Full list of Questions from PASSE Facebook Live 10/24/18

TIMELINE

1. When does phase 2 begin?
   A. March 1st, 2019

INDEPENDENT ASSESSMENTS

2. Is Optum required to provide assessments in the child and family's native language? I have Spanish-Speaking parents who have no idea what's going on. The assessors spoke only English.
   A. Yes, if Optum is made aware in advance they will have an appropriate interpreter.

3. Why have the adult disabled community in waiver had to endure up to 3 assessments during this process with different outcomes in Tiers?
   A. There are three distinct assessments: (Each assessment performed will have a tier determination).
   *Behavioral health/Mental Health assessment for clients with high level Behavioral Health needs.
   *Developmental Disabilities Health assessment for clients requiring institutional level of care
   *Personal Care assessment – As of January 1, 2017 in order for a client to receive personal care, they must be assessed by Optum in order to determine the level of personal care required by the client.

PLANS OF CARE/TIERS

4. What is the CAP going to be on plans of care for tier 3 services?
   A. The PASSEs determine each member’s benefit based upon their (PCSP) Person Centered Service Plan.

5. You are still not being transparent on the cap amounts for person centered plans of care. Having this information will allow families to know if their services are going to be cut or reduced.
   A. The PASSE must ensure that services are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

   The PASSE will honor current (PCSP) Person Centered Service Plans for at least 60 days up to 6 months until a new (PCSP) Person Centered Service Plan is developed; at which time the beneficiary would be involved in the development of the new (PCSP) Person Centered Service Plan.

   The PASSE cannot arbitrarily deny or reduce required services, but may place limits on a service for utilization control, provided the services still achieve the agreed upon services outlined in the (PCSP) Patient Centered Service Plan.
SERVICES COVERED

6. What services will non-waiver PASSE participants be able to access that are currently only waiver provided services?

   A. Clients on the waiver waitlist who have been attributed to a PASSE now receive care coordination. Six months after full risk (September) we project utilizing some of the premium tax revenue to offer some waiver services to the waitlist clients and adding 500 additional fully funded CES waiver slots.

NETWORKS

7. Is it true that providers must cover the whole state?

   A. The PASSE must provide access to services through the entire State of Arkansas.

8. I have not been contacted by a PASSE I'm a pediatric Home Health provider. What should I do?

   A. The PASSEs are making a continued effort to contact providers. Providers are encouraged to contact the PASSEs directly. Additionally, you can contact Tanya Giles, provider liaison at 501-320-6189 or email Tanya.giles@dhs.arkansas.gov.

9. If my child is in tier 2 mental health status with a PASSE but the counselor we want to use is not with an agency but takes Medicaid, what can we do to get to see that counselor?? Can we opt out or get a waiver?

   A. At this time there is no ability to opt out of a PASSE and the current policy does not allow Independently Licensed Practitioners to provide services to those who have been deemed to be eligible for Tier 2 or Tier 3.

   In Phase II, once the PASSEs take full risk, the decision of who is an eligible provider would rest with the PASSEs. Of course the guardian could make the decision to not participate in the periodic reassessment process if they believe that this level of services is no longer needed or when reassessed if improvement in functioning yields a Tier 1 determination, they would drop out of the PASSE, but would still be eligible for receive Counseling Level services under the outpatient behavioral health fee for service program with their choice of Medicaid eligible providers.

10. Why lock us into a PASSE when a list is not complete?

    A. A member may voluntarily transition from their assigned PASSE and choose another PASSE within ninety (90) days of initial assignment. Also, DHS will, on an annual basis, offer an open enrollment period for all current enrollees to choose a different PASSE for coverage beginning January 1 of the following year. If an individual does not make an active choice to switch PASSEs during the open enrollment period, that individual will remain a member of the same PASSE for the twelve (12) months of the new coverage year provided the individual is otherwise eligible.
11. Where can you find a list of Provider enrolled in PASSE? Any of the four PASSE?

   A. Each PASSE has a list of providers on their website in their provider network directory. Phase I - the provider list continues to be developed and only serves as a referral network directory. In Phase II, the PASSE provider network directory will be completed and updated monthly as new providers join PASSE networks.

12. What steps is PASSE taking to contact and enroll Providers?

   A. Town Halls

   Each PASSE has a provider relations department created to reach out to and assist providers with the PASSE enrollment process.

