, CMS approved the proposal to require MCOs to participate in provider payment initiatives. These VBP models include pay for performance, bundled payments, or other service payment models that recognize value or outcomes instead of volume of services.[83]

Texas (as of 12/2024)

Most Texas Medicaid enrollees receive benefits through the STAR Managed Care Program, which consists of MCOs.[84] Texas mandates that MCOs adopt VBP payment to provider programs, including APMs, to encourage innovation, quality improvement, and efficiency.[85]

Virginia (as of 10/2025)

Virginia delivers Medicaid services through MCOs, which must implement VBP plans.[86,87] Although there is no mention of payment to providers, MCOs may receive payment within their yearly contracts. The HCPLAN Framework is mentioned and saturation targets are specified.[1] This includes a performance withhold program (PWP), where 1 percent of each MCO's total payment is withheld and can be earned back based on patient based performance

improvements in 10 specific areas, each accounting for an equal part of the 1 percent withhold.[87] MCOs bear this capitation withhold and must enter APM performance based arrangements with providers in order to ensure that they meet the specified quality targets.[88]

Washington (as of 02/2023)

Washington state's Medicaid program, Apple Health, uses MCOs to deliver benefits.[89] In the contract between the state and MCOs, the HCPLAN Framework, saturation targets, a required timeline for meeting the targets, and capitation withholds are described.[1] In 2025, the withhold was 2 percent, as was the provider incentive threshold.[90] The MCO can earn this back by meeting performance metrics in value based contracting and quality improvement scoring. The state mandates several VBP programs within Medicaid MCOs, including:

- PMPM rate – The Health Care Authority pays MCOs an amount expected to cover all patient care.
- Capitation Withhold – 2 percent of the PMPM rate is withheld, with the potential to earn it back based on performance and adoption of the VBP plan.
- Maternal Care APM – Aims to improve the quality and utilization of prenatal and postpartum care, enhancing patient outcomes
- APM 4 – Allows Rural Health Clinics (RHCs) and FQHCs serving Medicaid managed care enrollees to earn rewards based on quality achievements.[91]

West Virginia (as of 07/2024)

In West Virginia, 87 percent of Medicaid enrollees are served by Mountain Health Trust, a risk-based managed care program that contracts with MCOs.[92,93] In their contracts, saturation targets are described, and MCOs are paid through capitation based upon their membership. While the state does not currently require VBP plans for MCOs, the quality strategy revision process for 2024-2027 includes implementing VBP plans.[93] There is no current VBP plan surrounding payment to providers.

