



P.O. Box 8738
Dayton, Ohio 45401-8738

Important Plan Information
for 2022



MEMBER ID CARDS

This ID card identifies you as a CareSource PASSE member. Always keep your ID card with you. You will need it each time you see a provider or get your prescriptions.

Please call Member Services at **1-833-230-2005** (TDD/TTY: 711) if you have any questions.

Thank you.





Member Name: <Member Name>

Member ID#: <XXXX>

Member Services:

1-833-230-2005 (TDD/TTY)
Monday - Friday, 8 a.m. to 5 p.m. Central Time
P.O. Box 8730 Dayton, OH 45401-8730

FPO



RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

CareSource24® Nurse Advice Line: 1-833-687-7305 (TDD/TTY: 711)



Member Name: <Member Name>

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HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit [CareSourcePASSE.com](https://www.caresourcepasse.com) or call 1-833-230-2100 to verify.

PHARMACIST HELP DESK: 1-800-716-2939

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WHAT'S IN YOUR **NEW MEMBER BOOKLET**



CareSource PASSE Member ID Card

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Get the Support You Need

CareSource PASSE wants to help you get what you need in the places where you live, work, learn and play.Page 15

WHAT'S IN YOUR **NEW MEMBER BOOKLET**



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From preventive care to emergencies, we can help you get the care you needPage 14



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Complaints, Grievances, Appeals

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Member Handbook and Provider Directory Postcards

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Welcome to CareSource PASSE

We are excited to serve you and glad to have you as a member! At CareSource PASSE, our mission is to make a lasting difference in our members' lives by improving their health and well-being. This is at the heart of who we are. You deserve more. You deserve health care with heart.

CareSource PASSE is a Provider-Led Arkansas Shared Savings Entity (PASSE). The PASSE is a model of organized care that addresses the needs of Medicaid members with behavioral health and intellectual and developmental disabilities. Under this care model, providers and specialists partner with managed care organizations. We work with the Arkansas Medicaid program to help you get services and support you need to keep track of your health and maintain your independence.

If you have any questions about anything you read in this New Member Booklet, please call your care coordinator. If you have a problem reading or understanding any of this information, please call Member Services at **1-833-230-2005** (TDD/TTY: 711). We can explain this information in English or in another language. If you have problems seeing or hearing, special help can be provided. This is all at no cost to you.





Quick Start Steps

WHAT SHOULD YOU DO FIRST?

- ✔ **Connect with your CareSource PASSE care coordinator.**
Your care coordinator is your main point of contact for all of your health care needs. Your care coordinator will reach out to you when you join CareSource PASSE.
- ✔ **Get your CareSource PASSE member ID card.**
Your CareSource PASSE member ID card is on page 1. Always keep your ID card with you. You will need it each time you see a provider or get your prescriptions.
- ✔ **Set up a visit with your primary care provider (PCP) soon after you enroll.**
If you already have a PCP, check if they are in the CareSource PASSE network. In-network providers are those who accept CareSource PASSE insurance. Your care coordinator can help you find providers in the CareSource PASSE network. You can also find the most up-to-date list of in-network providers in your Provider Directory, at findadoctor.CareSource.com, or by calling Member Services.



✔ **View Your Member Handbook.**

Visit CareSourcePASSE.com to view your member handbook. You can also get a printed copy by mailing back the postcard on page 32 or by calling Member Services at **1-833-230-2005** (TDD/TTY: 711). Your handbook has a lot of important information like:

- Covered services and how to get them
- How to view the list of covered prescription drugs
- Mental health and substance use services
- Home and Community-Based Services (HCBS)
- How to find providers in our network
- Where to go for care
- How to tell us you're unhappy with a decision we made (Complaints, Grievances, and Appeals)
- How to report suspected Medicaid fraud, waste and abuse
- How to report abuse, neglect and exploitation of you or someone else
- Advance Directives (A written record of your wishes for medical care. It makes sure that your wishes are followed if you are not able to tell them to your provider.)
- Your membership rights and responsibilities

✔ **Get a printed copy of your Member Handbook or Provider Directory.**

You can get a printed member handbook or provider directory at no cost to you. Please mail the postcards in this booklet back if you would a printed copy of these materials. There is no postage needed. You can also call Member Services at **1-833-230-2005** (TDD/TTY: 711) to get these mailed to you.