   Each PASSE has contact information for providers to utilize with enrollment questions or concerns.

   Tanya Giles is the provider liaison and can assist with PASSE provider enrollment questions or concerns. Tanya Giles can be reached via phone or email: 501-320-6189 or Tanya.giles@dhs.arkansas.gov.

BILLING & TRANSITION PLAN

13. The PASSES are not giving us information on how to operate their billing systems...the answer is typically...”When we go live”. Are the PASSES required to train us and have us ready to bill PRIOR to go live date?

   A. Yes, each PASSE will provide training on their billing system. The updated go-live date of the Phase II of the PASSE program is March 1, 2019.

14. Will the Provider continue to receive Admin and Fringe?

   A. Rates paid to providers by the PASSE are negotiated between the PASSE and the Provider. The PASSE must comply with any applicable consent decrees impacting Arkansas Medicaid providers.

15. Agencies need time to prepare on the billing side for any changes on who we send our invoices to within each PASSE? When are we going to get this information from the PASSE on how all of this is going to work?

   A. Town Hall – DHS can reach out to the PASSE for a list of upcoming trainings that have been scheduled and post this information to the DHS webpage.
TEFRA/MEDICARE/COMBINATION OF OTHER PAYER SOURCES

16. I am also concerned about conflicts like we have to see a provider in network with our primary insurance and that same provider is not in the PASSE we are in.

   A. Reach out to your Care Coordinator from the PASSE. It may be possible for the PASSE to contract with the same provider. The beneficiary has a right to inquire if another PASSE has the provider in their network. If so, you can switch PASSEs within 90 days of assignment to a PASSE or during a scheduled open enrollment.

CARE COORDINATION

17. When will the Care Coordinators be completely trained to serve their clients’ needs?

   A. Each PASSE provides extensive education and orientation for their Care Coordinators prior to being assigned a member caseload.

18. What are the requirements to become a Case Coordinator?

   A. Be a Registered Nurse (R.N.), a physician, or have a bachelor’s degree in a social science or health-related field;
   OR
   Have at least one (1) year of experience working with developmentally or intellectually disabled clients or behavioral health clients;
   B. Successfully complete the following background checks:
      1. Criminal background check;
      2. Child maltreatment registry check; and
      3. Adult maltreatment registry check.
   AND
   C. Successfully pass an initial drug screen prior to providing care coordination and working directly with clients;
   D. Successfully pass an annual drug screen to continue to be allowed to provide care coordination; and
   E. Cannot be excluded or debarred under any state or federal law, regulation or rule or not eligible or prohibited to enroll as a Medicaid provider.

19. While our Care Coordinator is very polite, wants to be helpful and understands my question she has NO knowledge of the Medicare / PASSE / Medicaid inter-workings.

   A. During Phase I, the PASSE was only responsible for providing care coordination to members. The PASSE, during Phase II, will be responsible for the coordination of care between Medicare and Medicaid.
20. Does our Care Coordinator contact all of our doctors, hospitals and medical suppliers or do we asking them to join the PASSE?

   A. Providers are encouraged to join all four PASSEs. Ultimately, the decision to join a PASSE as a network provider is a business decision made by the provider. Care Coordinators will collaborate with each of their members' service providers.

21. I really wish we could keep our provider as our care coordinator. Focus Inc. has provided this service perfectly for years. Why can't we keep them? Our new one told us that all they do is make sure that we have doctors appointments and meds.

   A. The PASSE must comply with Conflict Free Case Management rules pursuant to 42 CFR 441.330(c)(1)(iv). The PASSE must hire Care Coordinators or contract with entities who will work with the PASSE Member’s providers to ensure continuity of care across all services while maintaining independence from direct service providers. Conflict-free care coordination is a critical protection for members and a matter of program integrity."

22. What are the specific roles of my care coordinator? And specific roles of my DD provider.

   A. There are four case management activities that must be done by a PASSE Care Coordinator. These four activities are the Independent Assessment (which is performed by Optum), the development of the PCSP (Person Centered Service Plan), monitoring of the PCSP service delivery, and the referral for services. Other care coordination activities that the PASSE is responsible for providing can be carried out by the PASSE or by other network providers, but that would be up to each PASSE to determine.