References

1. Guidehouse. "States Require VBP Models." Last modified 2022. Accessed February, 2025. https://guidehouse.com/-/media/www/site/insights/healthcare/2022/downloads/states-require-vbp-models.ashx.
2. Arizona Health Care Cost Containment System. “AHCCCS Value Based Purchasing (VBP) Strategies,” 2024. Accessed September 2024. https://www.azahcccs.gov/AHCCCS/Initiatives/PaymentModernization/valuebasedpurchasing.html.
3. Mercer. "Medi-Cal Managed Care." December 8, 2023. Accessed September 2024. https://www.dhcs.ca.gov/services/Documents/DirectedPymts/CA-CY-2024-Rate-Certification-Report.
4. Hinton, Elizabeth, and Elizabeth Williams. "50 State Medicaid Budget Survey Fiscal Years 2023-2024 - Delivery Systems - 10244." KFF, March 14, 2024. Accessed September 2024. https://www.kff.org/report-section/50-state-medicaid-budget-survey-fy-2023-2024-delivery-systems/.
5. California Department of Health Care Services. "2024 Managed Care Boilerplate Contract." Accessed April 5, 2025. https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf.
6. Department of Health Care Services. "Proposition 56 Value Based Payment Program." DHCA. Accessed November 22, 2024. https://www.dhcs.ca.gov/provgovpart/Prop-56/Pages/Prop56-Programs-Value-Based-Payment.aspx.
7. Department of Health Care Policy and Financing. "Managed Care Programs Billing Manual." Managed Care Programs Billing Manual, 2024. Accessed September 2024. https://hcpf.colorado.gov/managed-care-manual#MCO.
8. Department of Health Care Policy and Financing. Value Based Payments, 2024. Accessed September 2024. https://hcpf.colorado.gov/value-based-payments.
9. *Payment Alternatives for Colorado Kids (PACK)* | *Department of Health Care Policy and Financing*. (n.d.). Retrieved October 14, 2025, from https://hcpf.colorado.gov/payment-alternatives-for-colorado-kids-pack
10. Delaware Health and Social Services. "Managed Care Organization Selection." 2024. Accessed September 2024. https://www.dhss.delaware.gov/dhss/dmma/managedcare.html.
11. Highmark Health Options. "2024 Delaware Provider Manual." Accessed March, 2025. https://www.highmarkhealthoptions.com/content/dam/digital-marketing/en/highmark/highmarkhealthoptions/providers/provider-resources/hho-2024-de-provider-manual_012024.pdf.
12. AmeriHealth Caritas Delaware. "Sample Physician Provider Agreement." Accessed March, 2025. https://www.amerihealthcaritasde.com/assets/pdf/provider/sample-physician-provider-agreement.pdf.
13. Delaware First Health. "2024 Provider Billing Manual." Accessed March, 2025. https://www.delawarefirsthealth.com.
14. Administration, F. A. for H. C. (n.d.). *AHCA: Statewide Medicaid Managed Care Program*. Retrieved October 14, 2025, from https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care, /medicaid/statewide-medicaid-managed-care
15. Georgia Department of Community Health. "Medicaid Managed Care." 2024. Accessed September 2024. https://dch.georgia.gov/medicaid-managed-care.
16. Georgia Medicaid. "GF Contract - Generic." Accessed March, 2025. https://medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/site_page/GF%20Contract%20-%20Generic%20%28002%29.pdf.
17. Georgia Department of Community Health. "Medicaid Managed Care." 2024. Accessed September 2024. https://dch.georgia.gov/medicaid-managed-care.
18. Med-QUEST Division. "Health Plans." Accessed February, 2025. https://medquest.hawaii.gov/en/members-applicants/already-covered/health-plans.html#:~:text=In%20Hawaii%2C%20most%20of%20the,and%20Support%20(LTSS)%20benefits.&text=www.uhccommunityplan.com/hawaii%2Dmedicaid%2Dplans
19. AlohaCare. "Care Guidelines." Accessed February, 2025. https://www.alohacare.org/CareGuidelines/.
20. HMSA. "HMSA Directory Provider Services." Accessed February, 2025. https://prc.hmsa.com/s/article/HMSA-Directory-Provider-Services#CaseManagement.
21. Kaiser Permanente. "Quest Integration Provider Manual." Accessed February, 2025. https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/community-providers/hi/ever/quest-integration-provider-manual-en.pdf.
22. Hawaii Medicaid. "Provider Contract." Accessed February, 2025. https://medquest.hawaii.gov/en/resources/solicitations-contract.html
23. Illinois Department of Healthcare and Family Services. "HealthChoice Illinois Contract Model Template." Accessed February, 2025. https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/healthchoiceillinoiscontractmodeltemplate.pdf.

