arkansas total care™

MEMBER HANDBOOK

2021

ARTC20-H-183

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Arkansas Total Care has a free service to help. This service is very important because you and your doctor must be able to talk about your medical or behavioral health concerns in a way you both can understand. Our interpreter services are provided at no cost to you and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. Arkansas Total Care members who are blind or visually impaired can call Member Services for an oral interpretation. Video or Telephone Relay interpretation services should call Member Services at 1-866-282-6280 (TTY: 711).

All materials are available for written or oral translation, in your language or alternative formats at no cost by calling 1-866-282-6280 (TTY: 711).

Reporting Abuse, Neglect or Exploitation

If you know or suspect that a member is experiencing any of the following, contact Child Protective Services at 1-800-482-5964 or Adult Protective Services at 1-800-482-8049. If the member is in danger, contact the police immediately at 911.

- Abuse
- Neglect
- Exploitation
- Child maltreatment
- Adult maltreatment

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 (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 the Arkansas Total Care Quality Department

By mail at: Arkansas Total Care
Quality Department
P.O. Box 25010,
Little Rock, Arkansas 72221

Or by phone at: 1-866-282-6280 (TTY: 711).

You can file a grievance with ARTC 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. To file a civil rights complaint, submit your complaint 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 (TTY: 1-800-537-7697)

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

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 (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 (TDD/TTY: 711).

Marshallese:
Ñe kwe, ak bar juon eo kwōj jipañe, ewōr an kajjitōk kōn Arkansas Total Care, ewōr aṃ jimwe in bōk jipañ im melele ko ilo kajin eo aṃ ejjeḷọk wōṇāān. Ñan kōnono ippān juon ri-ukōk, kirlọk 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 ຫ ◌ືຄົນທ ◌່ທ່ານກໍາລັງຊ່ວຍເຫ ◌ືອ ມ ຄໍາຖາມກ່ຽວກັບ Arkansas Total Care, ທ່ານມ ສິດທ ◌່ຈະໄດ້ຮັບການຊ່ວຍເຫ ◌ືອແລະຂໍ້ມູນຂ່າວສານທ ◌່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໂທຫາ 1-866-282-6280 (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 (TDD/TTY: 711).

Arabic:
حول أسئلة تساعده شخص لدى أو لديك كان إذا Arkansas Total Care ، لديك الحق في الحصول على المساعدة
ب اتصل مترجم مع للتحدث .تكلفة أية دون من بلغتك الضرورية والمعلومات 1-866-282-6280 (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 (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 (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 (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 위해서는1-866-282-6280 (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 (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 (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 दुभाषषये 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 વવશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વવના તમારી ભાષામાાં મદદ અને માહહતી પ્રાપ્ત કરવાનો અવિકાર છે. દુભાવષયા સાથે વાત કરવા માટે 1-866-282-6280 (TDD/TTY: 711)

Table of Contents

Welcome & Resources

Welcome to Arkansas Total Care (ARTC). 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 to them. With over 20 years of experience, the partners at ARTC 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 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 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 form a business organization called a PASSE.

The purpose of the PASSE is:

- To improve the health of Arkansans who need intensive levels of specialized care due to mental health, intellectual or developmental disabilities.
- To link providers of physical healthcare with providers of behavioral healthcare and services for individuals with developmental disabilities.
- To coordinate care 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 ArkansasTotalCare.com for more information and services.

Member Handbook

This Member Handbook is an overview of ARTC and your plan. With this Handbook, you will be able to learn more about:

- Your rights
- Your benefits
- Your duties

Please read this book carefully and keep it safe for future use. This book tells you how to access ARTC's healthcare services. It also gives you information about your ARTC benefits like:

- What is covered by ARTC
- What is not covered by ARTC
- How to get the care you need
- How to get your prescriptions filled
- What you will have to pay for your healthcare or prescriptions
- What to do if you are unhappy about your health plan or coverage
- Materials you will receive from ARTC

Call Member Services at 1-866-282-6280 (TTY: 711) to receive another copy of the Member Handbook at no charge. You may also visit our website at ArkansasTotalCare.com to view this Member Handbook online.

Provider Directory

ARTC has a list of all of the doctors, hospitals, and clinics we work with for you to see. We call this list the Provider Directory. The Provider Directory has the following information about our providers:

- Type or specialty (such as PCPs)
- Address and telephone number
- Office hours
- Handicap-Accessibility of sites/facilities
- Languages spoken (other than English)
- If they are accepting new Medicaid clients

You can see the Provider Directory by:

1. Going to our website, ArkansasTotalCare.com.
2. Calling Member Services at 1-866-282-6280 (TTY: 711). They will help you find a provider in your area or have a free copy of our Provider Directory sent to you.

Member Services can also give you information about the provider's medical school and residency.

