



**CARESOURCE
PASSE
INTRODUCTION**



Let's Get to Know Each Other Better

WHO IS CARESOURCE PASSE

THE CARESOURCE PASSE
DIFFERENCE

CONTRACTING PROCESS



Who is CareSource PASSE?



CareSource PASSE Partners



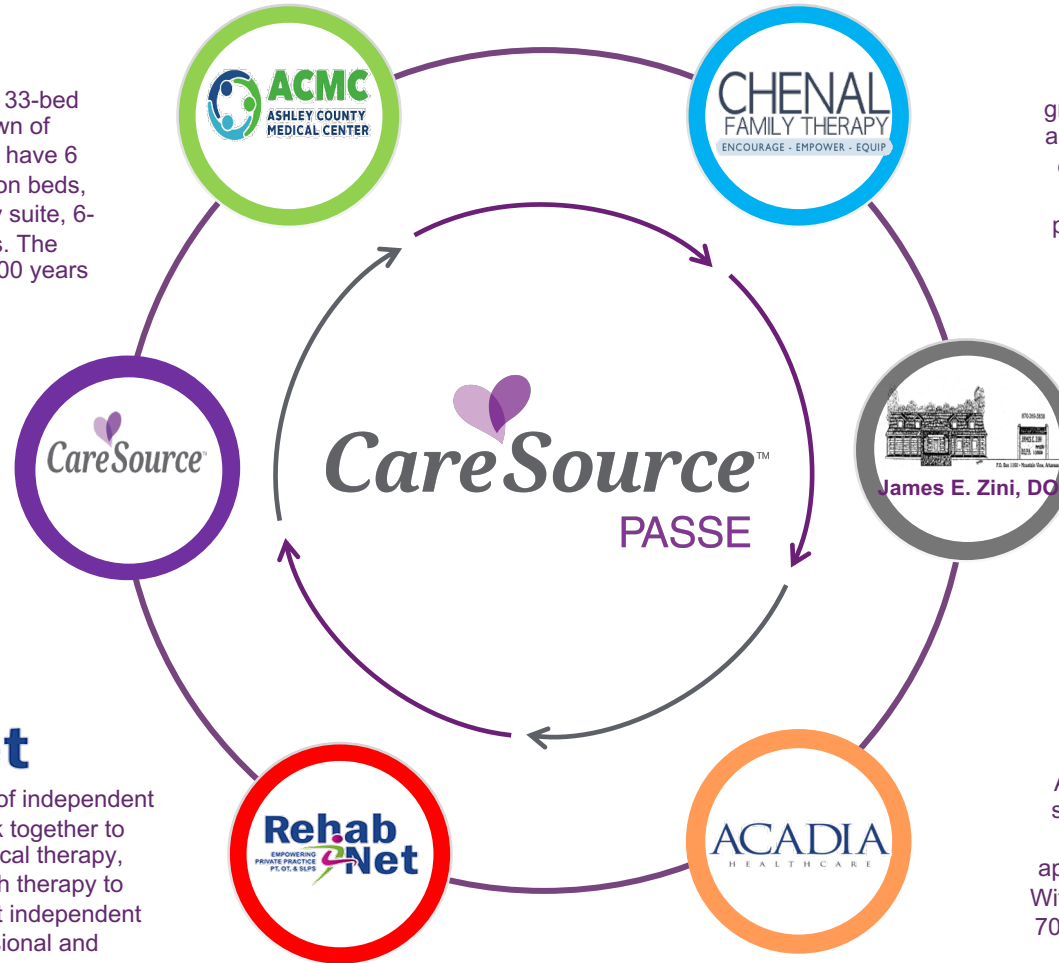
Ashley County Medical Center is a licensed 33-bed Critical Access Hospital located in the town of Crossett in South Arkansas. They presently have 6 CCU beds, 6 labor/delivery beds, 8 generation beds, 13 med-surg beds, 2 OR suites, 1 endoscopy suite, 6-day surgery suites and 9 emergency beds. The hospital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



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



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



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



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.



About CareSource™

Our **MISSION**

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

Our **COMMITMENT**

We will always put people over profit

- A nonprofit health plan and national leader in Managed Care
- 30-year history of serving low-income populations across multiple states and insurance products
- Currently serving members in Georgia, Indiana, Kentucky, Ohio and West Virginia
- 4,500+ employees located across 40+ states
- Best-in-class administrative cost ratio delivers maximum benefits to members while being responsible stewards of government funds
- Serving members across the continuum of government programs, coordinating care as their eligibility changes
- Comprehensive, member-centric models of care to address our entire population's health and social needs
- Help members navigate through daily life challenges and obstacles



Jason Bearden – President, Arkansas Market

Jason Bearden is the President of CareSource Arkansas and previously held the role of Vice President of Operations for CareSource Georgia for four years. His strong leadership and operational expertise was instrumental in creating a high quality, member focused health plan resulting in some of the highest member growth within Georgia and positioning CareSource as a market leader.

