



arkansas
total care™

Arkansas Total Care Member Handbook

2018



ArkansasTotalCare.com

1-866-282-6280

TDD/TTY: 711

Statement of Non-Discrimination

Arkansas Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arkansas Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Arkansas Total Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Arkansas Total Care at 1-866-282-6280 or TDD/TTY: 711.

If you believe that Arkansas Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Arkansas Total Care Quality Department, Arkansas Total Care, P.O. Box 25010, Little Rock, Arkansas 72221, 1-866-282-6280 or TDD/TTY: 711.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Arkansas Total Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Other Formats Available

The information in this booklet is about your Arkansas Total Care services. If you need information in a different language, please call Member Services at 1-866-282-6280 or TDD/TTY: 711 so we can assist you.

Language Assistance:

Spanish:

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Arkansas Total Care tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-282-6280 or TDD/TTY: 711.

Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Arkansas Total Care, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-282-6280 or TDD/TTY: 711.

Marshallese:

Ñe kwe, ak bar juon eo kwōj jipañe, ewōr an kajitōk kōn Arkansas Total Care, ewōr aṃ jimwe in bōk jipañ im melele ko ilo kajin eo aṃ ejjelōk wōṇāān. Ñan kōnono ippān juon ri-ukōk, kirlōk 1-866-282-6280 TDD/TTY: 711.

Chinese:

如果您，或是您正在協助的對象，有關於 Arkansas Total Care 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-866-282-6280 or TDD/TTY: 711.

Laotian:

ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີ ຄຳຖາມກ່ຽວກັບ Arkansas Total Care, ທ່ານ ສິດທິ ທ່ານ ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນຂ່າວສານ ທ່ານ ບໍ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໂທຫາ 1-866-282-6280 or TDD/TTY: 711.

Tagalog:

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Arkansas Total Care, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-282-6280 or TDD/TTY: 711.

Arabic:

لوصلح لاي قحلا كيديل ، Arkansas Total Care لوح قلىئسأ مدعاست صخش ىدل وأ كيديل ناك اذا
ب لصلتا مچرتم عم ثدحتلل .ققلكت قىأ نود نم ككتغلب قىرورضلالتامولعمل او قدعاسملا ىلع
1-866-282-6280 or TDD/TTY: 711.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zu Arkansas Total Care hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-282-6280 or TDD/TTY: 711.

French:

Si vous-même ou une personne que vous aidez avez des questions à propos Arkansas Total Care, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-866-282-6280 or TDD/TTY: 711.

Hmong:

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Arkansas Total Care, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-866-282-6280 or TDD/TTY: 711.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Arkansas Total Care에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-282-6280 or TDD/TTY: 711 로 전화하십시오.

Portuguese:

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Arkansas Total Care, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-866-282-6280 or TDD/TTY: 711.

Japanese:

Arkansas Total Care について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-866-282-6280 or TDD/TTY: 711 までお電話ください。

Hindi:

आप या जिसकी आप मदद कर रहे हैं उनके, Arkansas Total Care के बारे में कोई सवाल हों, तो आपको बबना ककसी खर्च के अपनी भाषा में मदद और िानकारी प्राप्त करने का अधिकार है। ककसी दुभाषणये से बात करने के ललए 1-866-282-6280 or TDD/TTY: 711 पर कॉल करें।

Gujarati:

જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને Arkansas Total Care વલશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વલના તમારી ભાષામાં મદદ અને માહતી પ્રાપ્ત કરવાનો અવિકાર છે. દુભાવણયા સાથે વાત કરવા માટે 1-866-282-6280 or TDD/TTY: 711

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WELCOME & RESOURCES

Welcome to Arkansas Total Care. Arkansas Total Care (ARTC) is committed to providing whole health solutions for people with intellectual and developmental disabilities (IDD) and behavioral health (BH) needs. Our unique, person-centered approach ensures each individual receives comprehensive care coordination tailored specifically for them. With over 20 years of experience, the partners at Arkansas Total Care provide support services that collectively create healthier, happier individuals – ultimately improving their overall quality of life.

