

A photograph of a woman with dark hair, wearing a bright pink top and large hoop earrings, smiling warmly. She is holding a young child who is laughing with their mouth wide open. The child is wearing a white shirt with a blue and red geometric pattern. The background is softly blurred, suggesting an outdoor setting. The entire image has a purple overlay on the left side where the text is located.

WORKING WITH CARESOURCE PASSE™

HEALTH PARTNER
ORIENTATION





About CareSource PASSE



Our *Mission*

MISSION

To make a lasting difference in our members' lives by improving their health and well-being

PLEDGE

- Make it easier for you to work with us
- Partner with providers to help members make healthy choices
- Direct communication
- Timely and low-hassle medical reviews
- Accurate and efficient claims payment



Healthcare with *Heart*

MISSION-FOCUSED

Comprehensive, member-centric health and life services

CareSource PASSE is a new option for Arkansans with complex behavioral health, developmental, and intellectual disabilities. The provider-led group includes health care and community leadership from across Arkansas with a shared commitment to transforming the delivery of care. CareSource will improve lives of Arkansans by creating innovative community solutions focused on a person-centered approach and engagement through caregivers, providers, and community-based organizations.

CareSource, a multi-state health plan recognized as an innovative leader in managed care, formed this PASSE with founding leadership from five health care organizations. Together they will collaborate to support complex populations by improving outcomes related to health, well-being, and activities that promote a meaningful day. The founding provider organizations include:

- James A. Zini D.O., P.A. and the Zini Medical Clinic
- Ashley County Medical Center (ACMC)
- Acadia Healthcare Company, Inc., (Acadia)
- Chenal Family Therapy, PLC
- Rehabilitation Network Outpatient Services (Rehab Net)
- CareSource



CareSource *PASSE*



WHAT IS A PASSE?

CareSource PASSE is a Provider-Led Arkansas Shared Savings Entity (PASSE). The CareSource PASSE is a Medicaid program that serves individuals with complex behavioral health, developmental or intellectual disabilities. The CareSource PASSE is a provider-led partnership between providers and CareSource PASSE to integrate the care and needs of the CareSource PASSE population through a care coordination model of care.

The goals of the PASSE model are:

- To improve the health of Arkansans who need specialized care for behavioral health issues or intellectual/developmental disabilities
- To link providers of physical health care with specialty providers of behavioral health and intellectual/developmental 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 members
- To reduce cost of care by coordinating and providing appropriate and preventive care

CareSource PASSE works to ensure our members – your patients or individuals – can improve their health and well-being. Because you are our partner, we strive to make it simple for you to do business with us. It's our strong partnership that allows us together to facilitate a high level of care and a respectful experience for our members.

This group of Arkansas health care professionals brings a depth of expertise from multiple medical and behavioral health perspectives and a history of experience serving their fellow Arkansans. They are leaders and innovators in their own right and will bring passion for change to the PASSE program. They will turn to CareSource's vast experience in Medicaid and legacy of innovation to make health care more accessible and easier to navigate, while helping members holistically.



CareSource PASSE *Partners*



CareSource is nationally recognized for leading the industry in providing member-centric health care coverage. The company's managed care business model was founded in 1989 and today CareSource is one of the nation's largest Medicaid managed care plans. CareSource serves 2 million members across five states supported by a growing workforce of 4,500.



Rehab Net is a collaborative group of independent therapists (OT/PT/SLP) that work together to provide the highest level of physical therapy, occupational therapy, and speech therapy to patients in Arkansas. They support independent therapy clinics through professional and administrative education on best practice, regulatory education, and billing education.



Ashley County Medical Center is a licensed 33-bed Critical Access Hospital located in the town of Crossett in South Arkansas. They presently have 6 CCU beds, 6 labor/delivery beds, 8 generation beds, 13 med-surg beds, 2 OR suites, 1 endoscopy suite, 6-day surgery suites and 9 emergency beds. The hospital has served Ashley County for over 100 years.



Chenal Family Therapy (CFT) is one of the fastest growing behavioral health providers in the United States according to Inc Magazine. They've grown from a single clinician in 2010 (Ken Clark, a Licensed Marriage and Family Therapist) to over 125 licensed mental health professionals in various locations throughout the state.



Acadia is a leading provider of behavioral healthcare services across the United States. Acadia operates a network of 227 behavioral healthcare facilities with approximately 9,900 beds in 40 states and Puerto Rico. With more than 20,000 employees serving approximately 70,000 patients daily, Acadia is one of the largest stand-alone behavioral health companies in the U.S.



Dr. James E. Zini, DO

Dr. James E. Zini is an osteopathic physician who has been practicing in Mountain View for 43 years and is affiliated with multiple hospitals in the area. Dr Zini started his family practice in 1977, providing primary care and community-focused public health for the people of rural Mountain View. He was the first osteopathic physician to be appointed to the Arkansas State Medical Board.



Our Network *Expectations*

- Provide 24-hour availability to your CareSource PASSE patients by telephone - Primary Care Providers (PCPs) only
- Notify CareSource PASSE of any demographic changes prior to the effective date of the change
 - 10 to 60 days, depending on the type of change (refer to the Provider Manual)
- Do not balance bill CareSource PASSE members
- Provide culturally competent care to members, including accommodating persons with disabilities – intellectual, cognitive and physical
- Comply with access and availability standards (refer to later slide)
- Provide medical records upon request
- Submit claims or corrected claims within 365 days of date of service or date of discharge
- Treat CareSource PASSE members with respect

Please refer to your contract and the Provider Manual for more information on provider expectations and responsibilities.