Prior to CareSource, Jason held the role of Chief Executive Officer for Beacon Health Options where he managed Georgia's behavioral health and intellectual developmental disability health plan, serving more than 160,000 individuals annually. His span of control included clinical, quality and fiscal management of a \$700 million operating budget with a robust network of specialty providers.

In addition to health plan leadership, Jason has made a significant impact as a community leader as Chief Executive Officer for Georgia's largest Community Service Board, Highland Rivers Health, which supports those with behavioral health and intellectual and developmental disabilities. Jason's passion and adept experience for special populations is rooted in his state government tenure where he worked for Governor Sonny Perdue within the Governor's Office of Planning and Budget as the Director of Health and Human Services.

Jason earned his bachelor's degree in industrial and systems engineering from the Georgia Institute of Technology and master's degrees in both health administration and business administration from Georgia State University. Giving back to his local community, he volunteers as a board member for the Atlanta Regional Collaborative for Health Improvement and Decatur City Family YMCA.



The CareSource PASSE Difference



CareSource PASSE Vision



We will serve as a partner in complex populations, delivering a personalized and simple experience through an integrated, value-add health model



Become a partner in complex populations



Community Investments and Provider Partnerships



Deliver personalized and simple experiences



Person-Centered Approach



Creating an integrated, value-add health model



Integrated Care with a focus on Social Determinants



CareSource PASSE Model

Community Investment

- Transportation
- Housing
- Food
- Education
- Employment
- Community Engagement

Advocacy & Supports

- Peer Services
- Caregiver Supports
- Care Coordination
- Self Advocacy
- Skills Building
- DSP Training
- Cultural Competency



Health & Well-Being

- Access to Quality Care
- Health Risk Assessments
- Guardian Risk Assessments

Crisis Management

- CIT
- Early Intervention
- Response
- Stabilization
- Prevention

Innovation

- Remote Monitoring
- Mobile Apps
- Member Portal
- Smart Homes
- Telehealth
- Automated Messaging



Person-Centered Planning

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



CONTRACTING PROCESS



The CareSource Difference



A Step Ahead

Recruitment: Experienced leaders with PASSE model and Arkansas providers' knowledge and relationships.

Time: With more than a year since Go Live, this has allowed implementation "kinks" to be worked out between DHS and PASSEs.

Experience: In working with specialty populations and Life Services® (JobConnect™).



Lessons Learned

Opportunities for provider and member feedback on positives and negatives from first implementation and existing plans.

Smoother configuration on provider payments with a better understanding of way forward (Medicare, Commercial Insurance, Coding, etc).

COVID: New ideas and innovations surrounding service structure and delivery.