The Provider-led Arkansas Shared Savings Entity (PASSE) is a new model of organized care that will address the needs of certain Medicaid beneficiaries who have complex behavioral health and intellectual and developmental disabilities service needs. 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. Together, these groups of providers and their managed care partners will form a new business organization called a PASSE.

The purpose of the PASSE is:

- To improve the health of Arkansans who have need of intensive levels of specialized care due to mental health, intellectual or developmental disabilities.
- To link providers of physical health care with providers of behavioral health care and services for individuals with developmental disabilities.
- To coordinate care for all community-based services for individuals with intensive levels of specialized care needs.

ARTC is a health plan that gives you choices – from choosing your primary care provider (PCP), to participating in special programs that help you stay healthy. Visit our website at www.ArkansasTotalCare.com for more information and services.

MEMBER HANDBOOK

The Member Handbook is a detailed guide to ARTC and your Care Coordination services. The Member Handbook explains your rights, your benefits, and your responsibilities as a member of Arkansas Total Care. Please read this booklet carefully. ARTC will provide notice of any significant change in the information specified in this Member Handbook, at least thirty (30) days before the intended effective date of the change.

Call Member Services at 1-866-282-6280 or TDD/TTY: 711 to receive an additional copy of the Member Handbook at no charge. You may also visit our website at www.ArkansasTotalCare.com to view the Member Handbook online.

ARTC WEBSITE

www.ArkansasTotalCare.com

ARTC's website helps you get answers. Our website has resources and features that make it easy for you to get quality care. It also gives you information on your ARTC benefits and services such as:

- Member Handbook
- Current news and events
- Online form submission
- ARTC programs and services

HOW YOUR CARE COORDINATION PLAN WORKS

As one of our Members who is receiving intellectual and developmental disabilities and behavioral health, you have been assigned a Care Coordinator who will work with you and your providers. Your Care Coordinator will be your primary point of contact with Arkansas Total Care.

Your Care Coordinator will be reaching out to you for an introduction within the first 15 days after you are assigned to us by Arkansas Medicaid. Your Care Coordinator will also contact you to arrange a time to meet with you in person. During the initial meeting, the Care Coordinator will complete a health and service assessment with you and provide you with a copy of your current services plan.

Care Coordinators can help you with the following:

- 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
- 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
- File grievances and appeals
- Get interpretation services
- Finding a doctor or specialist
- Report a potential fraud issue

- Getting a copy of member materials, including materials in another language or format
- Transportation services
- Creating behavioral health treatment, nutrition, housing, work, justice system-related, or child welfare plan

CONTACTING YOUR CARE COORDINATOR

You may contact your Care Coordinator using the information provided in your welcome letter, or you may call our Member Services number at 1-866-282-6280 or TDD/TTY: 711 and ask to speak with your Care Coordinator.

How to Contact Us:

Hours of Operation 8:00 a.m. to 5:00 p.m. Central Standard Time

Arkansas Total Care
P.O. Box 25010
Little Rock, AR 72221

By phone at 1-866-282-6280 or TDD/TTY: 711
By email at members@ArkansasTotalCare.com

After Hours

After hours services are available at all times when the Call Center is closed, including after normal business hours, weekends, holidays, and for unplanned telephone outages.

Call Member Services at: 1-866-282-6280 or TDD/TTY: 711 after hours, and you will be routed to our Nurse Response Line. Our Nurse Response Line is staffed with nurses 24/7.

After hours services include, but may not be limited to:

- Emergency assessment and referral for enrollees in crisis.
- Assistance with determining the appropriate level of care in accordance with clinical criteria, as applicable.

Your Care Assessment

Your Care Coordinator will complete the Arkansas Total Care assessment with you. They will then meet with you to discuss your home and community based services plan. Together, we will develop an integrated service plan that identifies all of the services you need and from which providers you will access them.

Arkansas Total Care will review all of the services you receive within our plan, help identify any gaps in services, and consider approving additional or different types of services based upon individual need.

Arkansas Total Care has Care Coordinators who specialize in behavioral health and physical health. We will be able to assign Care Coordination based upon primary need and assist with the development of behavior and physical health care plans for persons who have higher risk needs. We also have clinical professionals such as physicians, pharmacists, psychiatrists, nurses, and behavioral health professionals who can complete care reviews and make recommendations if you are facing a complex care need. We can provide you with recommendations and consult with your providers.