Our *Responsibilities*

- Ensure an effective member/provider appeal and grievance process
- Complete credentialing process within 60 days
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay 95% of clean claims within 30 days of receipt
- Coordinate benefits for members with primary insurance
- Provide a robust Care Coordination process which includes the development of the person-centered service plan (PCSP)

Please refer to your contract and the Provider Manual for more information expectations and responsibilities.





Working with CareSource PASSE



Provider Network & *Eligibility*

CareSource PASSE Medicaid members choose or are assigned a primary care provider (PCP) upon enrollment. When referring patients, ensure other providers are in-network to ensure coverage. Use our Find-a-Doc tool at **CareSourcePASSE.com** to help you locate a participating CareSource PASSE provider by plan.

OUT OF NETWORK SERVICES

Out-of-network services are NOT covered unless they are emergency services or prior authorized by CareSource PASSE.

MEMBER ELIGIBILITY

Be sure to ask to see each patient's CareSource PASSE member ID to ensure you take his or her plan. Be sure to check the member's eligibility through the CareSource PASSE Provider Portal and Arkansas Medicaid's MMIS Provider Portal.






CareSource PASSE *Member ID Cards*

NEW MEMBER BOOKLET

New members will receive a booklet that include their ID Cards as well as information on how to access all of their benefits, handbooks, Provider Directory, and Member Portal.

FRONT

 	
Member Name: <Member Name>	 RxBIN - <003858> RxPCN - <MA> RxGRP - <RXINN01>
Member ID#: <XXXXXXXXXXXX>	
Member Services: <1-833-230-2005 (TDD/TTY: 711)> Monday - Friday, 8 a.m. to 5 p.m. Central Time P.O. Box 8730 Dayton, OH 45401-8730>	
CareSource24® Nurse Advice Line: <1-833-687-7305 (TDD/TTY: 711)>	

BACK

THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY

MEMBERS: Show your ID card to providers **BEFORE** you receive care. Never let anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your care coordinator or call our CareSource24® Nurse Advice Line.

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit <CareSourcePASSE.com> or call <1-833-230-2100> to verify.

PHARMACIST HELP DESK: <1-800-716-2939>

AR-PAS-M-297615



Claim *Submissions*

SUBMISSION PROCESS

Providers can submit claims through our secure, online Provider Portal at **CareSourcePASSE.com** > Log-In > [Provider](#). Here, providers can submit claims along with any documentation, track payments and more.

CLEARINGHOUSES

For electronic data interchange (EDI) transactions, CareSource PASSE accepts electronic claims through our clearinghouse, Availity. Providers can find a list of EDI vendors online at: <https://apps.availity.com/public-web/payerlist-ui/payerlist-ui/#/>

CareSource PASSE prefers electronic claim submission. To submit electronic claims, you may use any clearinghouse (trading partner) that can send claims to CareSource PASSE. If you do not currently use a clearinghouse, please contact the clearinghouse of your choice from our preferred list below or use our free Provider Portal at **CareSourcePASSE.com** > Provider > Log-In.

Please provide the clearinghouse with the CareSource PASSE payer ID number: **ARCS1**

Availity | www.availity.com | 1-800-282-4548

*Payer ID not published until closer to effective date.



Electronic Funds *Transfer*

GET PAID ELECTRONICALLY

<https://enrollments.echohealthinc.com/EFTERAInvitation.aspx>

CareSource PASSE has partnered with **ECHO Health, Inc.** to deliver provider payments. ECHO offers three payment options:

- Electronic fund transfer (EFT) – preferred
- Virtual Card Payment (QuicRemit) – Standard bank and card issuer fees apply*
- Paper Checks

**Payment processing fees are what you pay your bank and credit card processor for use of payment via credit card.*

Enrollment Instructions

Enroll with ECHO for payment and choose EFT as your payment preference for CareSource PASSE. You can also complete the ECHO enrollment form (coming soon) and fax, email or mail it back to ECHO.

Questions? Call ECHO Customer Support at 1-888-834-3511.



Access and Availability *Standards*

Service Type	Should be seen...
Emergency Care – Medical, Behavioral Health, Substance Abuse	24 hours a day, 7 days a week
Behavioral Health Service and Developmental Disability Service Mobile Crisis Response	24 hours a day, 7 days a week
Urgent Care – Medical, Behavioral Health, Substance Abuse	Within 24 hours
Primary Care – Routine, Non-Urgent Symptoms	Within 21 calendar days
Behavioral Health, Substance Abuse Care – Routine, Non-Urgent, Non-Emergency	Within 21 calendar days
Prenatal Care	Within 14 calendar days
Primary Care Access to After-Hours Care	Office number answered 24 hours a day/7 days a week by answering service or instructions on how to reach a physician
Preventive Visit/Well Visits	Within 30 calendar days
Specialty Care – Non-Urgent	Within 60 calendar days



Member *Communications*

HELP YOUR CARESOURCE PASSE PATIENTS UNDERSTAND THEIR COVERAGE.

Encourage your patients to visit CareSourcePASSE.com, where they can access:

- MyCareSourcePASSE.com member portal
- Searchable online formulary and prescription cost calculator
- Find-a-Doc tool
- Evidence of Coverage & Schedule of Benefits
- Member Handbook
- Forms and more

For more information, visit: **CareSourcePASSE.com** > [Members](#)



Provider *Communications*

STAY UP TO DATE ON CARESOURCE PASSE NEWS AND CHANGES!

