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For more information, providers should visit www.passe.arkansas.gov
What is a PASSE, and how will it affect Medicaid service providers?
The Provider-led Arkansas Shared Savings Entity (PASSE) system is a model of organized care created by Act 775 of 2017. Each PASSE is made up of governing providers who have entered into partnership with an experienced organization that performs administrative functions.

The PASSE system is a Medicaid-funded program. It does not change a person's eligibility for Medicaid, but it will change the way services are paid for by Medicaid for a specific group of clients. Each PASSE acts a lot like an insurance group that providers join to be in network, and the PASSE pays for the healthcare services for its clients.

Providers and their clients will be affected by the PASSE model beginning January 1, 2019. Providers should learn about the PASSEs, negotiate contracts, and join networks as soon as possible.

Which clients will be affected by the PASSE model?
The following Developmental Disabilities Services (DDS) and Behavioral Health (BH) clients will receive services through a PASSE:

- Approximately 4,600 individuals on the DDS Waiver and about 2,400 on the DDS Waiver Wait List
- Approximately 750 people in private Intermediate Care Facilities
- Approximately 38,000 individuals with a behavioral health diagnosis whose independent assessment determined they have significant needs

What are the goals of the PASSE model?

- To improve the health of Arkansans who need specialized care for behavioral health issues or developmental/intellectual disabilities
- To link providers of primary care with specialty providers of behavioral health and developmental/intellectual disabilities services
- To coordinate care for all community-based services for these individuals
- To allow flexibility in the types of services offered
- To increase the number of service providers available in the community to serve these clients
- To reduce cost of care by coordinating and providing appropriate and preventative care

What should providers expect?
The PASSE system is a shift in the ways that clients’ care is managed, and how providers bill for services if they serve PASSE clients. In the coming weeks, you as a provider will need to contact each PASSE to find out how to join each PASSE’s network and how you will bill them for services starting on January 1, 2019.

For more information, providers should visit www.passe.arkansas.gov
Why should a provider join a PASSE?

Providers should join the PASSEs to be in-network providers for their current clients whose care will be managed by the PASSEs. If a provider joins a PASSE, they will be assured of the rate that they will be paid by that PASSE.

What changes will providers see in the PASSE system?

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Clients have been assessed and assigned to a PASSE.</td>
<td>☑ The PASSEs will be responsible for maintaining statewide network of providers.</td>
</tr>
<tr>
<td>☑ Care Coordinators have contacted clients and have started plans of care.</td>
<td>☑ PASSEs will receive a global payment to ensure services for all clients.</td>
</tr>
<tr>
<td>☑ Providers will sign contracts with the PASSEs to join the networks to continue providing services to clients in 2019.</td>
<td>☑ Providers of clients whose care is managed by the PASSEs will bill the PASSEs instead of Medicaid.</td>
</tr>
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How does Care Coordination affect providers?

After a client is assigned to a PASSE, each client is given a Care Coordinator who helps him or her develop a Person Centered Service Plan (PCSP). PASSE Care Coordinators help clients to get and coordinate needed services across many systems. Care Coordinators may contact you to ask for your clients’ plans of care and to assist clients in continuing services, identifying needs for supports, and coordinating multiple plans.

How will the formation of Person Centered Service Plans affect providers?

A PCSP helps individuals who receive developmental disabilities (DD) and behavioral health (BH) services to plan for their futures. The care plans you develop for your clients will be a part of the PCSPs. You will serve as part of a team who implements the PCSPs for your clients.

What services will be covered by the PASSEs starting in Phase II?

The PASSEs must make sure that a client has access to the services they need that are a part of the Medicaid state plan, the Arkansas Community Independence Program, and Community & Employment Supports Waiver. If you provide these services, your clients will likely be managed by the PASSEs.

<table>
<thead>
<tr>
<th>State Plan Services</th>
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</thead>
<tbody>
<tr>
<td>☑ Personal Care</td>
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<tr>
<td>☑ Primary Care Physician</td>
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<tr>
<td>☑ Durable Medical Equipment</td>
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<tr>
<td>☑ Occupational Therapy</td>
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<td>☑ Speech Therapy</td>
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<tr>
<td>☑ Physician Specialists</td>
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<td>☑ Pharmacy</td>
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<tr>
<td>☑ Hospital Services</td>
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<td>☑ Physical Therapy</td>
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<td>☑ Nursing Services</td>
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<td>☑ Family Planning</td>
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<tr>
<td>☑ Inpatient Psychiatric</td>
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<tr>
<td>☑ Outpatient Behavioral</td>
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<tr>
<td>☑ Health Counseling</td>
</tr>
</tbody>
</table>

For more information, providers should visit www.passe.arkansas.gov
The plan addresses service and support needs for the whole person.