Path Forward

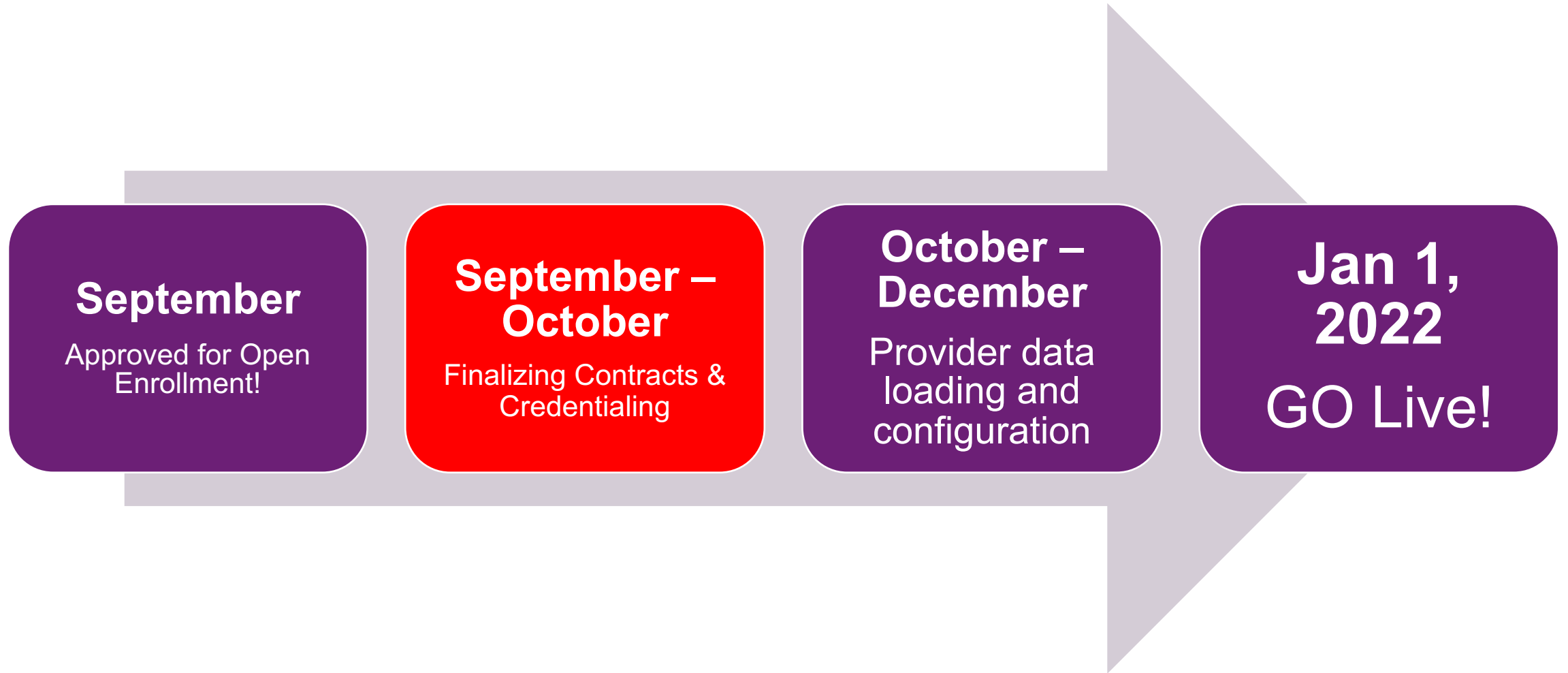
Building a robust network for this specialty population.

Establishing key relationships within Arkansas and gaining name recognition with CareSource.

Education on the value that CareSource is bringing to the Arkansas member and provider community.