Bookmark **CareSourcePASSE.com**, where you can access:

- The Provider Portal
- Newsletters & Communications
- Updates & Announcements
- Provider Handbook
- FAQs
- Forms and more

For more information, visit: **CareSourcePASSE.com** > Provider > Education > [FAQs](#)



Communicating with *Us*

8AM TO 5PM – MONDAY THROUGH FRIDAY

Provider Services

- Eligibility
- Medical Prior Authorization
- Pharmacy Prior Authorization
- Claims
- Quality
- Appeals/Complaints/Grievances
- Network/Credentialing Questions

1-833-230-2100

Member Services

- Care Coordination
- Eligibility
- Appeals/Complaints/Grievances

1-833-230-2005

24/7 Nurse Line & Care Coordination

1-833-687-7305

Care Coordination - Email

CareCoordination@CareSourcePASSE.com





Provider Portal

CareSource PASSE *Provider Portal*

SAVE TIME AND MONEY

With CareSource PASSE's secure online Provider Portal, you can:

- ✓ Check member eligibility and benefit limits
- ✓ Find prior authorization requirements
- ✓ Submit prior authorization request and check status
- ✓ Submit claims and verify claim status
- ✓ Verify or update Coordination of Benefits
- ✓ And more!

Access the Provider Portal 24 hours a day, 7 days a week at **CareSourcePASSE.com** > Log-In > [Provider](#)



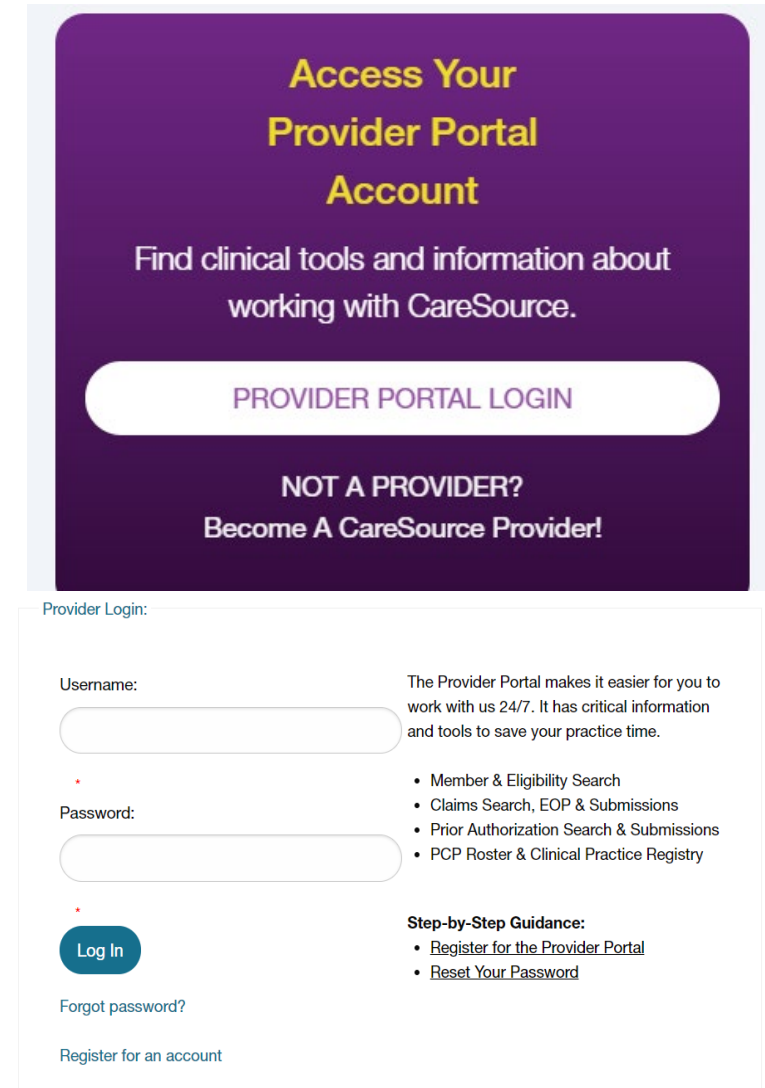
Register for the *Provider Portal*

Go to **CareSourcePASSE.com**. Click Provider Portal from the drop down

Click Register Here under **Register for the Provider Portal**.

Enter your information, including your CareSource Provider Number (located in your welcome letter).

Follow remaining steps to register.



The screenshot shows the CareSource Provider Portal interface. At the top, a purple banner reads "Access Your Provider Portal Account" in yellow, followed by "Find clinical tools and information about working with CareSource." Below this is a white button labeled "PROVIDER PORTAL LOGIN". Underneath the button, it says "NOT A PROVIDER? Become A CareSource Provider!".

Below the banner is the "Provider Login:" section. It includes a "Username:" label with a text input field, a "Password:" label with a text input field, and a "Log In" button. To the right of the login fields, there is a list of services: "Member & Eligibility Search", "Claims Search, EOP & Submissions", "Prior Authorization Search & Submissions", and "PCP Roster & Clinical Practice Registry". Below the login fields, there are links for "Forgot password?" and "Register for an account".

On the right side of the login section, there is a "Step-by-Step Guidance:" section with a list of links: "Register for the Provider Portal" and "Reset Your Password".





Partnerships with a Purpose

At CareSource PASSE, we recognize a true partnership can only exist when we listen to and understand your needs. We are dedicated to partnering with you to improve member outcomes and make it easier for you to care for our members.

Join now to make sure you appear in our Provider
Directory when we go LIVE on January 1, 2021!

JOIN US TODAY





Partnerships with a Purpose

At CareSource PASSE, we recognize a true partnership can only exist when we listen to and understand your needs. We are dedicated to partnering with you to improve member outcomes and make it easier for you to care for our members.

Join now to make sure you appear in our Provider
Directory when we go LIVE on January 1, 2021!

