This appendix is supplemental to a Commonwealth Fund publication, Sara Rosenbaum et al., *How States Are Using Comprehensive Medicaid Managed Care to Strengthen and Improve Primary Health Care* (Commonwealth Fund, July 2020) available on the Fund's website at https://www.commonwealthfund.org/ publications/issue-briefs/2020/jul/how-states-are-using-comprehensive-medicaid-managed-care.

APPENDIX. STATE-BY-STATE VARIATION WITHIN THE PRIMARY CARE-RELATED DOMAINS OF MEDICAID MANAGED CARE CONTRACTS

Payment Tied to Clinical Outcomes	27 states
Payment Tied to Utilization	14 states
Payment Tied to Health Outcomes	6 states
Payment Tied to Practice Transformation Investment	19 states
Access Measures and Provider Network Design	
Cultural Competence	40 states
Appointment Wait Times	40 states
Provider–Patient Ratios	40 states
Time and Distance	40 states
Performance Measurement and Quality Improvement	
Consumer Primary Care Experience	40 states
Auto-Assignment Tied to Primary Care Performance	24 states
Primary Care Practice Support	26 states
Value-Based Payment Linked to Primary Care Effectiveness	29 states
Women's Preventive Health	39 states
Primary Care Performance Linked to Payment	36 states
Care Teams	34 states
Preventive Care, Children	40 states
Preventive Care, Adults	40 states
Relationship to Social Determinants of Health (SDOH)	
Member Education for SDOH	5 states
Care Coordination Spanning SDOH	24 states
SDOH Quality Performance Measures	11 states
Dedicated MCO Staff	17 states
Provider Training in SDOH	10 states
Social Determinant Expenditure Requirements/Incentives	3 states
Managed Care/Social Service Provider Relationship	31 states
Collection and Reporting of SDOH Information	7 states
Treatment of SDOH Activities as Value-Added Services	7 states
Social Determinant Screening in Primary Care	24 states
Behavioral Health Integration	
Team Care	30 states
Coordination/Care Management	40 states
Behavioral Health Screening for Adults	37 states
Value-Based Payments	22 states
Telemedicine	25 states
Mental Health Parity	33 states

Primary Care Patient Support

Community Health Workers	12 states
Continuity of Care and Transition Across Health Care Settings/Plans	40 states
Beneficiary Access Supports	40 states
"In Lieu Of" Flexibility to Allow Substitution of Services Under Certain Conditions	30 states
Primary Care Coverage	
Medical Necessity, Children	9 states
Medical Necessity, Adults	36 states
Prior Authorization Barred for Primary Care	7 states
EPSDT Vision, Oral, Hearing Care	36 states
EPSDT Development Assessment	26 states
ACIP-Recommended Immunization for Adults	19 states
Adult Preventive Services	26 states
Family Planning and Related Services	36 states
Primary Care Defined	9 states
nformation Exchange and Health IT	
Submission of Health Information to Generate Performance Reports and Use of Decision-Support Tools	22 states
Adaptive Technology	35 states
Mobile Technology	32 states
Information Exchange with Other Agencies/Programs	36 states
E-prescribing	13 states
Information Exchange Across Practice Settings	39 states

Notes: EPSDT is the Early and Periodic Screening, Diagnostic, and Treatment program, which is the federal Medicaid program for children and adolescents under age 21. ACIP is the Advisory Committee on Immunization Practices.

Source: George Washington University analysis of 40 state Medicaid managed care purchasing documents, including RFPs, model contracts, and/or executed contracts publicly available as of October 1, 2019.