24. Illinois Department of Healthcare and Family Services. "Value-Based Purchasing Recommendations for Behavioral Health Providers." January 2020. Accessed September 2024. https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/valuebasedpurchasingreportjanuary2020final.pdf.
25. CVS Health. "Aetna Better Health of Illinois Supports Value-Based Care." September 10, 2023. Accessed September 2024. https://www.cvshealth.com/news/medicaid/aetna-provides-12-7m-to-improve-health-outcomes-in-Illinois.html#:~:text=Value%2Dbased%20care%20arrangements%20align,.com/illinois%2Dmedicaid%20.
26. *Meridian Health Plan of Illinois Rewards Providers with $15M for Improved Health Outcomes*. (n.d.). Retrieved October 14, 2025, from https://www.ilmeridian.com/newsroom/meridian-health-plan-of-illinois-rewards-providers-with--15m-for.html?sf278613623=1
27. Indiana Medicaid. "Managed Care Health Plans." April 3, 2024. Accessed September 2024. https://www.in.gov/medicaid/members/member-resources/managed-care-health-plans/.
28. Indiana Primary Health Care Association. "Value Based Payment Education Series." June 3, 2022. Accessed September 2024. https://www.indianapca.org/iqin-value-based-payment-2/.
29. National Conference of State Legislatures. "Value-Based Care in State Medicaid Programs." December 20, 2023. Accessed September 2024. https://www.ncsl.org/health/value-based-care-in-state-medicaid-programs.
30. Iowa Department of Health and Human Services. "Medicaid Provider Policy Manuals." Accessed February, 2025. https://hhs.iowa.gov/about/policy-manuals/medicaid-provider.
31. Johnson, David W. "Iowa Takes a Second Crack at Managed Care: What Is Different This Time?" *The Value-Based Payment Blog* (blog), January 24, 2025. https://www.thevbpblog.com/iowa-takes-a-second-crack-at-managed-care-what-is-different-this-time/.
32. KanCare. "Choosing a Kancare Health Plan." 2024. Accessed September 2024. https://www.kancare.ks.gov/apply-now/health-plans.
33. KanCare. "KanCare." 2024. Accessed September 2024. https://www.kancare.ks.gov/.
34. Kansas Association of Medicaid Health Plans. "Value of Managed Care." 2024. Accessed September 2024. https://www.kamhp.org/value.
35. Sunflower Health Plan. "Value-Based Programs." 2024. Accessed September 2024. https://www.sunflowerhealthplan.com/providers/resources/provider-performance/value-based-programs.html.
36. White, Stefan. "Building Strong Provider Partnerships Through Value-Based Care Programs." Kansas Medicaid, July 21, 2023. Accessed September 2024. https://www.ksmedicaid.com/news/building-strong-provider-partnerships-through-value-based-care-programs.
37. Healthy Blue. "Introducing Healthy Blue in Kansas." Accessed November 25, 2024. Accessed September 2024. https://www.kha-net.org/CriticalIssues/FinancialStability/KanCare/KanCareResources/d168290.aspx?type=view.
38. Aetna. "Healthier Outcomes Program: Aetna Medicaid Kansas." 2024. Accessed September 2024. https://www.aetnabetterhealth.com/kansas/providers/increased-earning-opportunities.html.
39. Kentucky Cabinet for Health and Family Services. "Managed Care Organizations." 2023. Accessed September 2024. https://www.chfs.ky.gov/agencies/dms/dpqo/mco-cmb/Pages/mco-options.aspx.
40. Kentucky Cabinet for Health and Family Services. (2025, January 15). *CY 2025 Kentucky Medicaid managed care state-directed payment approval preprint*. https://www.chfs.ky.gov/agencies/dms/spa/CY2025KMAP.pdf
41. Louisiana Department of Health. "MCO Points of Contact." 2024. Accessed October 2024. https://ldh.la.gov/page/mco-points-of-contact.
42. Louisiana Department of Health. "Louisiana's Medicaid Managed Care Quality Strategy." September 2023. Accessed October 2024. https://ldh.la.gov/assets/docs/MQI/MQIStrategy.pdf.
43. *In Case You Missed It: DHHS Presents VBP Explanation*. (n.d.). Retrieved October 14, 2025, from http://www.mehca.org/blog_home.asp?display=1783
44. Maryland Department of Health. "HealthChoice." 2024. Accessed October 2024. https://health.maryland.gov/mmcp/healthchoice/pages/home.aspx.
45. Schlingman, Jillia. "Maryland's Statewide Value-Based Payment Models Benefit Both Healthcare Providers and Patients." Dark Daily, May 20, 2022. Accessed October 2024. https://www.darkdaily.com/2022/05/23/marylands-statewide-value-based-payment-models-benefit-both-healthcare-providers-and-patients/.
46. The Commonwealth of Massachusetts. "Full List of Masshealth ACOs and MCOs." 2024. Accessed October 2024. https://www.mass.gov/info-details/full-list-of-masshealth-acos-and-mcos.
47. WellSense Health Plan. "Massachusetts Provider Manual." Accessed March, 2025. https://www.wellsense.org/hubfs/Provider/Provider%20Manual/MA_Provider_Manual.pdf.
48. Point32Health. "Claims Processing Manual." Accessed March, 2025. https://www.point32health.org/provider/wp-content/uploads/sites/2/2024/01/thpp_05_claims_pm.pdf.
49. The Executive Office of Health and Human Services. "SIXTH AMENDED AND RESTATED MASSHEALTH MANAGED CARE ORGANIZATION CONTRACT." December 7, 2023. Accessed October 2024. https://www.mass.gov/doc/amendment-2-to-3rd-amended-and-restated-mco-contract-bmchp/download.
50. State of Michigan. "Medicaid Health Plans." 2024. Accessed October 2024. https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/resources/medicaid-health-plans.
51. Michigan Department of Health and Human Services. "FY25 CHCP Clean Contract." Accessed March, 2025. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-