JOIN US TODAY





Provider Login:

Username:

*

Password:

*

Log In

[Forgot password?](#)

[Register for an account](#)

The Provider Portal makes it easier for you to work with us 24/7. It has critical information and tools to save your practice time.

- Member & Eligibility Search
- Claims Search, EOP & Submissions
- Prior Authorization Search & Submissions
- PCP Roster & Clinical Practice Registry

New Provider Setup:

- [Check Enrollment Status](#)

Step-by-Step Guidance:

- [Register for the Provider Portal](#)
- [Reset Your Password](#)





Participating and non-participating CareSourcePASSE providers can register for the portal using their CareSourcePASSE ID

1. Enter your provider name, Tax ID, CareSourcePASSE Provider ID, and Zip Code
2. Review and accept the agreement
3. Create your username and password

Provider Login:

Log In

Forgot password?

Register for an account

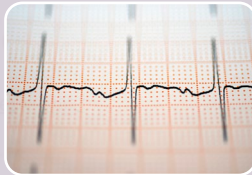
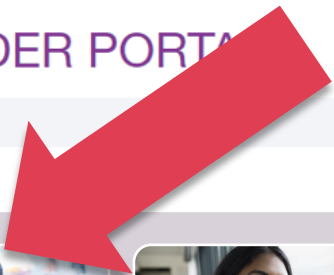
New Provider Setup:

- [Check Enrollment Status](#)

Step-by-Step Guidance:

- [Register for the Provider Portal](#)
- [Reset Your Password](#)





Check
Member
Eligibility

Search
Claims

Run
Member
Reports

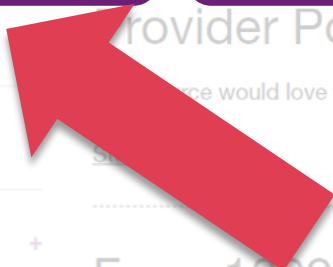
Submit
Prior
Authori-
zations

Access
Documents

Review
Pharmacy,
Radiology,
and Dental
Info

Access
Assess-
ments &
Progress
Notes

Submit
Updates to
Your
Provider
Roster



Provider Portal Survey

We would love to hear about your experience on the provider portal today. The results from this survey will teach us insights on how we can improve the provider portal.

Form 1099-MISC


CareSource will mail your Form 1099-MISC by January 31 to the tax address we have on file for your organization. CareSource is required to file Form 1099-MISC for all recipients to whom we have paid \$600 or more in medical and health care claims. Form 1099-MISC income may be required to be included on your federal or state and local income tax return. Please consult your tax advisor with questions about reporting Form 1099-MISC income.

Member *Eligibility*

Member Eligibility

CareSource Id Medicaid Id **Member Info** Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource Id: **Member is eligible for service on the specified date**

Date of Service: 

▼ **Member Information**

Member Name:	John Lennon	Address:	1960 Abbey Road
CareSource Id:	<input type="text" value="10400001"/>	City, State, Zip:	Indianapolis, IN 46254
Medicaid Id:		County:	Marion County
Case Number:	00048255	Phone:	(317)555-5555
Gender:	Male	Date of Birth:	1/9/1940
Member Profile:	Not Available for this Member Member Profile Report Definitions	Relationship to	Subscriber/Insured
Program Details:	Not a coordinated services member.	Subscriber:	John Lennon
		Program:	Just4Me Silver 3 Dental and Vision Silver 3 Dental and Vision

Primary Care Provider **Phone:** (317) 111-1111

(PCP): Dr. John Doe

► Subscriber Information

► Subscriber Financial Responsibilities

► Member Dental & Vision Services History

► Member Benefit Limits

► Assessments Taken

Offers ability to search using other member information SS#, DOB, Name



Member *Eligibility*

Member Eligibility

CareSource Id	Medicaid Id	Member Info	Case Number	Multiple CareSource Ids	Multiple Medicaid Ids
CareSource Id:	10400001	Member is eligible for service on the specified date			
Date of Service:	10/29/2014				
<input type="button" value="Search"/>					
▼ Member Information → Contains demographic details on the ID number entered					
Member Name:	John Lennon	Address:	1960 Abbey Road		
CareSource Id:	10400001	City, State, Zip:	Indianapolis, IN. 46256		
Medicaid Id:		County:	Marion County		
Case Number:	00048255	Phone:	(317) 555-5555		
Gender:	Male	Date of Birth:	1/9/1940		
Member Profile:	Not Available for this Member	Relationship to Subscriber:	Subscriber/Insured		
Member Profile Report Definitions					
Program Details:	* Premium payments past due-member in 90 day grace period & responsible for services if account not paid in full prior to grace period end. Premium payments can take several days to process after receipt. * Marketplace only				
Program: Silver 3 Dental and Vision					
Primary Care Provider (PCP):	Dr. John Doe	Phone:	(317) 111-1111		
Member's selected PCP					
PCP Phone Number					
► Subscriber Information → Contains primary policy holder's information					
► Subscriber Financial Responsibilities → Lists copays, coinsurance amount remaining toward deductible					
► Member Dental & Vision Services History → Dental or vision services rendered while covered with our plan					
► Member Benefit Limits → Indicates any benefit limits associated with plan (i.e chiropractic visits)					
► Assessments Taken → Results of HRA's or other clinical assessments done by CareSourcePASSE					





Covered Benefits & Services


CareSource[™]
PASSE

Covered *Services*

BENEFITS OVERVIEW

All Medicaid Covered Services (except for PASSE excluded services)

Emergency services

Preventive services & screenings

Inpatient facility services

Outpatient diagnostic services

Home health services

Durable medical equipment services

Rehabilitation therapy services

Habilitative services

Maternity services

Home and Community Based Services

Vision services

ENHANCED BENEFITS

CareSource24 Nurse Advice Line

Disease management

Health and wellness education

Opioid treatment services

MEMBER PROGRAMS

MyHealth®

MyResources

MyStrength



Services *Not Covered*

Medically unnecessary services

Non-emergency transportation

Experimental or investigational services

School based services provide by school employees

Full admission to Skilled Nursing Facilities and Human Developmental Centers

Assisted living facility

Transplants

Routine dental services

Waiver Services provided to elderly and adults with physical disabilities through AR Choices or AR Independent Choices

Abortions*

For more details on each plan's covered services, visit **CareSourcePASSE.com**.



