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How the PASSEs Will Affect You

short presentation
before your questions



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SEARCH RESULTS FOR: PASSE

The PASSE System – How to Take Action

PUBLISHED ON [February 24, 2018](#)

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The PASSE system is in effect. Here's what you can do for yourself or a loved one.

CATEGORIES [ADVOCACY](#), [ARKANSAS ISSUES](#), [NEWS](#), [PASSE](#) • TAGS [ADVOCACY](#), [ARKANSAS](#), [BHS](#), [DHS](#), [PASSE](#), [RESOURCE](#), [SELF ADVOCATE](#) • [EDIT](#)

PASSE Q&A Follow-up

PUBLISHED ON [February 1, 2018](#)

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DHS recently hosted a FB live about the PASSE to answer our questions, but some of your questions were not answered at that time. We have their answers!

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Live Q&A with DHS about PASSEs

PUBLISHED ON [January 20, 2018](#)

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MSL took your questions to DHS, and they answered live on Facebook. This video has several good demonstrations and answers that you might need to see. The PASSEs will start taking clients in February 2018.... [More](#)

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on Tuesday



Some members of the Disability community were recognized today and rightly so!
#DDAwarenessMonth



Tweets by @medicaidsaves

Medicaid Saves Lives Retweeted
KFF [Kaiser Family Fo...](#) [@KaiserFamFo...](#) [#Medicaid](#) is the primary payer for [#longtermcare](#), including \$55B for nursing homes in 2015. [#Medicare](#) covers only limited post-acute care. See our infographic on Medicaid's role in [#nursinghome](#) care. kaiserfam.org/2FubgFl

\$55 billion



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What is a PASSE?

The Provider-Led Arkansas Shared Savings Entity (PASSE) is a new model of organized care created by Act 775.

There are currently 4 PASSEs being assigned beneficiaries.

Beginning Jan. 1, 2019, each will pay for all services provided to its members and perform other administrative functions, very similar to an insurance company.

They will be regulated by the Arkansas Insurance Department (AID) as a risk-based provider organization. It will also be accountable to the Department of Human Services (DHS) under federal rules that provide protections for Medicaid beneficiaries.



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Who are they?

ARKANSAS TOTAL CARE

- AR Health and Wellness Health Plan
- <https://www.arkansastotalcare.com>
- [Their HANDBOOK](#) (rules, your rights, and information)
- John Ryan
jryan@centene.com
- P.O. Box 25010 | Little Rock, AR 72221
- 1-866-282-6280

SUMMIT (ARKANSAS PROVIDER COALITION)

- Amerigroup Partnership Plan LLC
- <http://www.summitcommunitycare.com>
- [Their HANDBOOK](#) (rules, your rights, and information)
- Network Provider [Directory](#)
- Shane Spoas
shane.spoas2@anthem.com
- 425 W. Capitol Ave. Suite 233 | Little Rock, AR 72203
- 1-844-405-4295

EMPOWER

- Beacon Health Options Inc.
- <http://www.getempowerhealth.com>
- [Their HANDBOOK](#) (rules, your rights, and information)
- Network Provider [Directory](#)
- Nicole May Nicole.May@beaconhealthoptions.com
- 1401 West Capitol Avenue, Suite 330 | Little Rock, AR 72201
- 1-866-261-1286

FOREVERCARE

- Gateway Healthplan
- <http://www.forevercare.com>
- [Their HANDBOOK](#) (rules, your rights, and information)
- Network Provider [Directory](#)
- Michael McCabe
MMCCabe@GatewayHealthPlan.com
- 400 West Capitol Avenue, Suite 1700 | Little Rock, AR 72201
- 1-855-544-8744



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How were they chosen?