Set Up A My CareSource® Account.

You can use your My CareSource account to ask for a new ID card, view claims and plan details, update your contact information and choose how you would like to hear from us. It's easy to do:

1. Go to **MyCareSource.com**.
2. Click *Sign Up* at the bottom of the page.
3. Answer the questions.
4. Click *Register*. You're all set!



Get The CareSource PASSE Mobile App.

Our free mobile app lets you manage your CareSource PASSE plan on-the-go. With the mobile app you can:

- Access your secure My CareSource® account
- View your digital CareSource PASSE member ID card
- Find a doctor, hospital, clinic, or urgent care near you through the Find A Doctor tool
- Call and speak with Member Services, and more!

Get the mobile app through the App Store® for iPhone® or Google Play® for Android®.



Your Resources

CARE COORDINATOR

Your care coordinator is your main point of contact for all of your health care needs. Write their name and phone number and keep it somewhere that is handy.

Care coordinator name: _____

Care coordinator phone number: _____





MEMBER SERVICES

Call Member Services at **1-833-230-2005** (TDD/TTY: 711) Monday – Friday from 8 a.m. to 5 p.m. Central Time. Here are some of the ways that Member Services can help you:

- Change or update your current address, phone number, or email.
- Get you a printed copy of your Member Handbook or Provider Directory.
- Get interpreter services if you or a family member’s primary language is not English.
- Get help if you or a family member is visually or hearing impaired or has limited reading skills.

CARESOURCE24 NURSE ADVICE LINE

Get the help you need 24 hours a day, 7 days a week, 365 days a year. Call **1-833-687-7305** (TDD/TTY: 711) to reach us. Here are some of the ways CareSource24 can help you:

- Learn more about a health issue or any upcoming screenings or tests.
- Connect you with a care coordinator after-hours.
- Get help if you have a mental health or behavioral crisis.



Get the Support You Need

CareSource PASSE wants to help you get what you need in the places where you live, work, learn and play. MyResources is an online tool that connects you to low- to no-cost local programs and services.

Getting started is just a few clicks away! You can search for help with:

- Food
- Housing
- Health care
- Job skills
- Financial support
- And more!

As a CareSource PASSE member, you have access to resources at your fingertips. Try it today!

Log in to your My CareSource account at MyCareSource.com to learn more. You can also talk to your care coordinator or call Member Services at **1-833-230-2005** (TDD/TTY: 711) Monday through Friday, 8 a.m. - 5 p.m. CT.





About Your Care

IT'S ALL ABOUT YOU

CareSource PASSE wants you to get the care you need. You are at the center of all decisions. We make sure that all parts of your care are coordinated by a care team and led by a care coordinator.

CARE COORDINATOR

Your care coordinator is your main point of contact for all of your health care needs. They are highly trained to guide you through the person-centered planning process. Your care coordinator may be someone you already know and work with in your community. If you don't already know them, they will make sure they get to know you, your providers and anyone else involved with your care. Your care coordinator will help you:

- Learn about your health and your medications
- Get the medical, home and community based services, behavioral health, and social services that you need
- Get the support you need to live and work in your community
- Develop your Person-Centered Service Plan (PCSP) with your care team



PERSON-CENTERED CARE TEAM

Your care team is built around your goals and choices, and keeps your unique needs at the center. You choose who participates on your care team. Your care team may include your family or caregivers, friends or other supports, your primary care provider (PCP), behavioral health provider, waiver provider, specialists, and home health providers. You are in the driver's seat, working with your care team to develop your person-centered care plan (PCSP). Your care coordinator will work with you to ensure you have the services and supports to meet your goals and will help make changes as needed.

PERSON-CENTERED SERVICE PLAN (PCSP)

Your care coordinator will get copies of all your treatment and service plans. They will work with you and your person-centered care team to create an overall plan of care, known as a person-centered care plan (PCSP). Your PCSP says what kinds of services you need, who you get them from, and how often you receive them. Your care coordinator will keep track of all the services in your PCSP. They will add or change services to meet your needs and help make sure you don't get more services more than you need.