CareSource PASSE *Benefit Information*

FOR MORE BENEFITS DETAILS

Visit **CareSourcePASSE.com** > Plans > [Benefits](#)

Please see Fee Schedules for Home and Community Based Services under the 1915(i) and 1915(c) Waivers posted in this Network Notification:

<https://www.caresource.com/documents/ar-pas-p-701150-hcbs-1915-custom-fee-schedule/>





Prior Authorizations

Prior Authorization *Services*

SERVICES REQUIRING PRIOR AUTHORIZATION

- All services provided out of network, with exception to emergency services
- Inpatient services, including inpatient behavioral health admissions
- Prosthetic/orthodontics devices
- Non-emergent outpatient diagnostic/therapeutic radiology
- Non-emergent Home & Community Based Services (Waiver/excluding Crisis)

Note: This is **not** a comprehensive list of services requiring prior authorization.

Log in to the Provider Portal at **CareSourcePASSE.com** > Log-In > [Provider](#) to view the procedure code look-up tool.

For fast authorization processing, CareSource PASSE offers **Cite AutoAuth**, an automated evidence-based system. It's quicker than phone or fax! Access it on the Provider Portal.



Prior Authorization *Submissions*

CareSource PASSE	
Online	Provider Portal CareSourcePASSE.com > Log-In > Provider
Phone	1-833-230-2100
Fax	888-752-0012
Mail	CareSource PASSE Utilization Management P.O. Box 1307 Dayton, OH 45401-1307



Prior Authorization *Information Checklist*

PRIOR AUTHORIZATION SUBMISSION REQUIREMENTS

- Member/patient name and CareSource PASSE member ID number
- Provider name and National Provider Identifier (NPI)
- Anticipated date(s) of service
- Diagnosis code and narrative
- Procedure, treatment, or service(s) requested
- Number of visits requested, if applicable
- Reason for referring to an out-of-plan provider if applicable
- Clinical information to support the medical necessity of a service
- Inpatient services need to include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment
- All of a member's services must be documented in the member's Person-Centered Service Plan (PCSP). If a service isn't listed, please contact the member's Care Coordinator to have the PCSP updated.

Note: We do not require a referral to see a patient.

You can find more information on prior authorizations in our Provider Manual, located at **CareSourcePASSE.com** > Providers > Tools & Resources > [Provider Manual](#).



Prior Authorization *NIA Magellan Imaging*

CareSource PASSE utilizes NIA Magellan to implement a radiology benefit management program for outpatient advanced imaging services.

Procedures Requiring PA through NIA	Services Not Requiring PA through NIA	NIA Magellan Authorization Phone Number
<ul style="list-style-type: none">• CT/CTA• MRI/MRA• PET Scan	<ul style="list-style-type: none">• Inpatient advanced imaging services• Observation setting advanced imaging services• Emergency room imaging services	www.RadMD.com OR Call Magellan Healthcare at: 1-800-424-4313

Prior authorizations can be obtained after March 22, 2022. Expedited authorizations are accepted. Register at: RadMD.com.



Prior Authorization *Versant/Superior Vision*

CareSource PASSE utilizes Versant/Superior Vision to manage routine vision services and benefits.

Versant/Superior Vision	
Online	ecs@superiorvision.com
Phone	1-888-273-2121
Fax	855-313-3106

Expedited authorizations are accepted.



Prior Authorization *Avalon/Lab*

CareSource PASSE utilizes Avalon to implement...

Avalon	
Online	CareSource Provider Portal https://www.caresource.com/ar/providers/caresource-passe/
Phone	1-844-227-5769
Fax	1-813-751-3760

Please note: Prior authorizations are accepted after 4/1/22.

Expedited authorizations are accepted.





Electronic Visit Verification


CareSource[™]
PASSE

Electronic Visit Verification (EVV) *Services*

CAREBRIDGE

www.carebridgehealth.com/arevv

CareSource PASSE is working with CareBridge to offer its Electronic Visit Verification solution to CareSource providers in Arkansas at no cost. To ensure a smooth implementation, shared success and compliance with the 21st Century Cures Act, it's important for you to pick an EVV provider as well as to ensure your provider is connected to the payer's provider and state's provider.

Service Description	Procedure Code	Modifier	Min./ Unit	EVV Required?	Rate
PERSONAL CARE UNDER 21	T1019		15	Yes	\$5.12/unit
PERSONAL CARE OVER 21	T1019	U3	15	Yes	\$5.12/unit
IN HOME RESPITE (AR Choices- not covered under PASSE)	S5150		15	Yes	Not Payable currently under PASSE
AGENCY ATTENDANT CARE (AR Choices – not covered under PASSE)	S5125	U2	15	Yes	Not Payable currently under PASSE



CareBridge *Contact Information*

CareBridge	
Online	www.carebridgehealth.com/arevv
Phone	1-844-922-2584
E-Mail	arevv@carebridgehealth.com
Data Integration Support (for providers using a third party EVV)	evvintegrationsupport@carebridgehealth.com

Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

States must require EVV use for all Medicaid-funded PCS by January 1, 2020 and HHCS by January 1, 2023.