BPHASA/Forms/FY25-CHCP-Clean-Contract-FINAL.pdf?rev=ddedb4d7980c4567b8f12ef59829a9d2&hash=E2A6A0D1741D581615CE66FD4B56AF7D.
52. State of Michigan. "Reports." 2024. Accessed October 2024. https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/reports.
53. Mississippi Division of Medicaid. "Managed Care." August 15, 2024. Accessed October 2024. https://medicaid.ms.gov/programs/managed-care/.
54. Mississippi Division of Medicaid. "Value-Based Incentives." September 24, 2024. Accessed October 2024. https://medicaid.ms.gov/value-based-incentives/.
55. Health Management Associates. "Missouri Releases Medicaid Managed Care RFP." May 17, 2022. Accessed October 2024. https://www.healthmanagement.com/blog/missouri-releases-medicaid-managed-care-rfp/.
56. Nebraska Department of Health and Human Services. "Heritage Health." 2024. Accessed October 2024. https://dhhs.ne.gov/Pages/Heritage-Health-Contacts.aspx.
57. Nebraska Department of Health and Human Services. "Nebraska Medicaid Annual Report." December 1, 2023. Accessed October 2024. https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Health_and_Human_Services__Department_of/107_20231213-093601.pdf.
58. New Hampshire Department of Health and Human Services. "Medicaid Care Management." 2024. Accessed October 2024. https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-care-management.
59. New Jersey Department of Human Services. "NJ Medicaid & Managed Care." 2024. Accessed October 2024. https://www.nj.gov/humanservices/dmahs/info/resources/care/.
60. New Mexico Health Care Authority. "Turquoise Care Overview." 2024. Accessed October 2024. https://www.hca.nm.gov/turquoise-care/.
61. New Mexico Health Care Association. "State Quality Programs." August 27, 2024. Accessed October 2024. https://www.nmhca.org/state-quality-programs/#:~:text=New%20Mexico%20Value%2DBased%20Purchasing&text=The%20project%20goal%20is%20to,in%20nursing%20facilities%20by%202023.
62. Blue Cross Blue Shield of New Mexico. "CC 2.0 Signed Contract." Accessed March, 2025. https://www.hsd.state.nm.us/wp-content/uploads/CC-2_0-BLUE-CROSS-BLUE-SHIELD-NM-SIGNED-CONTRACT.pdf.
63. Molina Healthcare. "New Mexico Medicaid Provider Manual." Accessed March, 2025. https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/NM_2024/Medicaid/Provider-Manual.pdf.
64. Presbyterian Health Plan. "CC 2.0 Signed Contract." Accessed March, 2025. https://www.hsd.state.nm.us/wp-content/uploads/CC2_0-PRESBYTERIAN-PH-SIGNED-CONTRACT.pdf.
65. UnitedHealthcare Community Plan. "New Mexico UHCCP Provider Manual." Accessed March, 2025. https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/NM-UHCCP-Provider-Manual.pdf.
66. New York State Department of Health. "Medicaid and Managed Care." 2024. Accessed October 2024. https://www.health.ny.gov/health_care/managed_care/.
67. New York State Department of Health. "Medicaid Managed Care Model Member Handbook." Accessed March, 2025. https://www.health.ny.gov/health_care/managed_care/medicaid/mmc_model_member_handbook.htm.
68. North Carolina Medicaid. "NC Medicaid Managed Care Health Plans." 2024. Accessed October 2024. https://medicaid.ncdhhs.gov/health-plans#NCMedicaidManagedCareHealthPlans-1619.
69. The State of North Carolina. "North Carolina's Medicaid Managed Care Quality Strategy." April 11, 2023. Accessed October 2024. https://medicaid.ncdhhs.gov/nc-medicaid-2023-quality-strategy/download.
70. *Value-Based Payments*. Retrieved October 14, 2025, from https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/payment-innovation
71. The Oklahoma Health Care Authority. "About SoonerSelect." 2024. Accessed October 2024. https://oklahoma.gov/ohca/soonerselect/about.html
72. The Oklahoma Health Care Authority. "Health Plans." 2024. Accessed October 2024. https://oklahoma.gov/ohca/soonerselect/health-plans.html.
73. Oregon Health Leadership Council. "Primary Care Model." September 21, 2023. Accessed October 2024. https://vbptoolkit.ohlc.org/primary-care-model/.
74. Oregon Health Authority. "Value-Based Payment Roadmap." September 2019. Accessed October 2024. https://www.oregon.gov/oha/HPA/dsi-tc/Documents/OHA-CCO-VBP-Roadmap.pdf.
75. Department of Human Services for the Commonwealth of Pennsylvania. "Medicaid/Medical Assistance." 2024. Accessed October 2024. https://www.pa.gov/en/agencies/dhs/resources/medicaid.html.
76. Glessner, Cindy. "PA Hospitals Shine in CMS Value-Based Purchasing Program." The Hospital + Healthsystem Association of Pennsylvania, April 22, 2022. Accessed October 2024. https://www.haponline.org/News/HAP-News-Articles/HAP-Blog/pa-hospitals-shine-in-cms-value-based-purchasing-program.