Where to Go for Care

GET THE CARE YOU NEED, WHEN YOU NEED IT

If you aren't sure what to ask or where to go for care, call your care coordinator. You can also call our CareSource24® Nurse Advice Line at **1-833-687-7305** (TDD/TTY: 711) for help 24 hours a day, 7 days a week.

Primary Care Provider (PCP)	Telehealth	Urgent Care	Emergency Services
Used for common illnesses and advice. You will get most of your preventive care from your PCP. You should see your PCP the most often!	Visit with a provider by phone or computer from wherever you are. Ask your PCP if they offer telehealth.	Used to treat non-life threatening issues. When your PCP is not available and your condition or injury cannot wait.	Only used for life-threatening issues or medical emergencies. Call 911 or go to the nearest ER.



PREVENTIVE CARE KEEPS YOU HEALTHY

Preventive care is key. Seeing your primary care provider (PCP) on a routine basis even if you are healthy helps your PCP find and treat problems early before they get worse. Preventive care is always covered at no cost to you.

Preventive care covers:

- Yearly well-adult exams
- Early and Periodic Screening Diagnostic and Treatment (EPSDT) for children under the age of 20
- Mammograms and cervical cancer screenings for women
- Prostate cancer screenings for men
- Routine medical exams
- And much more!

EARLY AND PERIODIC SCREENING DIAGNOSTIC AND TREATMENT (EPSDT)

EPSDT covers care for those under the age of 21 at no cost to you. Your child's PCP will work with you to make sure your child gets the care they need. EPSDT includes:

- Well-child exams
- Vision and hearing tests
- Health education
- Lab testing
- Lead screening

EPSDT also covers medically necessary care for issues found by an exam. This includes things like glasses and hearing aids.



Your Benefits

The benefits at-a-glance lists the covered care and services you have as a CareSource PASSE member. Talk to your care coordinator about your benefits. You can also learn more about these benefits in your Member Handbook, online at [CareSourcePasse.com](https://www.CareSourcePasse.com), or by calling Member Services.

PRIOR AUTHORIZATION

Prior authorization may be needed for these services. This means that CareSource PASSE must approve the service before you receive it. Your provider will request the approval from CareSource PASSE.



Health Care Visits

- Chiropractor (Age 20 and younger, no limit; Age 21 and older, up to 12 visits each year)
- Emergency Room (ER)
- Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)
- Hospital (Inpatient and Outpatient)
- Primary Care Providers like Family Doctors, Pediatricians, OBGYNs, and Nurse Practitioners
- Specialists (Podiatrist, Neurologist, Oncologist, etc.)
- Telehealth (Virtual doctor visit over the phone or online)
- Urgent Care

Preventive Care/Screenings

- Abdominal Aortic Aneurysm Ultrasound (AAA)
- Allergy Testing and Treatment
- Bone Mass Measurements

- Cardiovascular Disease/Cholesterol Screening
- ECG/ EKG
- Breast Cancer Screening
- Blood Pressure Screening
- Cervical and Vaginal Cancer Screening
- Cholesterol Screening
- Colon/ Colorectal Cancer Screening
- Diabetes Screenings
- Hearing Exams (Routine screenings and non-routine exams)
- Hepatitis A, B & C Screenings
- HIV Screening
- Immunizations (Shots)
- Lung Cancer Screening
- Nutritional Counseling
- Obesity/BMI Screening and Dietary Counseling
- Physical Exams
- Prostate Cancer Screening



Durable Medical Equipment and Supplies

- Cochlear Implants
- Diabetic Supplies
- Incontinence Supplies (Ages three and older, up to \$130 each month)
- Hearing Aids and Related Items (Age 20 and younger)
- Nutritional Supplies
- Oxygen and Related Supplies
- Prosthetic and Orthotics (Age 20 and younger, no limit; Age 21 and older, up to \$3,000 each year for Orthotics and \$60,000 each year for Prosthetics)
- Wheelchairs and Walkers
- Wound Care (Up to \$250 each month)