What services will not be reimbursed by the PASSEs?

The following services will be available to PASSE members, but the service provider will continue to bill Medicaid directly for these services.

- Nonemergency Medical Transportation
- Dental benefits
- School-based services provided by school employees

Which providers should join PASSE networks?

- All types of providers are needed in the network. Each PASSE is required to operate statewide.
- Providers may join simply as a participating provider just like for an insurance company.
- A provider may likely want to be a network provider in all PASSEs to ensure continued coverage for the clients it serves. Exclusivity is a business decision.
- Providers are not limited to the number of PASSE networks that they can join.
- Providers can’t be excluded as network providers if they accept the terms of the PASSE and are qualified, licensed or certified providers of services. The Arkansas Any Willing Provider protections apply to the PASSE.

For more information, providers should visit

[www.passe.arkansas.gov](http://www.passe.arkansas.gov)
How can a provider join a PASSE?
Each PASSE should be able to provide you more information about how to join their networks. Once a provider receives information from the PASSEs, the provider can choose to join any and all PASSEs. How a provider chooses to participate is a business decision.

Arkansas Total Care
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1-844-631-6830 | www.arkansastotalcare.com

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Forevercare
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1-855-544-8744 | www.forevercare.com

Summit Community Care
Natasha.adams@summitcommunitycare.com
1-844-405-4295 | www.summitcommunitycare.com

How will billing be different starting January 1, 2019?
Beginning on January 1, 2019, the Arkansas Department of Human Services (DHS) will give each PASSE a global payment, and the PASSEs will be responsible for using that global payment to reimburse providers for the services of their clients’ PCSPs. You will then bill the PASSEs, not Medicaid, for those clients.

How will providers be reimbursed by the PASSEs?
Starting January 1, 2019, providers will begin billing the PASSEs for their clients in a PASSE. The PASSEs will accept claims in multiple ways including paper and electronic, but you will need to discuss the reimbursement rates and their specific billing systems when you contact the PASSEs.

What are the reimbursement rates?
The Arkansas Department of Human Services (DHS) hired an actuary to calculate and certify the global payment amount to be paid to the PASSEs. Using the rates recommended by the actuary, DHS and the PASSEs have come to a global payment agreement. DHS will provide the global payment to the PASSE for each client, but the PASSEs will negotiate reimbursement rates with each provider. The PASSE must comply with any applicable consent decrees impacting Arkansas Medicaid providers.

How will a provider know which PASSE their clients are in?
Each client will receive a new ID card with the PASSE logo prior to January 1, 2019 that identifies which PASSE they are in. Providers will want to get a copy of their clients’ cards.

How and when will providers be able to check eligibility?
Providers will be able to check the Arkansas Medicaid Eligibility system after December 15, 2018 for PASSE assignment and assessment tier information.

For more information, providers should visit
www.passe.arkansas.gov
What is the plan to transition from fee-for-service to the PASSE system?

PASSEs have a plan to shift from the current fee-for-service system to the new PASSE system.

- PASSEs are required to ensure that all of their network providers are in good standing and actively enrolled in Arkansas Medicaid.
- The PASSE must honor current PCSPs for clients, which include any current Prior Authorizations (PA) and current rates, for a minimum of sixty days and up to six months.
- PASSEs must meet full network standards for all provider types by November 1, 2019.

How will DHS ensure that the PASSEs are ready for full risk?

To ensure that all PASSEs are ready, DHS has conducted and continues to conduct Readiness Reviews. A readiness review is when DHS makes sure that the PASSE is prepared to meet program and contract requirements and is ready to deliver services to clients. These reviews are required by the Centers for Medicare and Medicaid Services (CMS).

The readiness review checks the ability of each PASSE to perform well in all major areas, including those that affect providers:

- provider communications
- provider networks
- claims processing
- appeal procedures
- client services and outreach

Where can providers get more information?

Each PASSE is different and can provide more information about their network.

**Arkansas Total Care**
Providers@ArkansasTotalCare.com
1-844-631-6830 | www.arkansastotalcare.com

**Empower Healthcare Solutions**
EmpowerHealthcareSolutionsPR@EmpowerHcs.com
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1-855-544-8744 | www.forevercare.com

**Summit Community Care**
Natasha.adams@summitcommunitycare.com
1-844-405-4295 | www.summitcommunitycare.com

If you have a question for DHS, you can call 501-320-6189.

The most updated information about training opportunities and information is available on the PASSE Provider webpage: humanservices.arkansas.gov/about-dhs/dms/passe/provider-info

For more information, providers should visit www.passe.arkansas.gov