



arkansas
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PROVIDER NEWSLETTER

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A New Model of Care

Provider-Led Arkansas Shared Savings Entity (PASSE)

In 2018, Arkansas Medicaid created a new model of organized care called a Provider-led Arkansas Shared Savings Entity, or PASSE. This new model of care will serve Medicaid beneficiaries who have behavioral health (BH) and/or intellectual and developmental disabilities (IDD) service needs. PASSE are organizations that consist of groups of providers (majority owners) and health insurance carriers. Under this unique organized care model, providers of specialty and medical services will enter into new partnerships with experienced organizations that perform the administrative functions of managed care.

This “PASSE” care model was created to form a more organized system that will improve the health of Arkansans who need more intensive levels of specialized care. Arkansas Total Care is one of 5 PASSE that were certified by the Arkansas Insurance Department as a Risk Based Provider Organization. These organizations will provide care coordination and management for individuals who have complex medical and social needs.

PASSE members will receive person-centered care coordination services that include:

- Finding a Primary Care Provider (PCP)
- Scheduling an appointment with your PCP
- 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
- Coordination of community-based management of medication therapy
- Get interpretation services
- Finding a doctor or specialist



Contact Us

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PASSE Model

Implementation

There will be two phases for Arkansas Medicaid’s implementation of this new model.

Phase I: Beginning February, 2018, the PASSE entities will be responsible for care coordination services for those BH and IDD individuals who have been independently assessed to need Tier II or Tier III services. During this phase Medicaid will remain fee-for-service and PASSE will only provide care coordination services.

Phase II: Beginning January 2019, PASSE entities will assume full risk of the Medicaid programs that are administered for this group of individuals. The PASSE will be responsible for total health care management of Tier II and Tier III individuals who need BH or IDD services. Those who meet the Tier I level of care will be allowed to voluntarily enroll in a PASSE during Phase Two.

	Phase I, 2018		Phase II, 2019
	Arkansas Total Care	AR Medicaid	Arkansas Total Care
Care Coordination Services	X		X
Benefits & Eligibility		X	X
Claims Processing		X	X
Prior Authorization		X	X
Utilization Management		X	X
Case Management		X	X
Network Contracting	X		X
Provider Network		X	X

Throughout 2018 we will be working diligently to develop and implement our operational processes, build our network and develop a rating structure for contracted providers. As these items become more clearly defined, we will continue to provide more information through our website, newsletters and communications.

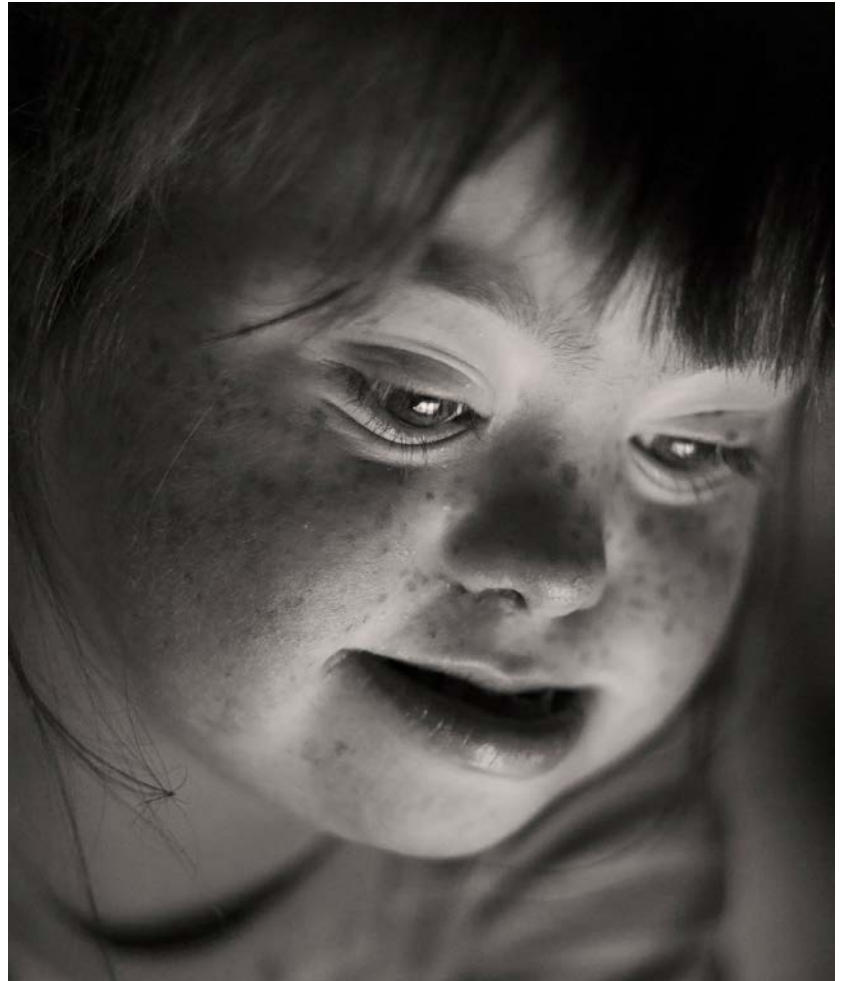
PASSE Participation

Arkansas Total Care encourages all providers to participate with all PASSE organizations in the State. We believe that broad participation will offer members uninterrupted access to the providers they have chosen. We also hope that by working with all PASSEs initially, providers may come to determine which PASSE is most effective for member services access, administrative ease of claims billing and payment, and quality care coordination.

