



PASSE PCP Questions and Answers

- 1.) **Question:** Will we receive Medicaid rates if we do not credential with the PASSE networks?

Response: The PASSE must comply with any applicable consent decrees impacting Arkansas Medicaid providers. Physicians are covered by the consent decree so existing Medicaid fee schedule for services must be honored and are not affected by network status. The PASSEs have informed DHS of the following benefits of enrolling with and becoming a participating provider (this is just a sampling of the benefits, as a provider you would need to discuss any benefits exclusively with each PASSE):

- Ability to utilize the provider portal to submit claims
- Potential requirement for all services provided by non-PAR providers to be prior authorized
- Quicker payment to provider that is PAR (EFT options for PAR providers)

- 2.) **Question:** As a PCP, if in 90 days we are out-of-network with the 3 PASSE entities, will we be able to provide services to our patients (that were regular Medicaid as their secondary insurance but have now been assigned to a PASSE) without any interruption of services occurring to our patients? Our patients are telling us that they are being told that they will no longer be allowed (able) to see us because they are in a PASSE.

Response: Those discussions should be with the PASSE entities themselves. While PASSEs can pay PCPs who are out-of-network at the existing Medicaid rate, the process for reimbursement and authorization of services for out-of-network providers are up to each PASSE. Each PASSE and their care coordinators will be working with their members to ensure that their needs are being met and that they have no interruption of services.

- 3.) **Question:** A Medicaid provider who decides not to enroll with a PASSE can still see the same Medicaid patients (who are now enrolled in the PASSE), file claims with the PASSE, and be paid at 100% of Medicaid? This is not what the PASSEs are saying.

Response: The PASSE Agreement ("Contract") requires that the PASSE must comply with any applicable consent decrees impacting Arkansas Medicaid providers. This does not guarantee that PASSE members will continue to receive care at a specific PCP's office. While PASSEs can pay providers who are out-of-network, the process for reimbursement and authorization of services for out-of-network providers are up to each PASSE.

- 4.) **Question:** [From the eblast](#), Paragraph 3 seems to say that Medicaid providers who do not enroll with the PASSE programs could be found to be discriminating against the PASSE enrolled patients if they do not continue seeing them. True? If they do not, they cannot charge the patient anything to be seen (meaning the PCP is required to see the patient for free?).

Response: This is saying that a provider cannot continue to serve FFS Medicaid clients as usual but require payment from the beneficiary for beneficiaries who are members of a PASSE. The PCP can bill and be reimbursed by the PASSE for services provided to PASSE clients, so they would not be seeing the client without reimbursement.

- 5.) **Question:** [From the eblast](#), the 5th paragraph seems to say that a Medicaid PCP may decline to see a PASSE patient by giving the patient a 30-day written notice and assistance transferring to another PCP. This would seem contradictory to the above.

Response: This is saying that prior to declining to see a PASSE member, the PCP must notify them 30 days in advance and provide assistance in transferring to another PCP before not seeing clients. As previously answered, reimbursement is available for services provided to PASSE members. If a PCP decides not to file a claim for reimbursement to the PASSE, that is a business decision, however, they must follow existing transition of care guidelines that apply to enrolled AR Medicaid providers as specified in the notice.

- 6.) **Question:** [From the eblast](#) - *Medicaid providers may decline to serve Medicaid clients, or may decline to serve additional Medicaid clients, but may not discriminate among Medicaid clients by continuing to serve non-PASSE Medicaid beneficiaries as usual but withholding services to PASSE members unless the member agrees to be a private pay patient.*

Does this mean that a Medicaid provider MUST see a PASSE beneficiary and if they choose not to continue with the PASSE, they cannot continue seeing traditional Medicaid patients?

Response: No, this means that a provider cannot require that PASSE members become private pay patients before providing services to PASSE members.

- 7.) **Question:** [From the eblast](#) - *In such circumstances, members are not freely choosing to be private pay patients, but rather, confront the dilemma of paying out-of-pocket or not be seen by their PCP. The Medicaid provider enrollment agreement permits charging patients only if the patient freely agrees to be seen as a private pay patient.*

If the beneficiary chooses to see the Medicaid provider as a private pay patient and the provider has a signed document stating the parent/beneficiary agrees, can the provider bill the patient as a self-pay / private pay patient?

Response: Yes, in accordance with § 132.000, C. of the Arkansas Medicaid Provider Manual, the beneficiary would be responsible for charges for services which the beneficiary has chosen to receive and agreed to pay for as a private pay patient. The above statement, however, is clarifying that providers cannot require PASSE members to become private pay clients to receive services.

- 8.) **Question:** [From the eblast](#) - *Charging the patient under threat of non-treatment or other influence violates that agreement.*

My contract agreement is with traditional Medicaid and not these new PASSE entities. I understand that these are Medicaid beneficiaries, but their services are being administered and

paid by someone other than who I am contracted with. Can you show me where in my provider agreement or Medicaid policy it states that I am violating that agreement? Am I required to see these patients although I have no plans of joining the PASSEs?

Response: You are enrolled as a Medicaid provider and are providing services to Medicaid beneficiaries which means you must adhere to your existing Medicaid provider contract. The agreement you sign with Arkansas Medicaid covers all Medicaid services you provide and Medicaid beneficiaries you provide services to. If you do not wish to continue seeing PASSE members, you must follow the appropriate notification requirements set forth in the Medicaid provider agreement and cannot require that PASSE members become private pay.

- 9.) **Question:** – [From the eblast](#) - *Medicaid enrolled providers may not charge a Medicaid beneficiary who is a PASSE member for a covered service simply because the provider has declined to join a PASSE network.*

I am not planning to join a network with the PASSE entities so why can't I decline to see them? They are no longer assigned to me as a Medicaid beneficiary. When I run eligibility, my name is no longer their PCP. The PASSE is listed as the responsible party.

Response: If you do not wish to continue seeing PASSE members, you must follow the appropriate notification requirements set forth in the Medicaid provider agreement and cannot require that PASSE members become private pay. Although when you run eligibility on the Medicaid side it may not show you as the beneficiary's PCP, you can still be their PCP under the PASSE model.