Changing your Care Coordinator

To change your Care Coordinator, you may contact our Member Services at 1-866-282-6280.

QUALITY IMPROVEMENT (QI)

ARTC is committed to providing quality healthcare for you. Our primary goal is to improve your health and help you manage any illness or disability. To help promote safe, reliable, and quality healthcare, our programs include:

- Monitoring the access that ARTC members have to all types of healthcare services;
- Providing programs and educational items about general healthcare and specific diseases;
- Sending reminders about annual tests, such as an adult physical, treatments like a flu shot, or prevention screenings for cervical or breast cancer.
- Investigating your concerns regarding the healthcare you have received.

If you have a concern about the care you received from your doctor or any service provided by ARTC, you can file a grievance* verbally by calling 1-866-282-6280 or TDD/TTY: 711 or submit your grievance in writing to:

Arkansas Total Care
Attn: Grievance Coordinator
P.O. Box 25010
Little Rock, Arkansas 72221

You may also fax in your grievance to 1-844-277-5214. You will need to include the following information:

- Your first and last name
- Your Medicaid ID number
- Your address and telephone number
- What you are unhappy with
- What you would like to have happen

ARTC believes that getting input from members like you can help make the services and quality of our programs better. We conduct a member survey each year that asks questions about your experience with the healthcare and services you are receiving. If you receive one of our member surveys, please be sure to fill out the survey and help us better serve you. If you would like a copy of our Quality Assessment and Performance Improvement (QAPI) plan, please contact us and we will provide one to you.

*For more information see the Grievances & Appeals section of this handbook.

NURSE RESPONSE LINE

The Nurse Response Line is a free health information phone line that is ready to answer your health questions 24 hours a day – every day of the year. The registered nurses answering the calls have spent a lot of time caring for people and are ready and eager to help you.

The services listed below are available by calling 1-866-282-6280 or TDD/TTY: 711:

- Medical advice
- Health information library
- Answers to questions about your health
- Advice about a sick child
- Help with scheduling PCP appointments
- Translation services

Sometimes you may not be sure if you need to go to the emergency room (ER). Call the Nurse Response Line. They can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest ER.

BENEFIT AND ELIGIBILITY INFORMATION

To be a member of ARTC, you must be eligible for the Arkansas Medicaid program. Eligibility is determined through enrollment and attribution by the State of Arkansas, not by Arkansas Total Care.

Covered Services

For information regarding your Medicaid benefits and covered services, you can call the Medical Assistance (Medicaid) Office at: 1-800-482-8988, or visit the Arkansas Medicaid website: <https://www.medicaid.state.ar.us/consumer/covered.aspx>

Fees for Services

You may have to pay some fees when you receive services through Arkansas Medicaid. For more information regarding any fees or charges you may incur, you can call Medicaid at 1-800-482-8988 or view the Arkansas Medicaid Handbook:

<https://www.medicaid.state.ar.us/Download/consumer/MedicaidHandbook.pdf>

You should continue to contact Arkansas Medicaid for all services you receive through Arkansas Medicaid at: 1-800-482-8988.

Major Life Changes

Life changes might affect your eligibility with the state. If you have a major change in your life, please contact the Arkansas Medicaid at 1-800-482-8988 within 10 days. It is important to report these changes. You should also contact Arkansas Total Care Member Services at 1-866-282-6280 or TDD/TTY: 711 to let us know about the change. Some examples of major life changes are:

- A change in your name
- A change in your job/income
- A change in family size
- Moving to a different address
- Moving to a new county or out of state
- Pregnancy

PRIMARY CARE PROVIDER (PCP)

What is a PCP?

When you enroll in ARTC, you must choose a primary care provider (PCP). Your PCP is a doctor you see on a regular basis to take care of your medical needs. Make an appointment with your PCP in the first 90 days of becoming a member, even if you are not sick. You should receive all of your basic medical care from your PCP. You can call your PCP when you are sick and do not know what to do. Seeing your doctor for regular check-ups helps you find health problems early. This can help prevent going to the emergency room.