All Medicaid providers are needed to serve our Arkansas Total Care members.

Arkansas Total Care providers will provide services for ALL healthcare needs for our members. Although these members may need Behavioral Health and Developmental Disability services, they all receive preventative, chronic and acute

health care services from Arkansas Medicaid providers today. For Arkansas Total Care to continue to serve all the needs of our members, it is necessary for ALL Medicaid providers to participate in our network beginning January 1, 2019.



REMINDER:

- Providers must contract with ARTC to participate in the network.
- Providers may be required to be credentialed.
- All providers must be Medicaid providers.
- There are no fees associated with contracting or credentialing in order to participate in the ARTC network.
- ALL Medicaid providers are needed to serve Arkansas Total Care members.

Contracting & Credentialing

Arkansas Total Care contracting is handled by Arkansas Health & Wellness. If you are already credentialed through Arkansas Health & Wellness for the Ambetter or Allwell products, there is no additional credentialing required.

If you do not have an existing contract with Arkansas Health & Wellness, you will need to be credentialed for Arkansas Total Care. It should be noted that only Medicaid providers may participate.

There are many different types of providers that may need to complete the credentialing process. The credentialing process begins after contracting is completed. Credentialing is a straightforward process that involves the completion and submission of a credentialing application. Once credentials are verified providers will be notified by Arkansas Total Care that they are accepted as a participating provider. All contracts will be effective for claims payment beginning January 1, 2019. Providers who complete a contract will be listed in publicly available directories for PASSE members and DHS.

As this will be a new experience for many providers, Arkansas Total Care can help clarify any questions about the contracting or credentialing process. For additional assistance please call our Provider Contracting Department at: 1-800-294-3557, Option 3 or email us at Providers@ArkansasTotalCare.com.

Contracting Phases

Phase 1

Nov. 2017 - April 2018

- Providers are approached by Arkansas Total Care or Lifeshare and asked to submit an LOI (Letter of Intent) indicating their willingness to contract with Arkansas Total Care.
- Amendments to existing contracts are offered to providers

Phase 2

April 2018 - May 2018

- Providers with existing NovaSys Health contract will receive an amendment to this existing contract.
- Providers who received Lifeshare LOIs or who currently provide waiver services for members with DD and IDD service needs will receive new Lifeshare contract offers

Phase 3

May 2018 - Dec. 2018

- Providers who are currently credentialed with Arkansas Health and Wellness for the Ambetter or Allwell products will receive notice that they are accepted for Arkansas Total Care as a participating provider.
- Providers who are NOT currently credentialed with Arkansas Health & Wellness for the Ambetter or Allwell products will complete the credentialing process.
- After application submission, providers will be notified that they are accepted by Arkansas Total Care as a participating provider.



Shared Savings

There is shared savings built into this PASSE model. Providers will have the opportunity to participate in shared savings. This PASSE (Provider-led Arkansas Shared Savings Entity) model is designed to achieve savings over a five-year period in the overall effort to “bend the cost curve” of Medicaid and help the program become sustainable. DHS will construct a financial baseline to reflect the five-year cost of covering the targeted population.

The PASSE model is built on well-established research that demonstrates better case management and care coordination for high cost populations will minimize more costly acute services, such as hospitalizations and inpatient psychiatric stays, as well as unnecessary or duplicative services. A large portion of that spend goes to

highest cost settings. The PASSE model incentivizes the provision of the appropriate level of services in the most cost effective setting while maintaining and improving quality of care provided.

Whole Health Person Centered Care

At Arkansas Total Care, we are committed to whole health. That means we focus on individuals, helping to ensure every person receives the support and services that fit his or her needs.

We focus on integrating physical, social and behavioral health—all while empowering our members through additional resources and support. By working together with families, guardians, caregivers, advocacy groups and providers, we can improve access to community-based support and quality of life and, as a result, improve physical and behavioral health outcomes.

We know that clinical care addresses only part of a person’s needs. Our whole health approach means we get to know our members individually, so we can tailor our full portfolio of support to each individual.



Join Arkansas Total Care

If you are currently contracted with Arkansas Health & Wellness and see Ambetter or Allwell members, you will be receiving a contract amendment that will give you an opportunity to participate in the Arkansas Total Care PASSE.

If you are not currently contracted with Arkansas Health & Wellness, we will be sending you a contract for your review. You may also contact us directly by calling: 1-800-294-3557.



About Arkansas Total Care

Arkansas Total Care is a newly-formed partnership between Arkansas Health and, Mercy Health & Lifeshare, Inc.

Mercy Health – Mercy operates 7 acute care, specialty care and critical access hospitals in Arkansas, as well as neighboring states including Kansas, Missouri and Oklahoma. Mercy provides primary and physical health services as well as behavioral health and pharmacy services.

LifeShare – A licensed IDD and community-based provider in Arkansas, supporting people with Intellectual and Developmental Disabilities and other people with complex needs. For more than 20 years, LifeShare has created person-centered, empowering programs and now works with other providers in managed care settings to collaboratively build programs that empower the lives of the people we collectively support.

Arkansas Health & Wellness - Arkansas Health & Wellness currently offers both Ambetter (a health insurance marketplace plan) and Allwell (a Medicare Advantage plan) locally, in Arkansas. Arkansas Health & Wellness has a history of providing products and services for under/uninsured populations, employers and the self-employed groups. Through its corporate parent Centene, Arkansas Health & Wellness also has over 30 years of experience supporting the community and those covered by Medicaid including people with IDD and Behavioral Health needs.





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Helping Arkansas Live Better

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