CARESOURCE PASSE™
Quick Reference Guide

About CareSource PASSE

CareSource PASSE is a Provider-Led Arkansas Shared Savings Entity (PASSE). It is a Medicaid program that serves individuals with complex behavioral health, developmental or intellectual disabilities. CareSource PASSE is a provider-led partnership between providers and CareSource to integrate the care and need of the CareSource PASSE population through a community-based 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 care with specialty providers of behavioral health and intellectual/developmental disability 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 coordinate and provide appropriate preventative care in the safest, least restrictive setting

Arkansas Focus

CareSource PASSE is building a team in Arkansas, and we strongly believe in collaboration with our participating providers to improve the health and well-being of our members. As part of our Arkansas-based team, you will have a local provider representative to work with you and your staff. Our local provider representatives will be in the field answering questions.

CareSource™
PASSE

Partner with *Purpose*

Member ID Card

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

CareSource Contacts

Provider Services	**1-833-230-2100**
CareSource PASSE Prior Authorization	1-833-230-2100
Claim Inquiries	1-833-230-2100
Pharmacy	1-833-230-2100
Grievances & Appeals	1-833-230-2100
Member Services	**1-833-230-2005**
Care Coordination	**Email:** CareCoordination@CareSourcePASSE.com
Incident Reporting	**Email:** Incident.reporting@CaresourcePASSE.com
CareSource24® - Nurse Advice Line	1-833-687-7305
Fraud, Waste and Abuse Hotline	1-833-230-2100
TTY for the Hearing Impaired	800-285-1131 or 711
Superior Vision/Versant (Vision)	**Fax:** 855-313-3106 **Phone**: 888-273-2121 **Email:** ecs@superiorvision.com Provider Portal: Versant Health https://ecp.versanthealth.com/prelogin/login
NIA (High Tech Radiology)	www.RadMD.com Or call Magellan Healthcare at: 1-800-424-4313
Avalon (Lab)	**Phone:** 844-227-5769 **Fax:** 813-751-3760
CareBridge (Electronic Visit Verification)	**Online:** www.carebridgehealth.com/arevv **Phone:** (844) 922-2584 **E-Mail:** arevv@carebridgehealth.com

Member ID Card

CareSource™
PASSE

✓PASSE
An Arkansas Medicaid Program

Member Name: <Member Name>
Member ID#: <XXXXXXXXXXX>

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)

Rx CareSource innovations
Powered by Express Scripts
RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

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Other Contacts

Department of Human Services PASSE Provider Line	**1-888-889-6451**
Arkansas Department of Human Services – PASSE Support	https://humanservices.arkansas.gov/divisions-shared-services/medical-services/healthcare-programs/passe/
Office of the PASSE Ombudsman	**Phone:** 1-844-843-7351 Individuals who have a hearing or speech impairment can contact the office by calling toll free, 1-888-987 1200 option 2. **Online:** Submit issues or complaints by emailing PASSEOmbudsmanOffice@dhs.arkansas.gov **Mail:** Division of Medical Services Office of Ombudsman P.O. Box 1437 Slot S-418 Little Rock, AR 72203-1437 **Fax:** 501-404-4625
Optum (ARIA Independent Assessment)	**Phone**: 1-844-809-9538
Arkansas Office of the Medicaid Inspector General (OMIG)	**Mail:** Office of the Medicaid Inspector General 323 Center Street, Suite 1200 Little Rock, AR 72201 **Phone:** 501-682-8349 or 855-527-6644 **Fax:** 501-682-8350
Arkansas Insurance Department	800-282-9134 or 501-371-2600

Claim Submissions and Payment

CareSource PASSE prefers providers to submit claims electronically for the most efficient processing. Claims needing submitted with documentation should be submitted via the Provider Portal.

Online Claim Submission

Providers have the option to submit claims through our secure, online Provider Portal*. You can submit claims (along with any documentation), track claim payments and more. CareSource PASSE offers this tool at no cost.

CareSource PASSE also partners with Availity to offer electronic claim submission and real-time transactions at no charge through the Availity Portal.

*Providers must have a CareSource PASSE provider ID number in order to create a Provider Portal account. Your CareSource PASSE provider ID number is located in the welcome letter you receive from CareSource PASSE after completing the contracting, credentialing and onboarding process.

Electronic Payment Processing

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

- Electronic funds 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.

Enroll with ECHO for payment and choose EFT as your payment preference for CareSource PASSE. You can also complete the ECHO enrollment form located on **CareSourcePASSE.com** > Provider > Claims and fax, email, or mail it back to ECHO. For questions, call ECHO Customer Support at 1-888-834-3511.