Family Planning and Maternity Services

- Birth Control
- Family Planning Exams
- Lactation Classes
- Lamaze Classes

- Parent Education
- Prenatal and Postnatal Doctor and Home Visits
- Sterilization Surgery
- Well-Baby Visits

Home Health Care

- Certified Nurse Aide/ Home Health Aides/ Skilled Nursing (Up to 50 home health visits by a registered nurse, licensed practical nurse, a home health aide or a combination of the three)
- Home Hospice Services
- Infusion Therapy
- Personal Care Services (Age 20 and younger, no limit; Age 21 and older, up to 64 hours each month)
- Physical Therapy (One visit each day)
- Private Duty Nursing (\$250 monthly limit)



Vision and Eye Care

- Contacts
- Eye Exams (Routine and Non-Routine exams are covered for all ages)
- Glasses (One pair each year)

Habilitative Services

- ABA Therapy
- Clinical Therapeutic Intervention
- Therapy Services (PT/ OT/ ST)

Transportation Services

- Emergency Ambulance

Other Medical Services

- Allergy Testing and Treatment
- Inhalation Therapy
- Pain Management
 - Epidurals
 - Facets Medial Nerve Branch
 - Implanted Pain Pumps
 - Joint Fusions

- Sacroiliac Joint injections
- Spinal Code Stimulators (SCS)
- Trigger Point Injections





Complaints, Grievances, and Appeals

Complaints

We want you to get the best care possible. If you, your provider, your parent or legal guardian, or someone you choose to speak for you with your written consent is unhappy with any of your care or services, please call us and let us know. We will try to make it right. If we do not resolve your complaint within 10 business days, you have the right to file a grievance.

GRIEVANCES

You, your parent or legal guardian, or someone you choose to speak for you with your written consent can file a grievance. A grievance is a formal complaint about CareSource PASSE, our providers, or the services or the care you receive. A grievance can be filed in one of these ways:



Calling Member Services at **1-833-230-2005** (TDD/TTY: 711) and telling us, or we can mail you a paper form.



Visiting our website at [CareSourcePASSE.com](https://www.caresourcepasse.com).



Mailing a letter to:
CareSource PASSE
Attn: Member Grievances
P.O. Box 1947
Dayton, OH 45401-1947



GRIEVANCE PROCESS

We'll send you a letter within five business days after getting your grievance.

- CareSource PASSE will look into your grievance.
- We make sure people who decide on grievances for medical issues are health care professionals. They are supervised by the CareSource PASSE medical director. They are not involved in prior levels of review or decision making.
- CareSource PASSE will respond within 30 days.
- CareSource will tell you the decision in your primary language.

APPEALS

You may ask for an appeal if you do not agree to the decision. This is called an adverse benefit determination. CareSource PASSE will send a letter when an adverse benefit determination is taken against you. An adverse benefit determination can be:

- Denying or limiting services based on the type or level of service. It can be based on medical necessity, appropriateness, setting, or effectiveness.
- Reducing, delaying, or stopping a previously approved service.
- Denying part or all of the payment for a service.
- Not providing services in a timely manner.
- CareSource PASSE not acting in the right time frames.



You must ask for an appeal within 60 days from the notice date. You, your parent or legal guardian, or someone you choose to speak for you with your written consent can file an appeal with CareSource PASSE. An appeal can be filed in one of these ways:



Calling Member Services at **1-833-230-2005** (TDD/TTY: 711) and telling us, or we can mail you a paper form.



Visiting our website at [CareSourcePASSE.com](https://www.caresourcepasse.com).



Mailing a letter to:
CareSource PASSE
Attn: Member Grievances
P.O. Box 1947
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APPEALS PROCESS

We will send you a letter five business days after getting your appeal request to let you know we received it.

- You may request an appeal either orally or in writing.
- The people making appeals decisions are not part of the previous reviews. They are health care professionals supervised by CareSource's medical director. They have clinical expertise of your health problem or disease. They can decide:
 1. An appeal of a denial that is based on lack of medical necessity.



