



PASSE/ BEHAVIORAL HEALTH

OCTOBER 17, 2019

AGENDA

- Submission of Claims – PASSE disenrollment foe to loss of Medicaid Eligibility
- Determining Medicaid Eligibility
- Medicaid Provider Enrollment/PASSE claims Submission
- Reassessments and Disenrollment



MEDICAID ELIGIBILITY GAP PASSE DISENROLLMENT: HOW TO SUBMIT CLAIMS

OCTOBER 17, 2019

PASSE MEMBERS ARE DISENROLLED

- When they lose Medicaid eligibility
- When they receive a Tier 1 score at the time of their reassessment
- When they do not receive an Independent re-Assessment and the IA expires
- When a family member contacts the PASSE Ombudsman and reports that their child no longer needs Home and Community Based or any BH service and asks that their IA be ended before reassessment

GAP CLAIMS PROCESS

- Claims for services can only be submitted for members who were disenrolled from PASSE due to loss of Medicaid eligibility.

DEFINITIONS:

- **Loss of Medicaid Eligibility:** temporary loss of Medicaid eligibility due to one of the following reason:
 - Failure for submit required documentation for continued eligibility
 - Social Security Administration loss of contact (failure to update address and contact information with SSA)
 - Change in custodian (For example: DCFS, DYS, adoption, etc.)
 - Residential Admission for those on Social Security who lose benefits during the residential stay
 - Beneficiary is incarcerated (Jail, Division of Youth Services, Juvenile Detention)

DEFINITIONS:

- **Counseling Services:** Services covered under the Outpatient Behavioral Health Services Medicaid Manual (Fee for Service)
- **Home and Community Based Services:** Paraprofessional services covered only under the PASSE
- **PCP Referral:** Not required for those beneficiaries who have an active (Not expired) Independent Assessment with a Tier 2 or Tier 3 determination.

GAP COVERAGE OF COUNSELING AND HOME AND COMMUNITY BASED SERVICES

PCP referral is not required.

Beneficiary loses Medicaid eligibility

HCBS Services covered for a maximum of 30 days effective 09/01/19

Counseling Services

Home and Community Based Services

Services are provided under the OBHS FFS Counseling program up to the benefits limit.

PASSE Authorization for services

Request EOB through EQ health when benefit limits have been exhausted.

Claims are submitted directly to Medicaid.

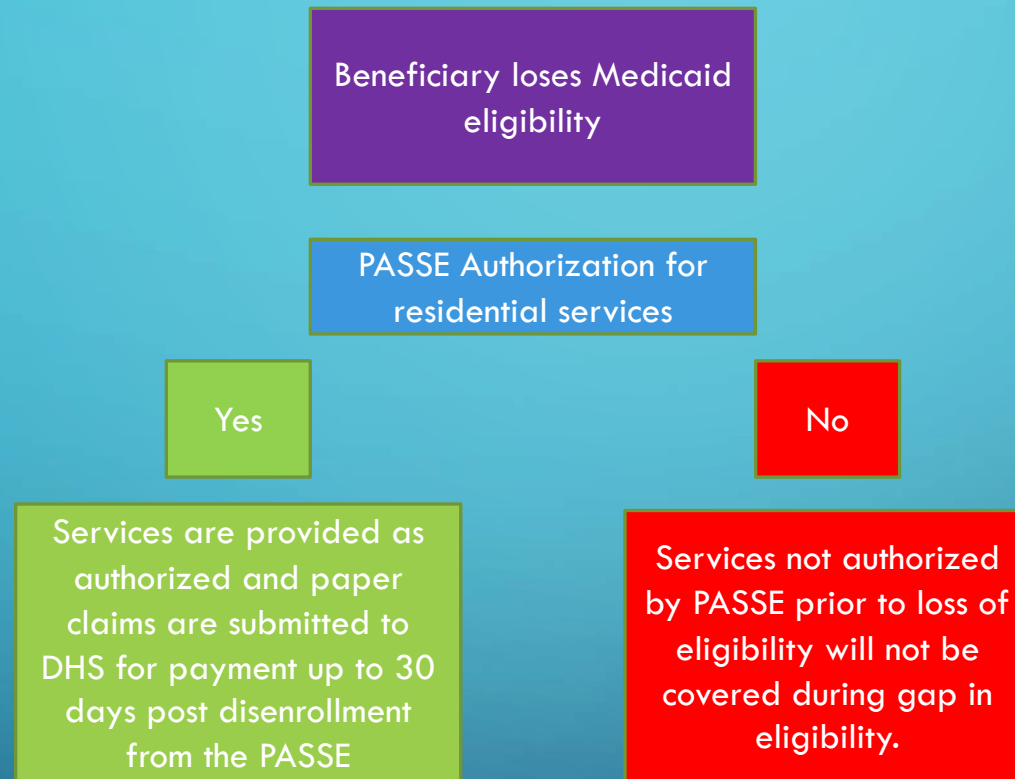
Yes

No

Services are provided as authorized and paper claims are submitted to DHS for payment.

Services not authorized by PASSE prior to loss of eligibility will not be covered during gap in eligibility.

GAP COVERAGE OF RESIDENTIAL TREATMENT SERVICES



DOCUMENTATION REQUIRED FOR SUBMISSION OF PAPER CLAIMS

- Documentation of authorization for services
- Copy of Medicaid Application
- Paper claims Form UB-04 for Inpatient Stays
- Paper claims Form 1500 for Home and Community Based Services
- Documentation supporting service provided.

WHERE TO SEND DOCUMENTATION

Please follow the process below to submit paper claims :

- Email required documents to DMS.PASSEGAP@DHS.ARKANSAS.GOV
and
- Mail the following items to the address provided below:
 - *Original redline claim form
 - *Supporting documentation
 - *Contact name/email address to confirm receipt of packet

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- Indicate on the subject line whether this is an outpatient or residential request.
- Include Member Medicaid ID and not their unique PASSE ID
- The Payer is Arkansas Medicaid and not the PASSE

ELIGIBILITY VERIFICATION

- It is the responsibility of the provider to verify PASSE and Medicaid eligibility prior to the provision of services.
- When checking eligibility, please use the date of service rather than a range of dates to ensure current information.

PASSE MEMBER DISENROLLMENT DUE EXPIRATION OF TIER DETERMINATION

- This process may not be utilized and claims will not be paid for periods when there has been loss of PASSE eligibility due to the expiration of the Independent Assessment.
- This process may not be utilized and claims will not be paid for periods prior to the member being active with the PASSE. (Time period post assessment and prior to the PASSE assuming responsibility for care.)



PROVIDER ENROLLMENT AND PASSE PAYMENT

PROVIDER ENROLLMENT AND PASSE PAYMENT

- Providers

- New provider become certified by DPSAQ first and complete Medicaid provider enrollment
- The PASSE can only accept claims and pay for services after the provider Medicaid enrollment date
- The PASSE cannot accept claims and pay for services back to the date of certification