Electronic Claim Submission Payer ID Number: ARCS1

Timely Filing: 365 calendar days from the date of service or discharge

Prior Authorizations

Services that Require Prior Authorization

Please note: Some services that require prior authorization from CareSource PASSE include, but are not limited to, the following. Please check benefit coverage and limits before providing services.

Physical Health Services

- All inpatient stays
- Most elective surgeries (outpatient and inpatient)
- All clinical trials
- All unproven and experimental or investigational items and services (life-threatening illness exceptions)
- Most non-emergent ambulance services
- Most durable medical equipment (DME) including most prosthetic/orthotic devices (life-threatening illness exceptions)
- Home care services and therapies (except assessments)
- Outpatient therapies (except assessments)
- Most urine drug testing

Behavioral Health Services

- All inpatient stays
- Residential behavioral health services
- Partial hospitalization program services (PHP)
- Transcranial magnetic stimulation
- Outpatient mental health therapy including applied behavioral analysis (ABA)

Home and Community-Based Services (HCBS)

- Includes 1915 (c) and 1915(i) services

Prior Authorization Process

Providers can request prior authorization by contacting CareSource PASSE Service Determination/Utilization Management Department via:

- Provider Portal
- Mail
- Phone

When submitting a prior authorization request, please provide the following information:

- Member/patient name and 11-digit CareSource PASSE member ID number
- Provider name and National Provider Identifier (NPI)
- Anticipated date of service
- Diagnosis code and narrative
- Procedure, treatment or service requested
- Number of visits request, if applicable
- Reason for referring to an out-of-plan provider, if applicable
- Clinical information to support the medical necessity for the service

The CareSource PASSE Provider Portal can accept clinical documentation up to 25MB, per attachments, with the ability to add as many attachments as needed.

Pharmacy

CareSource PASSE RxInnovations™ uses the Express Scripts broad national network as its pharmacy network for the CareSource PASSE program.

Pharmacy Prior Authorization

Providers are encouraged to use the Pharmacy Preferred Drug List and our Formulary Search Tool to identify what drugs are covered under the plan, as well as verify under which benefit (medical or pharmacy) claims should be submitted.

For drugs covered under the medical benefits that require authorization. We encourage you to submit prior authorizations through your EMR, through the ExpressPAth® portal or via fax.

For drugs covered under the medical benefit that require authorization, we encourage you to submit prior authorizations through our Provider Portal. Providers can also submit prior authorization requests by fax, or urgent prior authorization requests by phone. Provider will be required to submit pertinent medical/drug history, prior treatment history and any other necessary supporting clinical information with the request.

Online

Visit **CareSourcePASSE.com** > Login > Provider. Alternate methods include phone, fax or mail.

Provider Resources

CareSource PASSE communicates with our provider network through a variety of channels, including phone, fax, Provider Portal newsletters, **CareSourcePASSE.com** and network notifications. We encourage you to reach out to your assigned Provider Engagement Representative with any questions.

Website

Accessing our website, **CareSourcePASSE.com** is quick and easy. On the Provider section of the site you will find commonly used forms, newsletters, updates and network announcements, our Provider Manual, claims information, frequently asked questions, clinical and preventive guidelines and much more.

Provider Portal

URL: https://providerportal.caresource.com

Our secure online Provider Portal allows you instant access at any time to valuable information. You can access the CareSource PASSE Provider Portal at **CareSourcePASSE.com** > Login > Provider. Simply enter your username and password (if already a registered user), or submit your information to become a registered user. Assisting you is one of our top priorities in order to deliver better health outcomes for our members.

Provider Portal Benefits

- Easy access to a secure online (encrypted) tool with time-saving services and critical information
- Available 24 hours a day, seven days a week
- Accessible on any PC without any additional software

Provider Manual

CareSource PASSE's Provider Manual explains important requirements and guidelines for working with CareSource. Refer to this manual at **CareSourcePASSE.com** > Providers > Provider Manual for the details on the topics featured in this guide.

Policies

CareSource PASSE's policies consist of: medical, pharmacy, reimbursement and administrative.

- Medical policies: provide guidelines for determining medical necessity and appropriate care for approved benefits
- Pharmacy: provider guidelines for specialty drugs
- Reimbursement: provider guidance for claim payments
- Administrative: offer guidance for determining medical necessity, investigational and experimental services

Refer to CareSource PASSE's policy page at **CareSourcePASSE.com** > Providers > Provider Policies.

Network Notifications

Network notifications are published for CareSource PASSE providers to regularly communicate updates to policies and procedures. Network notifications are found on our website at **CareSourcePASSE.com** > Providers > Tools & Resources > Updates & Announcements.

Provider Demographic Changes and Updates

Advance written notice of status changes, such as a change in address, phone, or adding or deleting a physician from your practice helps us keep our records current. Your current information is critical for efficient claims processing.

Online

CareSourcePASSE.com > Login > Provider

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