

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

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	PACE	1915(b)
Program start date	01/01/2014	04/01/2016	02/01/2018
Waiver expiration date (if applicable)			03/01/2019
If the program ended in 2018, 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)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
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		Voluntary	Mandatory
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			Mandatory

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory		Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health			
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health			
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices			
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
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.)		Capitated comprehensive medical and social services in adult day health centers and in-home and referral services according to the participants needs.	
Quality assurance and improvement: HEDIS data required?	No	No	No

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	Yes	No
Quality assurance and improvement: Accrediting organization		Health Management Plan (CMS)	
Quality assurance and improvement: EQRO contractor name (if applicable)			
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	Multiple primary care providers	Complete Health; Total Life Healthcare	Summit Community Care; Arkansas Total Care; Empower Healthcare Solutions; Forevercare

Features	Connect Care	PACE	Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Notes: Program notes			<p>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.</p>

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

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Program type	Dental only (PAHP)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b)	1915(b),1902(a)(70) NEMT
Program start date	01/01/2018	03/01/1998
Waiver expiration date (if applicable)	12/31/2022	09/30/2019
If the program ended in 2018, 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)		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
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)		
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned	
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Partial hospitalization		
Benefits covered: Physician		
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management		

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		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.)		
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)		
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	X	
Participating plans: Plans in Program	Delta Dental of Arkansas; Managed Care of North America (MCNA) Dental	Southeasttrans; Central Arkansas Development Council; Area Agency on Aging of Western Arkansas; Mid-Delta; Area Agency on Aging of Southeast Arkansas

Features	Arkansas Dental Managed Care	Arkansas Non-Emergency Medical Transport (NET)
Notes: Program notes	<p>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 “spend down” to Medicaid eligibility levels.</p>	