

**Oklahoma Managed Care Program Features, as of 2015**

Features	SoonerCare Choice	SoonerRide	PACE
Program type	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	74464, 74441, 74423, 74960, 74427, 74465, 74403, 74457, 74451, 74352, 74434, 74401, 74471, 74364, 74347, 74402, 74444, 74368, 74964, 74446, 74452, 74359, 74965, 74439, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74119, 74120, 74126, 74127, 74128, 74129, 74130, 74132, 74133, 74136, 74137, 74145, 74146, 74134, 74135, 74117, 74116, 74108, 73008, 73106, 73143, 73003, 73147, 73025, 73134, 73084, 73119, 73140, 73124, 73157, 73170, 73163, 73066, 73150, 73110, 73139, 73105, 73142, 73185, 73109, 73194, 73113, 73169, 73103, 73154, 73121, 73156, 73165, 73127, 73013, 73131, 73198, 73118, 73178, 73141, 73184, 73160, 73146, 73120, 73149, 73083, 73137, 73122, 73155, 73132, 73108, 73162, 73112, 73167, 73102, 73152, 73012, 73179, 73135, 73026, 73190, 73129, 73196, 73117, 73173, 73123, 73153, 73144, 73116, 73148, 73034, 73136, 73120, 73115, 73107, 73159, 73111, 73164, 73101, 73151, 73130, 73145, 73125, 73189, 73128, 73195, 73114, 73172, 73104
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1902(a)(70) NEMT	PACE
Program start date	01/01/1996	06/01/2006	08/01/2008
Waiver expiration date (if applicable)	12/31/2016		
If the program ended in 2015, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt

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Populations enrolled: Enrollment choice period	N/A	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Logisticare	
Populations enrolled: Notes on enrollment choice period	Members are enrolled within 72 hours of application.		
Benefits covered: Inpatient hospital physical health			X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Outpatient hospital physical health			X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices			X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Home health agency services			X
Benefits covered: Personal care (state plan option)			X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			X
Benefits covered: Hospice care			X
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: 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
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No

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Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization	State specific PCMH		
Quality assurance and improvement: EQRO contractor name (if applicable)	Contractor is Telligen		
Performance incentives? Payment bonuses/differentials to reward plans			
Performance incentives? Preferential auto-enrollment to reward plans			
Performance incentives? Public reports comparing MCO performance on key metrics			
Performance incentives? Withholds tied to performance metrics			
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served: Plans in Program	Multiple Primary Care Providers	SoonerRide	Cherokee Elder Care; Life PACE; Valir PACE Foundation
Notes: Program notes			