77. Rhode Island Executive Office of Health and Human Services. "Medicaid Managed Care Organization Enrollment." 2024. Accessed October 2024. https://eohhs.ri.gov/providers-partners/provider-enrollment/medicaid-managed-care-organization-enrollment.
78. Rhode Island Executive Office of Health and Human Services. "RI Managed Care Quality Strategy CMS Initial Submission." Accessed March, 2025. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-03/RI%20Managed%20Care%20Quality%20Strategy%20CMS%20Initial%20Submission%202022-08-31.pdf.
79. South Carolina Department of Health and Human Services. "Managed Care." 2024. Accessed October 2024. https://www.scdhhs.gov/resources/health-managed-care-plans/managed-care.
80. South Carolina Department of Health and Human Services. "Public Notice of Final Action to Enter into Value Based Agreements and Direct Manufacturer Supplemental Rebate Agreements." 2024. Accessed October 2024. https://www.scdhhs.gov/communications/public-notice-final-action-enter-value-based-agreements-and-direct-manufacturer.
81. South Carolina Department of Health and Human Services. "Process and Procedure Manual, January 2025." Accessed March, 2025. https://img1.scdhhs.gov/sites/default/files/Process%20and%20Procedure%20Manual-January%202025.pdf.
82. Division of TennCare. "Managed Care Organizations." 2024. Accessed October 2024. https://www.tn.gov/tenncare/members-applicants/managed-care-organizations.html.
83. Centers for Medicare & Medicaid Services. (2025, April 29). U.S. Department of Health & Human Services. https://www.medicaid.gov/medicaid/managed-care/downloads/TN_Fee_IPH.OPH4_Renewal_20250101-20251231.pdf
84. Texas Health and Human Services. "Star Medicaid Managed Care Program." 2024. Accessed October 2024. https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/star-medicaid-managed-care-program.
85. Texas Health and Human Services. "Value-Based Care." 2024. Accessed October 2024. https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/value-based-care.
86. Virginia Medicaid. "Managed Care Programs." 2024. Accessed October 2024. https://www.dmas.virginia.gov/for-members/cardinal-care/cardinal-care-managed-care/.
87. Commonwealth of Virginia Department of Medical Assistance Services. "SFY 2024 Performance Withhold Program Methodology." 2023. Accessed October 2024. https://www.dmas.virginia.gov/media/4807/va-eqro-sfy-2023-pwp-methodology-f2.pdf.
88. Virginia Department of Medical Assistance Services. "2023-2025 Quality Strategy." Accessed March, 2025. https://www.dmas.virginia.gov/media/ernmrksw/2023-2025-quality-strategy.pdf.
89. Washington State Health Care Authority. "Apple Health Managed Care." 2024. Accessed October 2024. https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/apple-health-managed-care.
90. Washington State Health Care Authority. "IMC Medicaid." Accessed March, 2025. https://www.hca.wa.gov/assets/billers-and-providers/imc-medicaid.pdf.
91. Washington State Health Care Authority. "Advancing VBP." 2024. Accessed October 2024. https://www.hca.wa.gov/about-hca/programs-and-initiatives/value-based-purchasing/advancing-vbp.
92. West Virginia Department of Human Services. "Managed Care Quality Strategy." July 1, 2024. Accessed October 2024. https://dhhr.wv.gov/bms/Members/Managed%20Care/MCOreports/Pages/default.aspx.
93. West Virginia Department of Human Services. "Mountain Health Trust (Managed Care)." 2024. Accessed October 2024. https://dhhr.wv.gov/bms/Members/Managed%20Care/Pages/default.aspx.
94. Profile in innovation: Rural hospital participation in Missouri HealthNet's Transformation of Rural Community Health (ToRCH) program. Rural Health Value. Accessed November 14, 2025. https://ruralhealthvalue.public-health.uiowa.edu/files/RHV_ToRCH_Profile.pdf