Care Coordination

Care Coordination & *Disease Management*

CARE COORDINATION

Members have access to care coordination services 24/7. Providers may contact Member Services at 1-833-230-2005 to identify who a member's assigned Care Coordinator is or to speak with a Care Coordination Supervisor.

DISEASE MANAGEMENT

If you have a patient with asthma, diabetes, or hypertension who you believe would benefit from this program and is not currently enrolled, please call **1-844-438-9498**.

MEMBER EDUCATION

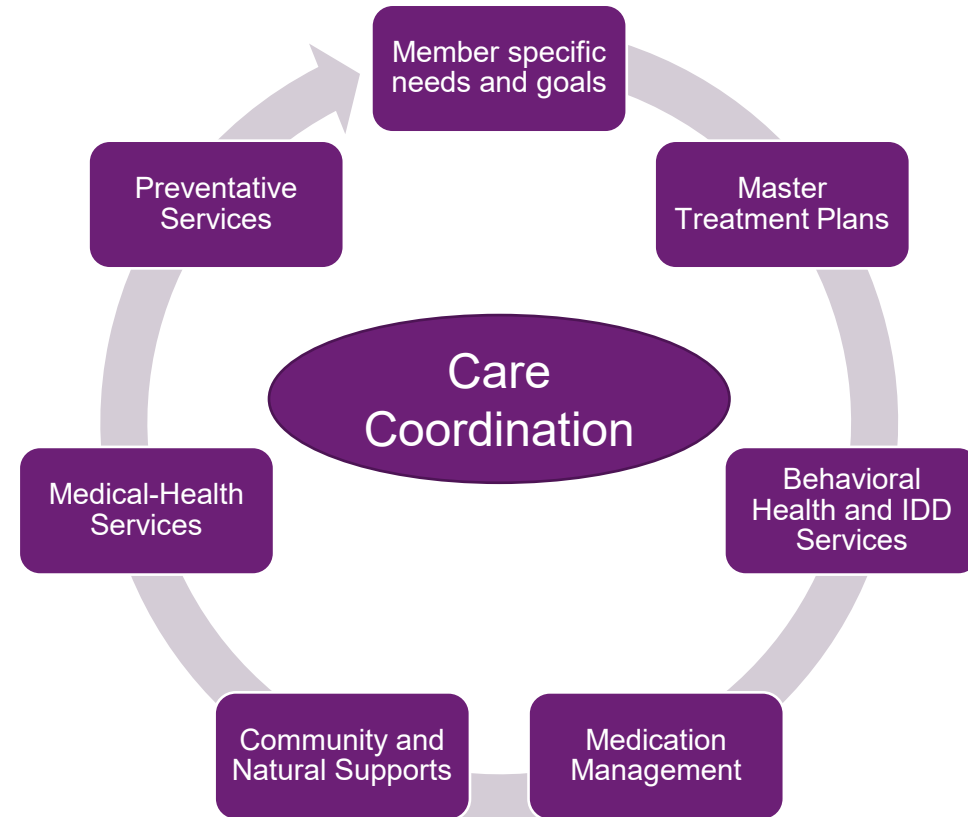
- MyHealth online self-management tool
- Disease-specific newsletters
- Coordination with outreach teams who provide topic-specific information



Care *Coordination*

The PASSE Care Coordinator will be responsible for ***coordinating the care*** of assigned beneficiaries across these multi-systems.

- Responsible for bringing together all plans of care for a member
- Ensures member access to all behavioral and medical services
- Seeks to maximize efficiency in service delivery
- Serves as liaison between member, providers and the health plan
- Serves as general advocate for members' needs



Person-Centered *Planning*

Our **Person-Centered** approach is designed to develop a plan based on individualized **needs, hopes, and wants** and dreams that will support **recovery** and **independence** resulting in a **meaningful day** member experience.



Person-Centered *Service Plans* (PCSPs)

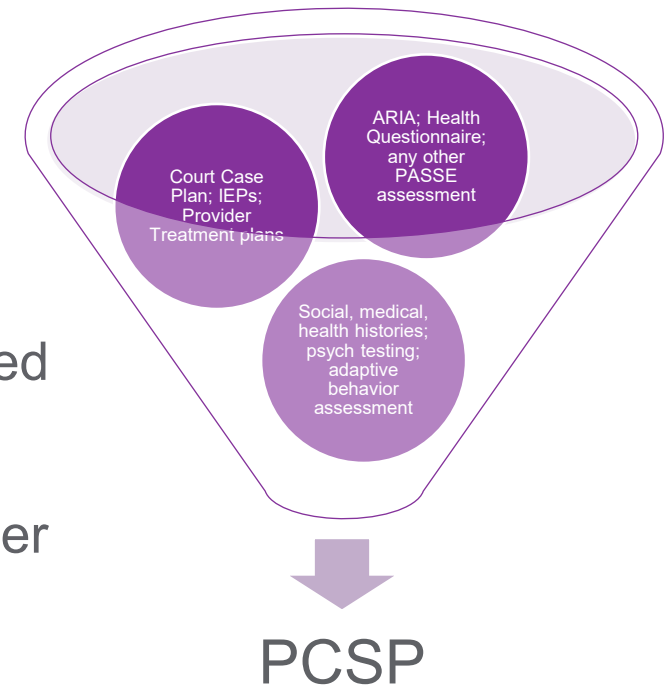
All services must be documented in the plan. The listed services on the PCSP do not guarantee authorization of services and does act as a prescription for services. The development of the PCSP and Utilization Management (UM) are separate processes. As a Home and Community Based provider, you will work with the Care Coordinator to submit requests for needed services. Other providers will request authorizations as needed.

