

**Arkansas Managed Care Program Features, as of 2020 (1 of 2)**

| <b>Features</b>  | <b>Provider-Led Arkansas Shared Savings Entity (PASSE) Program</b> | <b>Arkansas Dental Managed Care</b> | <b>Arkansas Non-Emergency Medical Transport (NET)</b> |
|--|--|-------------------------------------|---|
| Program type   | Comprehensive MCO + MLTSS  | Dental only (PAHP)                  | Non-Emergency Medical Transportation                  |
| Statewide or region-specific?  | Statewide  | Statewide                           | Statewide   |
| Federal operating authority  | 1915(b),1915(b)/1915(c),1915(b)/1915(i)                            | 1915(b)                             | 1915(b)   |
| Program start date   | 03/01/2019   | 01/01/2018                          | 10/01/2017  |
| Waiver expiration date (if applicable)   | 12/31/2026   | 12/31/2022                          | 12/31/2022  |
| If the program ended in 2020, indicate the end date  |  |                                     |   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Varies   |                                     |   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Varies   |                                     |   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Varies   | Mandatory                           | Mandatory   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Varies   | Mandatory                           | Mandatory   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Varies   | Mandatory                           | Mandatory   |
| Populations enrolled: Full Duals   | Varies   | Mandatory                           | Mandatory   |
| Populations enrolled: Children with Special Health Care Needs  | Varies   | Mandatory                           | Mandatory   |
| Populations enrolled: Native American/Alaskan Natives  | Exempt   | Exempt                              | Exempt  |

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|---|--|-------------------------------------|---|
| Populations enrolled: Foster Care and Adoption Assistance Children      | Mandatory  | 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                    | 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                        | X  |                                     |   |
| Benefits covered: Clinic services                                       | X  |                                     |   |
| Benefits covered: Lab and x-ray   | X  | X                                   |   |
| Benefits covered: Prescription drugs                                    | X  |                                     |   |
| Benefits covered: Prosthetic devices                                    | X  |                                     |   |
| Benefits covered: EPSDT   | X  |                                     |   |
| Benefits covered: Case management                                       | X  |                                     |   |
| Benefits covered: SSA Section 1945-authorized Health Home               |  |                                     |   |

| <b>Features</b>   | <b>Provider-Led Arkansas Shared Savings Entity (PASSE) Program</b> | <b>Arkansas Dental Managed Care</b> | <b>Arkansas Non-Emergency Medical Transport (NET)</b> |
|---|--|-------------------------------------|---|
| Benefits covered: Home health services (services in home)   | X  |                                     |   |
| Benefits covered: Family planning   | X  |                                     |   |
| Benefits covered: Dental services (medical/surgical)  |  | X                                   |   |
| Benefits covered: Dental (preventative or corrective)   |  | X                                   |   |
| Benefits covered: Personal care (state plan option)   | X  |                                     |   |
| Benefits covered: HCBS waiver services  | X  |                                     |   |
| 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: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  |                                     |   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  |  |                                     |   |
| Quality assurance and improvement: HEDIS data required?   | Yes  | No                                  | No  |
| Quality assurance and improvement: CAHPS data required?   | Yes  | Yes                                 | No  |
| Quality assurance and improvement: Accreditation required?  | No   | No                                  | No  |

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|--|--|---|--|
| Quality assurance and improvement: Accrediting organization  |  |   |  |
| 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  | X  | X   |  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | X   |  |
| Participating plans: Plans in Program  | Summit Community Care; Arkansas Total Care; Empower Healthcare Solutions | Delta Dental of Arkansas; Managed Care of North America (MCNA) Dental | Southeasttrans; Central Arkansas Development Council; Area Agency on Aging of Southeast Arkansas |

| <b>Features</b>      | <b>Provider-Led Arkansas Shared Savings Entity (PASSE) Program</b>  | <b>Arkansas Dental Managed Care</b> | <b>Arkansas Non-Emergency Medical Transport (NET)</b> |
|----------------------|---|-------------------------------------|---|
| Notes: Program notes | <p>On 3/1/2019, PASSE transitioned from a PCCM entity model to a full-risk MCO model operated by Risk-Based Provider Organizations (RBPOs) or Provider-Led Arkansas Shared Savings Entities (PASSEs). With some exceptions, enrollment in a PASSE is mandatory for all Medicaid beneficiaries that have been identified through the Independent Assessment (IA) system as in need of behavioral health services or services for individuals with developmental disabilities at Tier II and Tier III levels of care. Additionally, Medicaid-eligible individuals are mandatorily enrolled into the PASSE program if they have been identified through the state's Independent Assessment (IA) system as in need of behavioral health services or services for individuals with developmental disabilities at Tier II and Tier III levels of care. This includes all clients enrolled in the concurrent 1915(i) State Plan Amendment or the 1915(c) Community and Employment Supports (CES) Waiver.</p> |                                     |   |