- Each PASSE must include several types of providers licensed to practice in Arkansas including:
 - a Developmentally Disabled Specialty Provider
 - a Behavioral Health Specialty Provider
 - a hospital
 - a physician
 - and a pharmacist.
- Each PASSE will be required to have coverage of services for the entire state
- To become licensed, a PASSE applicant had to meet 3 requirements: 1) demonstrate the ability to establish network adequacy; 2) provide a \$250,000 surety bond; and, 3) meet a \$6 million capital reserve requirement



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Phase 1 - Feb 1 until 2019

- Care Coordination is to be provided by the PASSE, which will be responsible for the coordination of care across multiple systems including BH, DD and Medical treatment
- All BH, DD and medical services will continue to be provided on a fee-for-service basis and will be accessed directly through service providers
- Beneficiaries will continue to access treatment services directly from community providers and providers will continue their current relationship with AR Medicaid
- PASSEs will build provider referral networks and individuals determined to need Tier 2 and 3 services will be attributed to a PASSE based upon their relationships with providers in those networks



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Phase 2 - starting in 2019

- The PASSE will become responsible for their attributed clients total cost of care
- The PASSE will receive an actuarially sound global payment to cover the entire cost of care of all services provided to all the members of a PASSE including but no limited to DD and BH specialty services, primary care office visits, hospitalizations, personal care services and pharmaceutical services
- The PASSE will establish provider networks and will establish reimbursement for their provider networks



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Independent Assessments

- Tier 2 and Tier 3 DD beneficiaries will be attributed to a PASSE
- First must undergo an independent assessment (IA)
- Functional assessment designed to:
 - Determine tier (what level/intensity of service is needed)
 - Assist with appropriate plan of care for that client



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What Tier would you be in?

DEVELOPMENTAL DISABILITY SERVICE TIERS

Tier 1:

Individual receives DD services under the Medicaid State Plan (DDTCS, CHMS, therapy, etc.), but does not meet ICF/IID level of care eligibility

Tier 2:

Individual meets ICF/IID level of care eligibility, but does not currently require 24 hours/day of paid support and services to maintain his or her current placement

Tier 3:

Individual meets ICF/IID level of care eligibility and does require 24 hours/day of paid support and services to maintain his or her current placement



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What Tier would you be in?

BEHAVIORAL HEALTH SERVICES TIERS

Tier 1: Counseling

Time-limited services provided by a qualified licensed practitioner in an outpatient setting to assess and treat mental health and/or substance abuse conditions

Tier 2: Rehabilitative

Home and community-based services with care coordination including a full array of professional and para- professional services for individuals with higher needs. Services provided by certified behavioral health agency staff members.

Tier 3: Residential

Services provided in residential setting for individuals with the highest need



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What is a Global Payment?

- The Global Payment will be an actuarially sound payment to cover the entire cost of care of all non-excluded services provided to all of the members of a PASSE.
- This calculation will include the cost of providing all services, including but not limited to, DD/ID and BH specialty services, primary care office visits, hospitalizations, personal care services, and pharmaceutical services.
- It includes any services a PASSE offers in addition to the mandatory and optional services covered by Medicaid state plan and applicable waiver services.
- It will include payment for care management and care coordination.
- It will include a reasonable cost to cover administrative expenses.



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What is Care Coordination?

- Health education and coaching
- Coordination with other healthcare providers for diagnostics, ambulatory care and hospital services
- Assistance with social determinants of health, such as access to healthy food and exercise
- Promotion of activities focused on the health of a patient and their community, including without limitation outreach, quality improvement and patient panel management
- Coordination of community-based management of medication therapy



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What services are covered?

Arkansas Medicaid Mandatory Services

- Hospital Services – Inpatient and Outpatient
- Physician Services
- Laboratory and X-Ray
- Child Health Services Early and Periodic Screening, Diagnosis and Treatment (Under 21)
- Rural Health Clinic
- Nurse Practitioner
- Home Health Services
- Federally Qualified Health Centers
- Family Planning Services and Supplies
- Certified Nurse Midwife Services



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What services are covered?

Optional Services

There are 38 optional services

- Including behavioral, developmental, home and community-based services for the covered population
Examples include: DDTCS/CHMS, OT, PT or Speech Therapy
- Including specific types of providers, medical supplies and equipment
Examples include: podiatrists, chiropractors, prescription drugs, audiologists, private duty nurses, or durable medical equipment



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What services are NOT covered?

- Nonemergency medical transportation
- Dental benefits
- School-based services provided by school employees
- Skilled nursing facility services
- Assisted living facility services
- Human development center services
- Waiver services provided to adults with physical disabilities through the ARChoices in Homecare program or the AR Independent Choices program



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Your Questions