23. I have a provider question. If we are seeing clients at school who have IEPs and we are billing Medicaid using the schools 4-digit code, do we continue to bill Medicaid or the PASSE?

   A. School-based services provided by school employees are excluded from payment by the PASSE.

24. How can providers know what PASSE their client is in when the client/parents do not know?

   A. Providers will be able to determine what PASSE a client is through the same online portal used to determine Medicaid eligibility of the client. The exact date of this functionality is TBA.

25. Please explain the role of AFMC in the PASSE

   A. AFMC serves as a Medicaid beneficiary education and outreach organization and AFMC provides assistance with:
   PASSE choice counseling/General questions related to the PASSE (1-833-402-0672)
26. Providers and families are still having issues with knowing who their PASSE assignment is. Can you speak to that point?
   A. Clients/guardians receive an assignment letter from DHS which will inform the client/guardian of assignment to a PASSE. The client/guardian will also receive a welcome packet from their assigned PASSE which will provide details specific to the members’ assigned PASSE. Additionally, a beneficiary can call AFMC (1-833-402-0672) to find out which PASSE they have been assigned to.

Town Hall

27. Please tell us where you are posting all this information regarding upcoming PASSE Town Halls?
   A. PASSE Town Hall dates and times will be posted on each specific PASSE website. DHS will work on getting a list of trainings posted on the DHS website as well.
   A. DHS Town Hall dates and times will be posted on DHS website.

28. So if we are unable to attend a town hall will you be filming & posting presentations?
   A. The DHS office of Communications is currently looking into the ability to record town hall meetings.

29. Can’t you do a live Facebook post at the town halls so that people can access those at later dates?
   A. The DHS office of Communications is currently looking into the ability to record town hall meetings.

30. Why are the local DHS offices not having town hall meeting about what you are talking about. Not everyone has internet access? I know Greene County has an office.
   A. Most of the DHS offices do not have the meeting space needed to host a town hall meeting.

31. Training events posted where?
   A. DHS will work on getting a list of trainings posted on DHS website.

32. Only training I’ve seen, there was a charge…. free training?
   A. DHS can reach out to each of the PASSEs to get a list of upcoming training, but it would be up to each PASSE.
33. How long should go by before we get an official word back on changing PASSE’s after turning in paperwork to do so?

A. Upon initial assignment to a PASSE, the individual has 90 days from the date of initial enrollment to request a change to a different PASSE. In Phase I, which began on February 1, 2018 and will last until February 28, 2019, attribution is ran once per month and becomes effective on the 1st day of the month. If the request is made prior to and is processed prior to the assignment run, the change in PASSE would become effective the first day of the next month. If the request is made after or is processed after the assignment run, the change in PASSE would not become effective until after assignment is ran again in the middle of the following month.

In Phase II, enrollment into a PASSE will occur on a nightly basis and will be effective seven (7) calendar days after the date of assignment. As in Phase I, upon initial assignment to a PASSE, the individual has 90 days from the date of initial enrollment to request a change to a different PASSE. In Phase II, the change from one PASSE to another will occur within 7 days of approval/processing by DHS. Outside of the initial 90-day opportunity to change PASSEs, an individual may, at any time, request a change to their PASSE for a ‘for cause’ reason, as defined in 42 CFR 438.56.

APPEALS

34. What if a parent guardian disagrees with a PASSE decision?

A. The PASSE’s grievance and appeal system must comply with the requirements set forth in §160.000 and §190.000 of the Medicaid Provider Manual, and with all applicable federal and state laws, rules, and regulations, including 42 CFR Part 431, Subpart E (Fair Hearings for Applicants and Beneficiaries) and 42 CFR Part 438, Subpart F (Grievance and Appeal System), the Medicaid Fairness Act, and the Arkansas Administrative Procedures Act (Ark. Code Ann. § 25-15-201 et seq.). The PASSE must ensure that all adverse decisions/adverse actions, grievance or complaint decisions, and appeal resolutions are made by qualified personnel.

PASSE OWNERSHIP

35. Owned by providers and few providers have been contacted. This is too fast for 2 months away for providers that don’t have any info. Is there a list of providers that partially own the PASSE?

A. Information about who each PASSE has partnered with can be found on each PASSEs website. The updated go-live date of the Phase II of the PASSE program is March 1, 2019.