

## Oklahoma Managed Care Program Features, as of 2013

Features	PACE	SoonerCare Choice	SoonerRide
<b>Program type</b>	PACE	PCCM	Non-Emergency Medical Transportation
<b>Statewide or region-specific?</b>	74464,74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439	Statewide	Statewide
<b>Federal operating authority</b>	PACE	1115 demonstration	1902(a)(70) NEMT
<b>Program start date</b>	8/1/2008	1/1/1996	6/1/2006
Waiver expiration date (if applicable)		12/31/2015	
If the program ended in 2013, indicate the end date			
<b>Populations enrolled</b>			
Low-income Adults		Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Individuals receiving Limited Benefits			
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority			
Full Duals	Voluntary		Mandatory
Partial Duals	Voluntary		
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt
<b>Enrollment choice period</b>	N/A	N/A	Pre-assigned
<b>Enrollment broker name (if applicable)</b>		Maximus	Logisticare
<b>Notes on enrollment choice period</b>			

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<b>Benefits covered</b>			
Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization	X	X	
Physician	X	X	
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X	X	
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT	X	X	
Case management	X	X	
Health home			
Family planning		X	
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	
Personal care (state plan option)	X	X	
HCBS waiver services			
Private duty nursing	X	X	
ICF-IDD			
Nursing facility services	X		
Hospice care	X	X	
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, Speech Therapy, Disease Management, Hearing, Institutional, Occupational Therapy, Physical Therapy, Skilled Nursing Facility, Vision	

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<b>Quality assurance and improvement</b>			
HEDIS data required?	No	No	No
CAHPS data required?	No	No	No
Accreditation required?	No	No	No, but accreditation considered in plan selection criteria
Accrediting organization		States specific PCMH	None
EQRO contractor name (if applicable)	N/A		
<b>Performance incentives?</b>	No	No	No
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
<b>Participating plans and regions served</b>			
Plans in Program	Cherokee Elder Care	SoonerCare Choice	SoonerRide
<b>Notes</b>			
Program notes			