PROVIDER PARTICIPATION

We REQUIRE your participation face to face or by submitting documentation to the Care Coordinator one (1) week prior to the scheduled PCSP meeting. This is necessary for review by the member and their primary caregiver/legally responsible person and it will populate onto the electronic PCSP which will become the treatment request after the provider acknowledges it in the Provider Portal.

ACCESS TO PCSP

- Providers can obtain a copy of the PCSP on the Provider Portal at **CareSourcePASSE.com** Log-In > [Provider](#).



Cultural *Competency*

CareSource PASSE is committed to upholding and adhering to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Providers are expected to provide services in a culturally competent manner, including:

- Removing all language barriers to service
- Accommodating unique cultural, ethnic and social needs of members
- Understanding the social determinants of health are recognized as significant contributors to member health outcomes and quality of life
- Meeting the requirements of all applicable state and federal law, including contractual requirements

RESOURCES

We provide cultural competency training resources in the Provider Manual and online at <**CareSourcePASSE.com**>. The National CLAS provides specific guidelines to assist you in developing a culturally competent practice.





Quality Improvement

Quality *Improvement*

CareSource® continually assesses the quality of care and service offered to its members and implements programs to improve operational efficiency, delivery of health care services and health outcomes. In order to provide a structure, key processes and a culture of continuous improvement, CareSource has implemented a comprehensive Quality Improvement (QI) program. This is an evolving program and is responsive to the needs of our members, always taking into consideration standards established by the medical community through provider input, regulators and accrediting bodies.



Incident *Reporting*

The PASSE and the provider must submit incident reports upon the occurrence of any of the following events:

- Death of a member;
- The use of restrictive interventions;
- Suspected maltreatment or abuse of member;
- Injury to a member that requires emergency room care, or a paramedic;
- Injury to a member that may result in a substantial permanent impairment;
- Injury to a member that requires hospitalization;
- Threatening or attempting suicide;
- Arrest;
- Any situation where the member eloped from a service and cannot be located within two (2) hours;
- Any event where a PASSE HCBS provider staff threatens, abuses, or neglects a member; and
- Medication errors that cause serious injury to the member.



Submitting an Incident *Report*

Incident Reporting	
Providers can email this box to report an incident	Incident.reporting@CaresourcePASSE.com
Provider Services	1-833-230-2100
Member Services	1-833-230-2005
24/7 Nurse Line	1-833-687-7305
Care Coordination	CareCoordination@CareSourcePASSE.com



Quality *Measures*

HEDIS® MEASURES

CareSource PASSE monitors member quality of care, health outcomes, and satisfaction through the collection, analysis and the annual review of the Healthcare Effectiveness Data and Information Set (HEDIS).

HEDIS includes a multitude of measures that look at different domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Relative Resource Use
- Health Plan Descriptive Information
- Measures Collected Using Electronic Data Systems

Wellness & Prevention

- Childhood vaccinations
- Immunizations for adolescents
- Lead screenings for children
- Breast cancer and cervical cancer screenings

Cardiovascular Conditions

- Controlling high blood pressure
- Comprehensive diabetes care
- Statin therapy for patients with cardiovascular disease or diabetes

Behavioral Health

- Follow up after hospitalization for mental illness
- Follow up care for children prescribed attention deficit/hyperactivity disorder (ADHD) medications

Access to Care

- Children and adolescents' access to primary care providers
- Prenatal and postpartum care



Quality *Resources*



Quality Onboarding Training



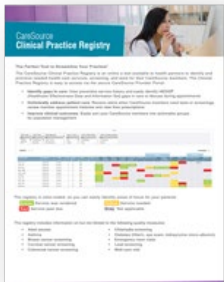
CAHPS Survey Tips



Clinical Practice Registry Training



HEDIS Coding Guides



Clinical Practice Registry Quick Tips



Clinical Practice Guideline Information



Clinical Practice *Registry*

The CareSource PASSE Clinical Practice Registry is an online tool available to providers to identify and prioritize needed health care services, screening, and tests for their CareSource PASSE members. It is easy to access via the secure CareSource PASSE Provider Portal.

The registry includes information on, but not limited to the following measures:

- Adult access
- Asthma
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Diabetes (Hba1c, eye exam, kidney/urine micro-albumin)
- Emergency room visits
- Lead screening
- Well-care visits

Identify Gaps in Care

View preventive service history and easily identify HEDIS gaps in care to discuss during appointments

Holistically Address Patient Care

Receive alerts when CareSource PASSE members need tests or screenings, review member appointment histories and view their prescriptions

Improve Clinical Outcomes

Easily sort your CareSource PASSE members into actionable groups for population management



Fraud, Waste & *Abuse*

Help CareSource PASSE stop fraud.

Contact us to report any suspected fraudulent activities.

OPTIONS THAT ARE COULD BE ANONYMOUS

CALL Provider Services

FAX 1-833-230-2100

MAIL CareSourcePASSE

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940

OPTIONS THAT ARE NOT ANONYMOUS

EMAIL fraud@CareSourcePASSE.com

FAX 800-418-0248





Pharmacy


CareSource[™]
PASSE

Pharmacy *Overview*

PARTNERSHIP WITH EXPRESS SCRIPTS

CareSource PASSE works collectively with Express Scripts, our delegated pharmacy innovation partner, to manage our prescription drug costs and develop and implement plan-specific formulary or formularies.