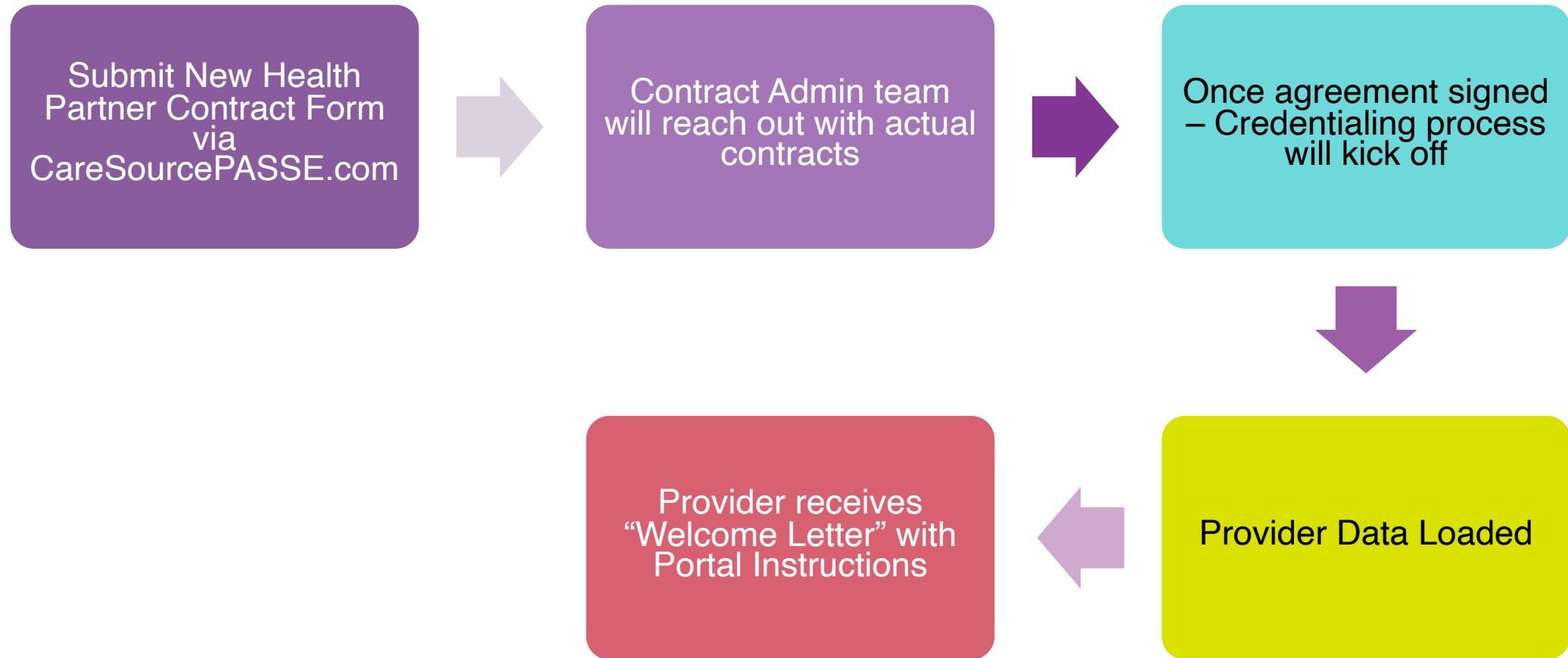


PASSE Go Live Road Map



Contracting

www.CareSource.com/Arkansas-provider



Credentialing HCBS Providers – PASSE Contract

The PASSE must demonstrate that its Network Providers are credentialed as required under 42 CFR § 438.214.

- Home and Community Based Providers who provide services under the **CES Waiver** or the **1915(i)** authority
- 6.2.16 HCBS providers must be re-credentialed annually.

- FORM can be found at:

<https://www.caresource.com/arkansas/forms/>

The screenshot shows the CareSource website interface. The left sidebar contains a menu with the following items: 'Overview', 'PARTICIPATING PROVIDER', 'CREDENTIALING', 'ONBOARDING KIT', and '& EVENTS'. A large purple arrow points from the 'CREDENTIALING' link in the sidebar to the 'FORMS' section on the right. The 'FORMS' section lists several forms, with the 'HCBS Credentialing Application' highlighted by a purple box. The list includes:

- **Provider Attestation Form** – Submit this form to attest to practice competency prior to working with CareSource.
- **CCVS Provider Authorization and Release Form** – Submit this form to authorize release of credentialing information to CareSource.
- **Organizational Credentialing Application** – This form should be completed by organization/facility for credentialing.
- **HCBS Credentialing Application** – This form should be completed by HCBS providers to be credentialed with CareSource
- **Debarment Form** – Use this form to provide ownership of disclosure information.
- **CareSource Common Roster Template** – This form should be completed by large facilities needing to add a large number of providers. Providers may attach the completed form to their **New Health Partner Contracting Form** application, or email the form to us if they've already filled out an application.



Home and Community-Based 1915 (c) Fee Schedule



Home and Community-Based Services 1915 (c) Custom Fee Schedule

1915 (c) HCBS Services

Code	Mod 1	Mod 2	Description	Unit	Fee Schedule
H2016	U3		Supportive Living: Waitlist	Per Diem	\$133.16
H2016	UF		Supportive Living: Moderate Need	Per Diem	\$240.00
H2016	UH		Supportive Living: Exceptional Need	Per Diem	\$351.13
H2016	UK		Supportive Living: Enhanced Need	Per Diem	\$440.00
H2016	U5		Supportive Living: 1:1 Hourly (10 hrs max)	1hr = 1 unit	\$21 per unit
H2016	U6		Supportive Living: 1:1 Hourly (11- 24 hrs)	1hr = 1 unit	\$18 per unit
H2016	UD		Supportive Living 1:1 Non-Medical Transportation	Per Mile	\$.52/Mile
H2016	UD	US	Supportive Living Non-Medical Transportation – Multi-Member Transport	Per Mile	\$.26/Mile
H2023	UA	UB	Supported Employment-Job Coaching	15 min	\$5.50 per unit
H2023	U1	UA	Supported Employment-Discovery & Career Planning (6 week prep period for employment)	15 min	\$5.50 per unit
H2023	U2	UA	Supported Employment-Job Development Plan	15 min	\$5.50 per unit

<https://www.caresource.com/documents/ar-pas-p-673122-hcbs-1915c-custom-fee-schedule/>

➤ Posted Online for easy access



Frequently Asked Questions (FAQs)

Q1. What is the criteria for the different Supportive Living (SL) levels?