2. An appeal that involves clinical issues. You or someone acting for you will be able to share proof in person or in writing. If your appeal is expedited, it should be given to CareSource PASSE within 24 hours of the request.
- You can also review your case file and health records. You can review any other appeal process papers free of charge.

APPEAL DECISION

CareSource PASSE will send a letter to you, your provider, your parent or legal guardian, or someone you choose to speak for you with your written consent the day of the appeal decision. We will respond to an appeal in writing as fast as your health issue needs. It will be no later than 30 days for a standard appeal. It will be within 72 hours for an expedited appeal. Appeals are expedited when the standard time to make a decision could harm your life, health, or ability to gain, maintain, or regain full function.

STATE FAIR HEARING

You, your provider, your parent or legal guardian, or someone you choose to speak for you with your written consent can ask for a state fair hearing after you have gone through our appeal process. You must ask for a state fair hearing within 90 days from the date on the letter from us with your appeal decision.

If you want to continue the benefits that we denied until your fair hearing, you must meet all the requirements about appeals and state fair hearings listed in your member handbook or on our website at CareSourcePASSE.com.



To ask for a state fair hearing, you must contact the DHS office of Appeals and Hearings.



Address: DHS Office of Appeals and Hearings
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437



Phone: 501-682-8622.



Fax: 501-404-4628

If the decision is in your favor after the state fair hearing, we will cover services as quickly as your care requires or no later than 72 hours after we have written notice of the decision. Your services will be approved and you will not need to pay for the services we denied coverage of before. If the decision is not in your favor, CareSource PASSE may ask you to pay back the cost of care you got while the appeal or hearing was pending and when you may have to pay for the services.



Handbook and Provider Directory Request Cards

Do You Want Printed Information?

Tear off the card(s) at the bottom and drop in the mail. We will mail you a Member Handbook or a Provider Directory at no cost to you.

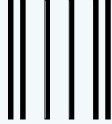
PLEASE TEAR OFF THIS CARD AND DROP IN THE
MAIL FOR A PRINTED **MEMBER HANDBOOK.**



Thank you for your request.



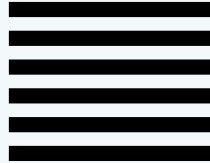
FOR CARESOURCE
USE ONLY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO.91 PLANO TX

POSTAGE WILL BE PAID BY ADDRESSEE



CARE SOURCE
PO BOX 940569
PLANO TX 75094-9818





Helpful Resources for Caregivers



Arkansas Disability Coalition

<https://ardisabilitycoalition.org/>
(501) 614-7020

Statewide organization that helps families and individuals with all types of disabilities, providing health-related support, information, resources and training.

Arkansas State Independent Living Council

ar-silc.org
(501) 372-0607

Non-profit organization promoting independent living for people with disabilities.

Caregiver Action Network

<https://caregiveraction.org/>
855-227-3640

National organization that provides education, resources, and support for those who care for loved ones with chronic conditions, disabilities, disease, or old age.

Disability Rights Arkansas

disabilityrightsar.org
(501) 296-1775

Protects and advocates for the civil and legal rights of people with disabilities in Arkansas.



Family Caregiver Alliance (FCA)

<http://www.caregiver.org/>

800-445-8106

FCA has information and resources that provide support and education to caregivers and champions caregivers through research, advocacy, and services nationwide.

NAMI Arkansas

namiarkansas.org/home (800) 844-0381

Non-profit organization whose mission is to help people living with mental illness, their families, and the community.

Sources of Arkansas

arsources.org (888) 284-7521

Provides services, support, and advocacy for individuals with disabilities, their families and the Northwest Arkansas community.



Handbook and Provider Directory Request Cards

Do You Want Printed Information?

Tear off the card(s) at the bottom and drop in the mail. We will mail you a Member Handbook or a Provider Directory at no cost to you.

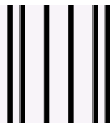
PLEASE TEAR OFF THIS CARD AND DROP IN THE
MAIL FOR A PRINTED **PROVIDER DIRECTORY.**



Thank you for your request.



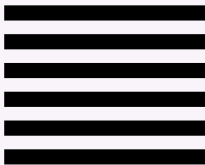
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