If you have never seen your PCP, as soon as you join ARTC you should call your PCP. Introduce yourself as a new member, and make an appointment in the first 90 days for a preventive visit. It is best to not wait until you are sick to meet your doctor for the first time. Be sure the doctor name on your ARTC ID card is the doctor you are seeing for your check-ups.

Three easy steps to establish a PCP relationship:

1. Choose a doctor. You will be able to switch to a different doctor during our new member welcome call, or you can call Member Services 1-866-282-6280 or TDD/TTY: 711.
2. Make an appointment with your doctor if you have not seen one in the last 12 months.
3. Talk to your doctor about any health problems you are having.

PCP Responsibilities

Your PCP will:

- Make sure that you get all medically necessary services in a timely manner.
- Follow-up on the care you get from other medical providers.
- Take care of referrals for specialty care and services offered.
- Provide any ongoing care you need.
- Update your medical record, including keeping track of all the care you get with your PCP and specialists.
- Provide services in the same manner for all patients.
- Give you regular physical exams.
- Provide preventive care.
- Give you regular immunizations.
- Make sure you can contact him/her or another doctor at all times.
- Discuss what advance directives are and file the advance directives appropriately in your medical record.

Changing your PCP

You may change your PCP at any time if:

- Your PCP is no longer in your area.
- You are not satisfied with your PCP's services.
- The PCP does not provide the services you seek because of religious or moral reasons.
- You want the same PCP as other family members.

You must notify us when you change your PCP. Please call Member Services at 1-866-282-6280 or TDD/TTY: 711 to let us know if you have changed your PCP.

Making an Appointment with Your PCP

Once you have selected a PCP, make an appointment to meet with your doctor annually or within 90 days if you have not been to the doctor within the last year. This will give you and your doctor a chance to get to know each other. Your doctor can give you medical care, advice, and information about your health.

Call your PCP's office to make an appointment. Remember to take your Medicaid card with you every time you go to the doctor's office.

If you have difficulty getting an appointment to see your doctor, please call your Care Coordinator at 1-866-282-6280 and enter your extension or TDD/TTY: 711.

After Hours Appointments with Your PCP

You can call your PCP's office for information on receiving after hours care in your area. If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call your Care Coordinator or the Nurse Advice Line. Nurse Response Line is ARTC's 24-hour medical assistance line. You will speak to a nurse. If you have an emergency, call 911 or go to the nearest ER.

IMPORTANT: If you cannot keep an appointment, please call the doctor's office as a courtesy to cancel at least 24-hours in advance. If you need to change an appointment, call the doctor's office as soon as possible. They can make a new appointment for you. If you need help getting an appointment, call your Care Coordinator at 1-866-282-6280 and enter your extension or TDD/TTY: 711. If you arranged transportation for an appointment that you cannot keep, also cancel your transportation by calling 1-866-282-6280 or TDD/TTY: 711.

EMERGENCY SERVICES

Urgent Care

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. It is usually not life threatening, yet you cannot wait for a visit to your PCP.

Please call your Care Coordinator and let them know if you have visited an Urgent Care Center or ER.

Only go to the emergency room if your doctor tells you to go or you have a life-threatening emergency. When you need urgent care, follow these steps:

- Call your PCP. Your PCP may give you care and directions over the phone.
- If it is after hours and you cannot reach your PCP, call the Nurse Response Line at 1-866-282-6280 or TDD/TTY: 711. You will be connected to a nurse.

When to go to the ER

- Gun or knife wounds
- Bleeding that will not stop
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burns
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Sudden inability to see, move or speak
- Severe dental pain or swelling
- If you are pregnant, in labor and/or bleeding
- If you feel like you are going to harm yourself or harm others

When NOT to go to the ER

- Flu, colds, sore throats, and earaches
- A sprain or strain
- A cut or scrape not requiring stitches
- To get more medicine or have a prescription filled

MEMBER SATISFACTION

We hope you will always be happy with us. If you are not happy, please let us know. ARTC has steps for handling any problems you may have. ARTC offers all of our members the following processes to achieve member satisfaction:

- Grievance Process
- Appeal Process
- State Fair Hearing

ARTC keeps records of each grievance and appeal filed by our members or by their authorized representatives. ARTC also keeps records of the responses to each grievance and appeal. These are kept for a minimum of ten years.

