

Oklahoma Managed Care Program Features, as of 2021

| Features | SoonerRide | SoonerCare Choice | PACE |
|---|--------------------------------------|--|--|
| Program type | Non-Emergency Medical Transportation | Primary Care Case Management (PCCM) | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Statewide | Statewide | 73004, 73007, 73008, 73010, 73012, 73013, 73020, 73026, 73034, 73036, 73045, 73049, 73051, 73064, 73065, 73066, 73068, 73069, 73071, 73072, 73078, 73080, 73084, 73089, 73090, 73093, 73099, 73104, 73105, 73106, 73107, 73108, 73109, 73110, 73111, 73112, 73113, 73114, 73115, 73116, 73117, 73118, 73119, 73120, 73121, 73122, 73127, 73128, 73129, 73130, 73132, 73134, 73135, 73136, 73139, 73140, 73141, 73142, 73149, 73159, 73160, 73162, 73170, 74011, 74012, 74021, 74033, 74055, 74063, 74066, 74070, 74103, 74104, 74105, 74106, 74107, 74110, 74112, 74114, 74115, 74116, 74119, 74126, 74127, 74128, 74129, 74130, 74133, 74134, 74135, 74136, 74145, 74146, 74169, 74347, 74352, 74359, 74364, 74365, 74401, 74402, 74403, 74423, 74427, 74434, 74435, 74441, 74451, 74452, 74457, 74464, 74465, 74467, 74471, 74857, 74931, 74945, 74955, 74960, 74962, 74964, and 74965 |
| Federal operating authority | 1902(a)(70) NEMT | 1115(a) (Medicaid demonstration waivers) | PACE |
| Program start date | 06/01/2006 | 01/01/1996 | 08/01/2008 |
| Waiver expiration date (if applicable) | | 12/23/2023 | |
| If the program ended in 2020, indicate the end date | | | |

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|--|-------------------|--|---|
| 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 | Mandatory | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | Mandatory | |
| Populations enrolled: Full Duals | Mandatory | | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory | |
| Populations enrolled: American Indian/Alaska Native | Mandatory | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Voluntary | Exempt |
| Populations enrolled: Enrollment choice period | | N/A | N/A |
| Populations enrolled: Enrollment broker name (if applicable) | Logisticare | Maximus | |
| Populations enrolled: Notes on enrollment choice period | | Members are enrolled within 72 hours of application. | Enrollment process takes approximately 4-6 weeks. Members are enrolled throughout the entire month to be effective the first day of the following month. Members go through the PACE Organizations for the entire enrollment process. |

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| 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 |
| Benefits covered: Nurse practitioner | | | X |
| Benefits covered: Rural health clinics and FQHCs | | | |
| Benefits covered: Clinic services | | | X |
| Benefits covered: Lab and x-ray | | | X |
| Benefits covered: Prescription drugs | | | X |
| Benefits covered: Prosthetic devices | | | X |
| Benefits covered: EPSDT | | | |
| Benefits covered: Case management | | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | | | X |
| Benefits covered: Family planning | | | |
| Benefits covered: Dental services (medical/surgical) | | | X |
| Benefits covered: Dental (preventative or corrective) | | | X |

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|--|------------|-------------------|---|
| 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 | | | |
| Benefits covered: Non-Emergency Medical Transportation | X | | X |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit | | | |
| 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, and medication assisted treatment |
| Quality assurance and improvement: HEDIS data required? | No | No | No |
| Quality assurance and improvement: CAHPS data required? | No | No | No |
| Quality assurance and improvement: Accreditation required? | No | No | No |
| Quality assurance and improvement: Accrediting organization | | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | Telligen | |

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|--|-------------------|--------------------------|--|
| Performance incentives: Payment bonuses/differentials to reward plans | | | |
| Performance incentives: Preferential auto-enrollment to reward plans | | | |
| Performance incentives: Public reports comparing plan performance on key metrics | | | |
| Performance incentives: Withholds tied to performance metrics | | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | | |
| Participating plans: Plans in Program | SoonerRide | SoonerCare Choice | Life PACE; Valir PACE; Cherokee Elder Care (CEC) |
| Notes: Program notes | | | PACE members are not eligible for SoonerRide. |