ARTC Website

ArkansasTotalCare.com

ARTC's 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
- Provider Directory
- ARTC programs and services
- Read about current ARTC news and events

Through ARTC's secure member portal, there are resources that will improve your experience. In the member portal, you can:

- Complete online form submission
- Change your PCP
- View claims submitted on your behalf
- View care gaps

How to Create a Member Account

Step 1:	Visit the ARTC home page Click on 'For Members' on the home page
Step 2:	Click on 'Login Now'
Step 3:	Click on 'Sign Up Now' to create your account
Step 4:	Enter your birthday and you ARTC ID Number Click 'Find Member' Create your user name by entering your email address Create a password Retype password (they must match) Click 'Next'
Step 5:	Congratulations! Your secure member portal account is created.

How to Get Help in the Member Account

At the top of your screen, click on 'Message' to send a message to ARTC. You will receive a response to your message within 1-2 business days.

You can also call Member Services for more help at 1-866-282-6280 (TTY: 711).

How to Change Your Address

Step 1:	Visit the ARTC home page Click on ‘For Members’ on the home page
Step 2:	Click on ‘Login Now’ Sign into your Member Account
Step 3:	Click on profile icon
Step 4:	Click on ‘Change’ next to the current address Type in your new address
Step 5:	Press ‘save’ Once you press save, it will take 24 hours for your address to update.

After changing your address in the member portal, please contact DHS to update your address.

Consumer Advisory Council

The Consumer Advisory Council (CAC) is a group of members, parents, and guardians (including ARTC staff as appropriate) that reviews and reports on a variety of issues. The purpose of the Consumer Advisory Council (CAC) is to solicit member and community input about the approach and effectiveness of ARTC’s programs, policies, and services. The committee is a collaborative effort to enhance the service delivery system in local communities.

The CAC communicates through multiple channels to make sure members can provide input and ask questions and ARTC can ask questions and obtain feedback from members. Video conferencing may be used as needed to provide opportunities for members to attend regional meetings. CAC responsibilities may include review and discussion of topics and items like member satisfaction results, customer service and/or quality improvement efforts, member education materials for relevance, understanding and ease of use, among other topics.

For more information regarding our Consumer Advisory Council, call Member Services at 1-866-282-6280 (TTY: 711).

Quality Improvement (QI)

ARTC is committed to giving you quality healthcare. Our main goal is to promote your health and help you manage any illness or disability. Our program is in line with National Committee on Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities. To promote safe, reliable, and quality healthcare, our programs:

- Do a thorough check on providers when they become part of the ARTC provider network.
- Make sure ARTC members have access to all types of healthcare services.
- Give educational items about general healthcare and specific illnesses.
- Send reminders to get annual tests, treatments, or screenings.
- Investigate your concerns regarding the healthcare you have received. If you are worried about the care you got from your doctor or any service provided by ARTC, please contact Member Services at 1-866-282-6280 (TTY: 711).

ARTC believes that getting input from members like you will help make the services and quality of our programs better. We send out a member survey each year that asks questions about your experience with the healthcare and services you receive.

If you get one of our member surveys, please be sure to fill out the survey to 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 get one to you.

How to Contact Us:

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

Monday – Friday, 8:00 a.m. to 5:00 p.m. Central Standard Time

Member Services: 1-866-282-6280 (TTY: 711)
Vision/Pharmacy Services: 1-866-282-6280 (TTY: 711)

OTHER IMPORTANT PHONE NUMBERS

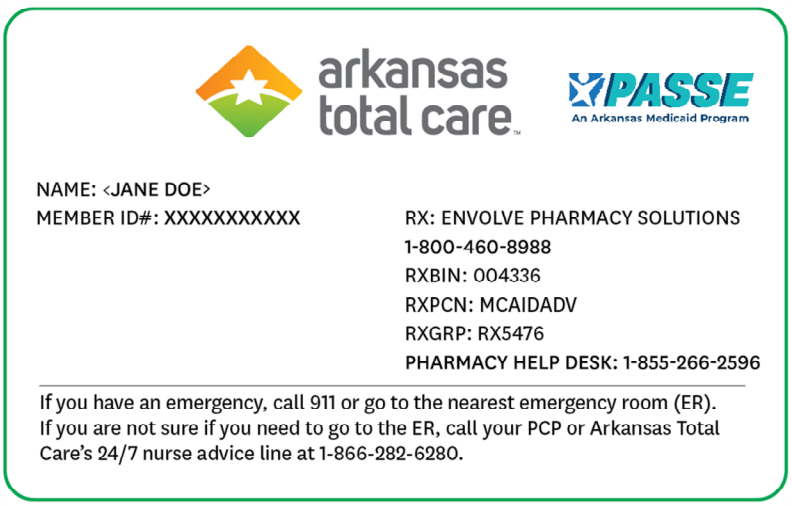
24 Hour Nurse Advice Line: 1-866-282-6280 (TTY: 711)
Emergency Services: 911