CONSUMER ADVISORY COUNCIL

We need your help! Members can help ARTC with the quality of our services. We have a Consumer Advisory Council that gives members like you a chance to share your input with us. At the meetings, you can give your thoughts and ideas on how services are provided.

The group meets several times a year. We may ask members, parents/foster parents, guardians of children who are members, member advocates and ARTC staff to join in the meeting. This gives you a chance to talk about your concerns with a variety of people and be a part of the solution.

As a member you can:

- Have the opportunity to better understand why decisions are made and to ask questions;
- Understand how those changes will directly affect your family and others just like you;
- Share your experiences as an Arkansas Total Care member and tell us how we are doing;
- Be a part of the group that requests and respects member input.

GRIEVANCE & APPEALS

Grievance Process

Arkansas Total Care wants to fully resolve your problems or concerns. A grievance is any complaint or dispute, other than an organization determination, that expresses dissatisfaction with the manner in which ARTC provides health care services. For example, the member would file a grievance if they had a problem with things such as:

- The quality of care
- The ability to reach someone by phone
- The ease of getting the information they need.

ARTC will not treat you differently if you file a grievance. Filing a grievance will not affect your healthcare services. For ARTC to completely review your concern, please provide:

- Your first and last name
- Medicaid ID
- Phone number where we can reach you
- What you are unhappy with
- What you would like to happen when contacting us to file a grievance

The member, member's authorized representative, or member's provider may file a grievance orally or in writing within 45 days from the date of the action. Your grievance will be acknowledged in writing within *10 business days* of receipt of the grievance. ARTC will assist you in completing the necessary forms to file a grievance. This includes, but is not limited to, providing interpreter services telephone assistance.

Acknowledgement of your oral grievance will be sent in writing by your Care Coordinator *within 10 business days* of receipt of the grievance. Written correspondences regarding grievances will be forwarded to your Care Coordinator the same business day.

Your Coordinator will research and gather supporting documentation regarding your grievance, and may ask for additional information which includes requesting information from the provider office and/or reviewing your care plan activity

Grievance Timeline

Grievances will be resolved in a timely manner that is appropriate for the complexity of the grievance. Most grievances should be resolved within *ten (10) business days* of receipt, or sooner, but shall not exceed *thirty (30) calendar days* from the day we receive the initial oral or written grievance request.

ARTC will notify you of the grievance resolution in writing *within two (2) business days* of the resolution not to exceed the total resolution timeframe (i.e. 30 days). The notice of resolution shall include the results of the resolution process, the date it was completed, and further appeal rights, if any.

Where to Send your Grievance

To file a grievance, please contact us at:

Arkansas Total Care Quality Department
P.O. Box 25010
Little Rock, Arkansas 72221
Phone: 1-866-282-6280 or TDD/TTY: 711

Appeal Process

An appeal of an action is a request for ARTC to review the action of concern, existing or additional documentation, and make an appeal decision. You can request this review by phone or in writing. You may not appeal to ARTC in regards to a payment issue for a provider.

If Arkansas Medicaid refuses to pay for a service, you will get a letter telling you so. If you disagree with the decision, you can appeal the decision and have a hearing before an Arkansas Department of Human Services hearing officer.

Your request for appeal must go to the DHS Office of Appeals and Hearings. It is very helpful if you also send to the Office of Appeals and Hearings a copy of the letter you got from DHS telling you that payment for a service has been denied.

You have 30 days from the date on your letter to request an appeal. Your request for an appeal hearing will be denied if the Office of Appeals and Hearings does not get your appeal request within 30 days of the date of the Medicaid letter notifying you that a service has been denied.

Send your request for an appeal to:

DHS Office of Appeals and Hearings
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437
Phone 501-682-8622
Fax 501-404-4628

MEMBER RIGHTS & RESPONSIBILITIES

Members are informed of their rights and responsibilities through the Member Handbook. ARTC network providers are also expected to respect and honor member's rights.