Moderate	Most members will require mild to moderate support to manage aspects of their lives. The support needed could range from modeling, verbal-prompting, or hand-over-hand assistance but not total care.
Exceptional	Some members will require moderate to high support to manage aspects of their lives. The support needed could range from hand-over-hand assistance to total care.
Enhanced	Rarely, and often temporarily, members may have support needs exceed exceptional criteria. Those support needs could be a combination of behavioral and medical needs or a temporary need for additional staff because the primary caregiver is injured or unable to maintain the daily support needs of the member for a defined period of time.
Waitlist	The members on the waitlist who need services must meet the following criteria prior to receiving services. 1) The individual is at significant risk of harm which has been documented by an appropriately licensed healthcare or behavioral healthcare professional. OR 1) The individual requires protection from abuse, neglect or exploitation OR 1) The primary support system is unable to provide the level of support necessary to meet the needs of the individuals exceptional medical and/or behavioral needs.



FAQs

Q2. How do I know which payment method will apply, per diem or the 1:1 rate?

A. Members in a group home setting or those with shared staffing will qualify for per diem rates to account for staffing needs.

Q3. What is the length of the authorizations for 1:1 and per diems?

A. Authorizations will be approved, subject to medical necessity review, for up to 12 months depending on the member need and situation.

Q4. What about Camps and Hippotherapy – how will this be approved/reimbursed?

A. Camps, Hippotherapy, and alternative treatments will be approved and reimbursed as follows:

- The payment for the cost of the camp will be Supplemental Support Services (SSS), but the staffing/support needs will have to be provided by SL (SL code).
- Hippotherapy – similar process as camp identified above (if SL needs, then SL, but actual cost of therapy would be SSS).
- Treatments should be evidence-based or promising practices within the member's stated progress goals and identified in PCSP planning with the member. Medicaid does not allow for experimental treatments.



FAQs

Q5. What are the prior authorizations for HCBS services?

A. Most non-emergent HCBS services will require a prior authorization. A full list of these services and criteria will be published at least 60 days in advance of CareSource PASSEs January 1, 2022 participation in the PASSE program.

Q6. What if my member needs more than 1 staff – and needs 2:1 for unique circumstances?

A. If 2:1 staffing is requested, and clinical documentation supports this need, a custom rate can be requested.

Q7. Will I be responsible to obtain the estimates for home modifications, or will Care Coordinators do this?

A. Care Coordinators will obtain bids/estimates for home modifications.

- If a provider prefers to assist in obtaining bids for services, we welcome the coordinated effort. The member's assigned Care Coordinator will document the request to assist and coordinate those activities.



Contracting - Checklist

REMINDER: Our online form only "Saves" for 9 days – so be sure to "Submit" before this clock runs out!

- ✓ Complete the **New Health Partner Contract Form**.
- ✓ Be sure to include all **active Medicaid IDs** and **Counties** you are providing services in.
- ✓ Be sure to attach a **W9** for all Tax IDs
- ✓ Complete and attach the **Disbarment Form**
- ✓ If contracting for a MD or DO please also attach CCVS Organization-Specific: "Authorization and Release" form.

Questions?

Call: 833-230-2100

Email: Arkansas_Network@caresource.com



Time-Saving Tools – Provider Portal

Provider Portal Features:

Ability to submit CMS and UB claims

Track benefit limits

Submit Prior Authorization Request

Search for claim status

See payment history

See Care Treatment Plans

File Grievance

Claims disputes and appeals can bus submitted

See Member profiles



Time-Saving Tools – Claim Payments

Electronic Claims Payment

We partner with ECHO Health to provide electronic funds transfer (EFT) as a payment option.

Providers who are registered for EFT benefit from:

- **Simplicity** – Paper checks and Explanation of Payments (EOPs) will be eliminated for increased efficiency and payment processing.
- **Convenience** – Electronic Remittance Advice (ERAs) are available 24/7.
- **Reliability** – Claim payments are electronically deposited to your bank account.
- **Security** – Access your ECHO account through CareSource’s secure Provider Portal to view (and print if needed) remittances and transaction details. *Providers must have a CareSource Provider ID number to create a Provider Portal account.*

Clearinghouse Information

CareSource partners with Availity to offer electronic claim payment to our health partners.



CareSource Pharmacy

CareSource RxInnovations™ uses the **Express Scripts** pharmacy network as its pharmacy innovations partner to process pharmacy claims. CareSource RxInnovations' approach to administering pharmacy benefits and services provides:

Full price transparency validated by an independent third-party. States will have full visibility to where pharmacy dollars are being spent for their Medicaid beneficiaries

Value-based programs that drive increased quality, leveraging incentives to local pharmacists for their critical role in educating patients and preventing adverse drug events

An integrated, industry-leading data platform driving real time opportunities to improve member health outcomes and lower costs



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Thank you!

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PASSE