**Arkansas Managed Care Program Features, as of 2020 (2 of 2)**

| Features   | Program of All-Inclusive Care for the Elderly (PACE)  | Connect Care                                      |
|--|---|---|
| Program type   | Program of All-inclusive Care for the Elderly (PACE)  | Primary Care Case Management Entity (PCCM Entity) |
| Statewide or region-specific?  | 72002, 72011, 72015, 72019, 72022, 72023, 72032, 72034, 72046, 72065, 72076, 72083, 72086, 72103, 72106, 72113, 72114, 72116, 72117, 72118, 72119, 72120, 72135, 72142, 72173, 72201, 72202, 72204, 72205, 72206, 72207, 72209, 72210, 72211, 72212, 72223, 72227, 72315, 72319, 72324, 72354, 72365, 72373, 72387, 72396, 72401, 72416, 72432, 72433, 72438, 72442, 72450, 72455, 72465, 72472, 72476, 72476, 72701, 72703, 72704, 72712, 72713, 72714, 72715, 72718, 72719, 72722, 72727, 72730, 72734, 72736, 72738, 72739, 72740, 72744, 72745, 72751, 72753, 72756, 72758, 72761, 72762, 72764, 72773, 72774, 72959, and all zip codes in Craighead County | Statewide   |
| Federal operating authority  | PACE  | 1932(a)   |
| Program start date   | 04/01/2006  | 01/01/2014  |
| Waiver expiration date (if applicable)   | N/A   |   |
| If the program ended in 2020, 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   |

| <b>Features</b>  | <b>Program of All-Inclusive Care for the Elderly (PACE)</b> | <b>Connect Care</b> |
|--|---|---------------------|
| 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   | Voluntary   | Mandatory           |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                      |   |                     |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  |   |                     |
| Populations enrolled: Full Duals   | Voluntary   |                     |
| Populations enrolled: Children with Special Health Care Needs  |   | Mandatory           |
| Populations enrolled: Native American/Alaskan Natives  | Exempt  | Exempt              |
| Populations enrolled: Foster Care and Adoption Assistance Children   |   | Mandatory           |
| Populations enrolled: Enrollment choice period   | N/A   | N/A                 |
| Populations enrolled: Enrollment broker name (if applicable)   |   |                     |
| Populations enrolled: Notes on enrollment choice period  |   |                     |
| 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   |                     |

| <b>Features</b>   | <b>Program of All-Inclusive Care for the Elderly (PACE)</b> | <b>Connect Care</b> |
|---|---|---------------------|
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X   |                     |
| Benefits covered: Partial hospitalization                               |   |                     |
| Benefits covered: Physician   | X   |                     |
| Benefits covered: Nurse practitioner                                    | X   |                     |
| Benefits covered: Rural health clinics and FQHCs                        | X   | X                   |
| 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   |   | X                   |
| Benefits covered: Case management                                       | X   | X                   |
| Benefits covered: SSA Section 1945-authorized Health Home               |   |                     |
| Benefits covered: Home health services (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)                     | X   |                     |
| Benefits covered: HCBS waiver services                                  | X   |                     |
| Benefits covered: Private duty nursing                                  | X   |                     |
| Benefits covered: ICF-IDD   |   |                     |



| <b>Features</b>   | <b>Program of All-Inclusive Care for the Elderly (PACE)</b> | <b>Connect Care</b> |
|---|---|---------------------|
| Benefits covered: Nursing facility services   | X   |                     |
| Benefits covered: Hospice care  | X   |                     |
| 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?   | No  | No                  |
| Quality assurance and improvement: CAHPS data required?   | No  | No                  |
| Quality assurance and improvement: Accreditation required?  | 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   |   |                     |

| <b>Features</b>  | <b>Program of All-Inclusive Care for the Elderly (PACE)</b> | <b>Connect Care</b>             |
|--|---|---------------------------------|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes |   |                                 |
| Participating plans: Plans in Program  | Complete Health; Total Life Healthcare; Pace of the Ozarks  | Multiple Primary Care Providers |
| Notes: Program notes   |   |                                 |