ARTC members have the following rights:

- Receive information in accordance with [§ 438.10](#), which includes, but is not limited to:
 - An oral interpretation in all languages and written translation available in each prevalent non-English language, including written materials with taglines in the prevalent non-English languages in Arkansas (as identified on the first page of this handbook).
 - Large print availability of explaining written translations or oral interpretation to understand the information provided.
 - Written materials that are critical to obtaining services, including this member handbook, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages in Arkansas.
 - Written materials must also be made available in alternative formats upon request at no cost.
 - Auxiliary aids and services available upon request at no cost.
 - Written materials including taglines in the prevalent non-English languages in Arkansas, as well as large print, of written translation or oral interpretation (large print printed in a font size no smaller than 18 point).
 - Interpretation services available, free of charge, including oral interpretation and the use of auxiliary aids such as TTY/TDY and American Sign Language.
- All written materials will:
 - Use easily understood language and format.
 - Use a font size no smaller than 12 point.
 - Be available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration those with special needs, disabilities, or limited English proficiency.
 - Include a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats. Large print means printed in a font size no smaller than 18 point.
- To be treated with respect and with due consideration for his or her dignity and privacy.

- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand.
- Participate in decisions regarding his or her health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
- The right to request and receive a copy of your medical records, and to request that they be amended or corrected.
- The right to exercise your rights without ARTC treating you adversely.
- The right to be provided written notice of a change in your care coordination provider within seven (7) calendar days.
- The right to a Member Handbook and referral network directory within a reasonable amount of time after attribution.

ARTC members have the following responsibilities:

- To be familiar with ARTC procedures to the best of their abilities.
- To contact ARTC to get information and have questions answered.
- To give providers accurate and complete medical information.
- To follow care prescribed by the provider or to let the provider know why treatment cannot be followed, as soon as possible.
- To keep appointments and follow-up appointments.
- To access preventive care services.
- To live healthy lifestyles and avoid behaviors known to be harmful.
- To understand their health problems and participate in developing mutually agreed- upon treatment goals, to the degree possible.
- To give accurate and complete information needed for care to ARTC and all their health care and support providers.
- To make their primary care provider aware of all other providers who are treating them. This is to ensure communication and coordination in care. This also includes behavioral health providers.
- To ask questions of providers to learn the risks, benefits, and costs of treatment options. To make care decisions after carefully weighing all factors.
- To follow ARTC's grievance process outlined in this Member Handbook if there is a disagreement with a provider.
- To choose a primary care provider (PCP).
- To treat providers and staff with dignity and respect.

PROTECTING YOUR PRIVACY

Notice of Privacy Practices.

Interpreter services are provided free of charge to you.

For help to translate or understand this, please call 1-866-282-6280 or TDD/TTY: 711.
Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.
1-866-282-6280 or TDD/TTY: 711.

Covered Entities Duties:

Arkansas Total Care is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Arkansas Total Care is required by law to keep the privacy of your protected health information (PHI). We must give you this Notice. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current notice. We must let you know if there is a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It describes your rights to access, change and manage your PHI. It also says how to use rights. Arkansas Total Care can change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have. We can also make it effective for any of your PHI we get in the future. Arkansas Total Care will promptly update and get you this Notice whenever there is a material change to the following stated in the notice. Updated notices will be on our website and in our Member Handbook. We will also mail you or email you a copy on request.

Uses and Disclosures of your PHI:

Arkansas Total Care protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for business reasons with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Internal Protections of Oral, Written and Electronic PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- Treatment – We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. We do this to coordinate your treatment among providers.
- Payment – We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider, or other entity. This is subject to the Federal Privacy Rules. Payment activities may include:
 - Processing claims
 - Determining eligibility or coverage for claims
 - Issuing premium billings
 - Reviewing services for medical necessity
 - Performing utilization review of claims.
- Healthcare Operations – We may use and disclose your PHI to perform our healthcare operations. These activities may include:
 - Providing Member Services
 - Responding to complaints and appeals
 - Conducting medical review of claims and other quality assessment and improvement activities
 - Providing case management and care coordination.