E-PRESCRIBING

CareSource PASSE formulary files are available through your EMR, HER, or e-prescribing vendor.

RESOURCES

- Find authorization requirements for prescriptions at <**CareSourcePASSE.com** > [Pharmacy](#)
- The Formulary search tool and Formulary/Preferred Drug Lists are available at **CareSourcePASSE.com**.
- Medication Therapy Management (MTM) allows pharmacists to work collaboratively with physicians to prevent or address medication-related problems, decrease member costs and improve prescription drug adherence.





Provider Resources


CareSource[™]
PASSE

Provider *Resources*

Visit **CareSourcePASSE.com** to access:

- Downloadable Provider Manual
- Downloadable Provider Orientation
- Newsletters & Network Notifications
- Formularies
- Covered benefits
- Quick reference guides
- And more

CARESOURCE PASSE PROVIDER PORTAL

COMING SOON!



Health Partner Regional Coverage

Network Team Members

Jennifer Daniel-Brezee, Director of
Network Development, Arkansas
Jennifer.Danielbrezee@caresource.com
501.351.2508

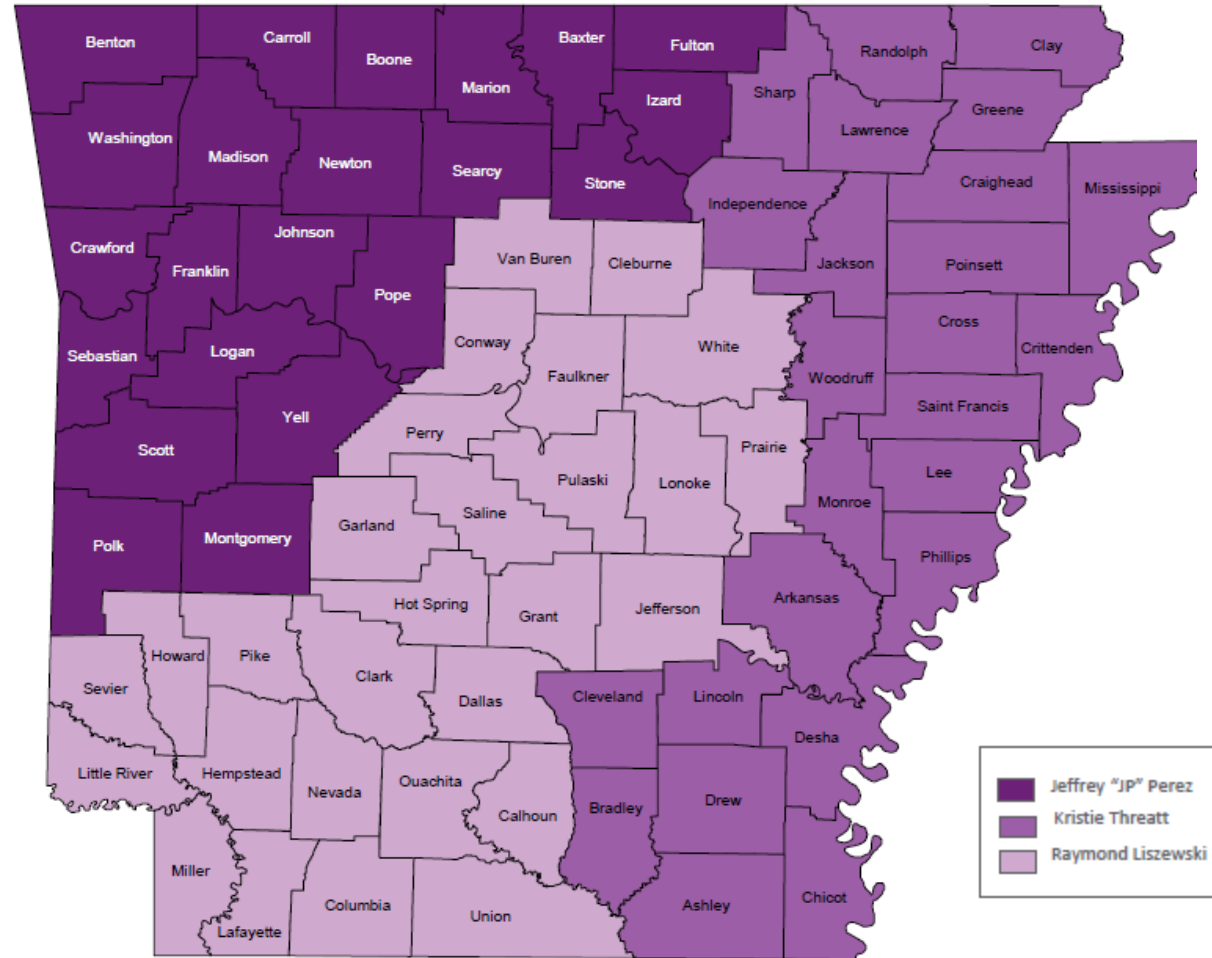
Phil Stowers, Director of Network
Development, Arkansas
Philip.Stowers@caresource.com
501.690.4126

Raymond Liszewski
Health Partner Network Specialist II
Raymond.Liszewski@caresource.com
501.253.9290

Jeffrey “JP” Perez
Health Partner Network Specialist II
Jeffrey.Perez@caresource.com
479.335.6472

Kristie Threatt
Health Partner Network Specialist II
Kristie.Threatt@caresource.com
501.553.7911

General Provider Questions:
Arkansas_Network@CareSource.com





Are you contracted with all our plans?

Join us on our journey to healthy outcomes.

Visit **CareSourcePASSE.com** to start the
contracting process.





PARTNER with *Purpose*