## Arkansas Managed Care Program Features, as of 2018 (1 of 2)

<table>
<thead>
<tr>
<th>Features</th>
<th>Connect Care</th>
<th>PACE</th>
<th>Provider-Led Arkansas Shared Savings Entity (PASSE) Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program type</td>
<td>Primary Care Case Management (PCCM)</td>
<td>Program of All-inclusive Care for the Elderly (PACE)</td>
<td>Primary Care Case Management Entity (PCCM Entity)</td>
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<tr>
<td>Statewide or region-specific?</td>
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</tr>
<tr>
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<td>1932(a)</td>
<td>PACE</td>
<td>1915(b)</td>
</tr>
<tr>
<td>Program start date</td>
<td>01/01/2014</td>
<td>04/01/2016</td>
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</tr>
<tr>
<td>Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)</td>
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<td>Voluntary</td>
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<tr>
<td>Populations enrolled: Full Duals</td>
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<tr>
<td>Populations enrolled: Partial Duals</td>
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<td>Populations enrolled: Native American/Alaskan Natives</td>
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<td>Populations enrolled: Foster Care and Adoption Assistance Children</td>
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<td>Populations enrolled: Notes on enrollment choice period</td>
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<td>Benefits covered: Inpatient hospital physical health</td>
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<td>Benefits covered: Partial hospitalization</td>
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<td>Benefits covered: Physician</td>
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<td>Benefits covered: EPSDT</td>
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<td>Benefits covered: Case management</td>
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<td>Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)</td>
<td></td>
<td></td>
<td>Capitated comprehensive medical and social services in adult day health centers and in-home and referral services according to the participants needs.</td>
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<td>Quality assurance and improvement: HEDIS data required?</td>
<td>No</td>
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<tr>
<td>Quality assurance and improvement: CAHPS data required?</td>
<td>Yes</td>
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<td>No</td>
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<tr>
<td>Quality assurance and improvement: Accreditation required?</td>
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<td>Quality assurance and improvement: Accrediting organization</td>
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<td>Health Management Plan (CMS)</td>
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<tr>
<td>Participating plans: Plans in Program</td>
<td>Multiple primary care providers</td>
<td>Complete Health; Total Life Healthcare</td>
<td>Summit Community Care; Arkansas Total Care; Empower Healthcare Solutions; Forevercare</td>
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<tr>
<td>Notes: Program notes</td>
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<td></td>
<td>The PASSE is designed to address the needs of Medicaid beneficiaries who have complex behavioral health and intellectual and developmental disabilities service needs. Providers of specialty and medical services will enter into partnerships with each other and an experienced organization that performs administrative functions similar to insurance companies. Providers retain majority ownership of each PASSE. The governing body of each PASSE must include several types of providers including a Developmental Disabilities Services provider, a Behavioral Health Services provider, a hospital, a physician, and a pharmacist. There are 2 phases of implementation. Phase I, which began on February 1, 2018, is when each PASSE is responsible for providing care coordination to every individual that has been assigned to them. Phase II, which began March 1, 2019, is when the PASSE entered into a full-risk contract as an MCO.</td>
</tr>
</tbody>
</table>
### Arkansas Managed Care Program Features, as of 2018 (2 of 2)

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<th>Features</th>
<th>Arkansas Dental Managed Care</th>
<th>Arkansas Non-Emergency Medical Transport (NET)</th>
</tr>
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<tbody>
<tr>
<td>Program type</td>
<td>Dental only (PAHP)</td>
<td>Non-Emergency Medical Transportation</td>
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<td>Statewide or region-specific?</td>
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<td>1915(b)</td>
<td>1915(b),1902(a)(70) NEMT</td>
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<td>03/01/1998</td>
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<td>Yes</td>
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<td>Quality assurance and improvement: Accreditation required?</td>
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<td>Participating plans: Plans in Program</td>
<td>Delta Dental of Arkansas; Managed Care of North America (MCNA) Dental</td>
<td>Southeasttrans; Central Arkansas Development Council; Area Agency on Aging of Western Arkansas; Mid-Delta; Area Agency on Aging of Southeast Arkansas</td>
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<tr>
<td>Notes: Program notes</td>
<td>In early December 2017, all Arkansas Medicaid beneficiaries who are eligible for dental benefits were randomly and evenly assigned to one of the two dental managed care plans. Members were able to access plan providers starting January 1, 2018 for covered dental services. If members wish to switch plans, they have 90 days to do so. The vendors will serve all members who receive dental services through Medicaid except for those residing in Human Development Centers, individuals enrolled in the Program for All Inclusive Care for the Elderly (PACE), members who reside in a nursing home setting, and individuals who are eligible for Medicaid only after incurring medical expenses that cause them to &quot;spend down&quot; to Medicaid eligibility levels.</td>
<td></td>
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</tbody>
</table>