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the Federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- Qualifying assessment and improvement activities
 - Reviewing the competence or qualifications of healthcare professionals
 - Detecting or preventing healthcare fraud and abuse
 - Case management and care coordination
- Appointment Reminders/Treatment
 - Alternatives – We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, information on how to stop smoking or lose weight.
 - As Required by Law – If federal, state, and/ or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information. We do this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other laws or regulations that

conflict. If this happens, we will comply with the more restrictive laws or regulations.

- Public Health Activities – We may disclose your PHI to a public health authority to prevent or control disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA). We may do this to ensure the quality, safety, or effectiveness of products or services under the control of the FDA.
- Victims of Abuse and Neglect – We may disclose your PHI to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect, or domestic violence.
- Judicial and Administrative Proceedings - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - An order of a court
 - Administrative tribunal
 - Subpoena
 - Summons
 - Warrant
 - Discovery request
 - Similar legal request.
- Law Enforcement – We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
 - Court order
 - Court-ordered warrant
 - Summons issued by a judicial officer
 - Subpoena
 - Grand jury subpoena.

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

- Coroners, Medical Examiners and Funeral Directors – We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, to carry out their duties.
- Organ, Eye and Tissue Donation – We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking, or transplantation of:
 - Cadaveric organs
 - Eyes
 - Tissues

- Threats to Health and Safety – We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats to the health or safety of a person or the public.
- Specialized Government Functions – If you are a member of the U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
 - To authorized federal officials for national security
 - To intelligence activities
 - To Department of State for medical suitability determinations
 - For protective services of the President or other authorized persons.
- Workers' Compensation – We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law. These are programs that provide benefits for work-related injuries or illness without regard to fault.
- Emergency Situations – We may disclose your PHI in an emergency situation, or if you are unable to respond or not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and experience to decide if the disclosure is in your best interest. If it is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- Research – In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your PHI.

Verbal Agreement to Uses and Disclosure of Your PHI

We can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close personal friends, or any other person you identify. You can object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure. We will limit the use or disclosure of your PHI in these cases. We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

We can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. We can give it to an authorized disaster relief entity. We will limit the use or disclosure of your PHI in these cases. It will be limited to notifying a family member, personal representative, or other person responsible for your care of your location, and general condition. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure of your PHI.

Your Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

- **Right to Request Restrictions** – You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment, or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** – You have the right to ask that we communicate with you about your PHI in other ways or locations. This right only applies if the information could endanger you if it is not communicated in other ways or locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where you, PHI should be delivered.
- **Right to Access and Receive a Copy of your PHI** – You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may ask that we give copies in a format other than photocopies. We will use the format you ask for unless we cannot practically do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.
- **Right to Change Your PHI** – You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, if we did not create the information you want changed and the creator of the PHI is able to perform the change. If we deny your request, we will provide you a written explanation.
- You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you ask that we change. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also

make the effort to include the changes in any future disclosures of that information.

- Right to Receive an Accounting of Disclosures – You have the right to get a list of times within the last *Six (6)* year period in which we or our business associates disclosed your PHI.

This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you ask for this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will give you more information on our fees at the time of your request.

- Right to File a Complaint – If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us. You can also do this by phone. Use the contact information at the end of this Notice. You can also submit a complaint to the U.S. Department of Health and Human Services (HHS). See the contact information on the HHS website at www.hhs.gov/ocr. If you request, we will provide you with the address to file a written complaint with HHS. **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**
- Right to Receive a Copy of this Notice – You may ask for a copy of our Notice at any time.

Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights, you can contact us in writing. You can also contact us by phone. Use the contact information listed below.

Arkansas Total Care
Attn: Privacy Official
Toll Free Phone Number 1-866-282-6280 or TDD/TTY: 711

Non-Discrimination Notice

Arkansas Total Care complies with applicable federal civil rights laws and does not discriminate on the basis of:

- Race
- Color
- National origin
- Age
- Disability
- Sex.

Arkansas Total Care does not exclude people or treat them differently because of:

- Race
- Color
- National origin
- Age
- Disability
- Sex.

Arkansas Total Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services, such as qualified interpreters and information written in other languages, to people whose primary language is not English.

