

PASSE Program: Pharmacy Frequently Asked Questions

In February 2018, the Arkansas Department of Human Services (DHS) implemented the Provider-led Arkansas Shared Savings Entity (PASSE) model. Starting on March 1, 2019, this new program will change the way that services are paid for by Medicaid for individuals' who are on the Developmental Disabilities Waiver or Wait list, live in a private DD Institutional Care Facility, or have a Behavioral Health diagnosis and have received an Independent Assessment assigning them to tier 2 or tier 3. Providers will begin billing the PASSEs for clients' services, which includes pharmacies.

How will a pharmacy know which PASSE a recipient is covered through if they've moved into a PASSE?

Beneficiaries may call 1-833-402-0672 to find out what PASSE they have been assigned to. Point-of-sale pharmacy claim rejections on or after 3/1/2019 will reject with information that beneficiary has a PASSE plan. The Medicaid eligibility portal will reveal PASSE eligibility around 2/15/2019.

Will there be similar edits and prior authorization criteria from Medicaid FFS to the PASSE?

Yes, but the PASSE cannot be more restrictive than Medicaid.

Will opioid MME limits and criteria be the same for PASSE?

The PASSE programs will mirror the current Medicaid MME limits and criteria, but cannot be more restrictive.

Do the PASSE programs have to utilize the current Medicaid PDL?

Yes, the PASSE PDL will need to be identical to the State's PDL. The PASSE will be able to initiate individual formularies for non-PDL drugs.

Will the day's supply limit be the same as well as monthly limits?

Yes, each PASSE will mirror current day's supply limits and monthly limits.

Will the PASSE cover DME as a pharmacy benefit?

Currently DME is billed outside of traditional pharmacy, but PASSE can choose to cover under pharmacy

For more information on the PASSEs, visit www.passe.arkansas.gov.