If you need these services, contact Arkansas Total Care's Member Services at: 1-866-282-6280 or TDD/TTY: 711

If you believe that Arkansas Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Arkansas Total Care Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https:// ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or TDD: 1-800-537-7697

Glossary of Terms

Advance Directive: Anything you tell people about what you want for your healthcare in the event you are not able to tell them yourself. A living will is the most common advance directive with your PCP.

Appeal: A request to review a Notice of Action. A Notice of Action (NOA) is sent to a member when ARTC denies the care you want, decreases the amount of care, care that has already been approved by us in the past, or denies payment for care.

Authorization: A decision to approve special care or other medically necessary care. An authorization can also be called a “referral.”

Behavioral Health Services: Mental Health and Substance Use Disorder Services.

Continuity and Coordination of Care: Healthcare provided on a continuous basis beginning with the patient’s initial contact with a PCP and following the patient through all episodes. Care that is uninterrupted.

Eligible(s): A person whom has been determined eligible to receive services as provided for in the State Medicaid Plan.

Emergency Care: When you have an injury or illness that must be treated immediately or is life threatening for children through the month of their 21st birthday.

Grievance: An expression of dissatisfaction about any matter other than an action.

Home Healthcare: Full range of medical and other health-related services that are delivered in the home of a medically home bound patient by a healthcare professional.

Immunizations: Necessary shots to protect your child from life threatening diseases.

Inpatient: When you are admitted into a hospital.

Medicaid: The medical assistance program authorized by Title XIX of the Social Security Act.

Medicaid ID Card: Identification card – a card that identifies you as part of the Arkansas Medicaid program. If you are an ARTC member, your ID card will be issued by Arkansas Medicaid.

Medical Necessity: This means that a health intervention is an otherwise covered category of service, is not specifically excluded from coverage, and is medically necessary, according to all of the following criteria:

- a. “Authority”. The health intervention is recommended by the treating physician and is determined to be necessary.
- b. “Purpose”. The health intervention has the purpose of treating a medical condition.
- c. “Scope”. The health intervention provides the most appropriate supply or level of service, considering potential benefits and harms to the patient.
- d. “Evidence”. The health intervention is known to be effective in improving health outcomes. For new interventions, effectiveness shall be determined by scientific evidence as provided herein.
- e. “Value”. The health intervention is cost-effective for this condition compared to alternative interventions, including no intervention. “Cost-effective” shall not necessarily be construed to mean lowest price. An intervention may be medically indicated and yet not be a covered benefit or meet this regulation’s definition of medical necessity.

Interventions that do not meet this regulation’s definition of medical necessity may be covered. An intervention shall be considered cost effective if the benefits and harms relative to costs represent an economically efficient use of resources for patients with this condition. In the application of this criterion to an individual case, the characteristics of the individual patient shall be determinative.

“Effective” means that the intervention can be reasonably expected to produce the intended results and to have expected benefits that outweigh potential harmful effects.

Member: A person receives services from ARTC as defined by the State of Arkansas.

Notice of Action: written document that includes action planned, reason for planned action, policy, regulation or statute supporting action; explains member rights to expedited or standard appeal, State Fair Hearing; how to request those, and how to request continued services during appeal or State Fair Hearing

Outpatient: When you have a procedure done that does not require admission into a hospital.

Prescription Drugs: Any medication that cannot be purchased over the counter and must have written request from your doctor for you to have it.

Protected Health Information (PHI): Health information that identifies an individual.

Provider: A physician, hospital or any other person licensed or authorized to provide healthcare services.

Provider Directory: A list of providers participating with ARTC.

Primary Care Provider (PCP): The provider who serves as the entry point into the healthcare system for the member. The PCP provides primary care, coordination and

monitoring of referrals to specialist care, authorized hospital services and maintains the continuity of care.

Referral: The process by which the member's PCP directs him/her to seek and obtain medically necessary, covered services from another healthcare professional.

Specialist: A doctor that has specific detailed training in one certain medical field.

Termination: The member's loss of eligibility for the Arkansas Medicaid program and therefore automatic disenrollment from ARTC.

Treatment: The care that you may receive from doctors and facilities.

Urgent care: When you have an injury or illness that must be treated within 24 hours. It is not life threatening.