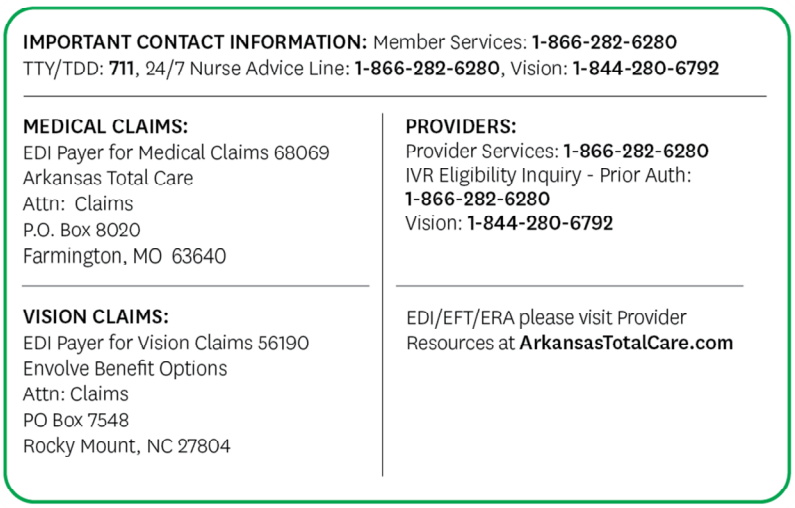
Your Member ID Card

When you enroll in ARTC, we will mail your ARTC Member ID Card within five (5) business days of your enrollment. This card is proof that you are a member of ARTC. You need to keep this card with you at all times. Please show this card every time you go for any service under the ARTC program. You can print a replacement ID card from inside the Member Portal.

If you do not get your ARTC ID card in the mail or are not able to print a replacement card, please call Member Services at 1-866-282- 6280 (TTY: 711).

Here is an example of an ARTC Member ID Card:





How Your Plan Works

Member Services

Our Member Services Representatives will tell you how ARTC works. They will also help you get the care you need. Member Services can help you do the following:

- Find a primary care provider (PCP)
- Schedule appointments
- Get a new ID card
- Get information about covered and not covered benefits
- File grievances and appeals
- Get interpretation services
- Get information about your health
- Find a doctor or specialist in our network
- Report a potential fraud issue
- Get a copy of member materials
- Get a copy of member materials in another language or format
- Get information about case management

Please call 1-866-282-6280 (TTY: 711). We are open Monday - Friday from 8:00 a.m. to 5:00 p.m. CST. Calls received while we are closed or on holidays are answered by our Nurse Advice Line.

Nurse Advice Line

This Nurse Advice Line is a free health information phone line staffed with medical professionals who are ready to help answer your questions. The Nurse Advice Line is open 24 hours a day – every day of the year. The nurses answering the calls have spent a lot of time caring for people and are ready and eager to help you.

If you need help with anything listed below call 1-866-282-6280 (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
- Behavioral health emergencies

There are times you may not be sure if you need to go to the emergency room (ER). If you aren’t sure, call the Nurse Advice Line. They can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest ER.

Care Coordination

To make getting the care you need easier, we are pairing you with a Care Coordinator to work with you and your doctors. Your Care Coordinator is the best way to contact ARTC.

Once you are an ARTC member, your Care Coordinator will reach out to you within 15 business days. Your Care Coordinator will also set up a time to meet with you in person. During the first meeting, the Care Coordinator will complete a health and service assessment with you and provide a copy of your current service plan.

Care Coordinators can help you with the following:

- Find a primary care provider (PCP)
- Schedule an appointment with your PCP
- Provide 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
- Activities focused on the health of a member and their community, including outreach, quality improvement, and patient panel management
- Coordination of community-based management of medication therapy
- File grievances and appeals
- Get interpretation services
- Find a doctor or specialist
- Report a potential fraud issue
- Get a copy of member materials, including materials in another language or format
- Schedule transportation services
- Create plans for behavioral health treatment, nutrition, housing, work, justice system-related issues, or child welfare

Contacting Your Care Coordinator

Get in touch with you Care Coordinator by calling 1-866-282-6280 (TTY: 711) and ask to speak with your Care Coordinator.

How to Contact Us:
Monday – Friday, 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 (TTY: 711)
By email at Members@ArkansasTotalCare.com

After Hours
After hours services are available 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 (TTY: 711) after hours, and you will be routed to our Nurse Advice Line. Our Nurse Advice 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
- Help determining the appropriate level of care in accordance with clinical criteria, as applicable

Your Care Assessment
Your Care Coordinator will complete a health risk assessment with you. After the assessment, you and your Care Coordinator will meet to discuss your home and community based services. Together you will develop a person-centered service plan that identifies all of the services you need and which providers you will see to get these services.

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

We can help you get access to 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. Our staff can provide recommendations and consult with your providers.

To Change Your Care Coordinator
To change your Care Coordinator, you may contact Member Services at 1-866-282-6280 (TTY: 711).

Care Management

Our Care Management program is tailored to your health needs – from coordinating care, to disease management, each of our services helps you get the most out of your benefits.

ARTC Care Managers work parallel with Care Coordinators and are available for clinical consultation to ensure each enrolled member has an ongoing source of care appropriate to their needs and to ensure a continuity of care across all services.

Care Mangers can assist/help manage conditions or health-related events such as*:

- Change in condition
- ER visit or hospital admission
- Education of disease processes
- Fall or injury
- New diagnosis or medication
- Difficulty in living environment or work arrangement of loved ones
- Need for additional training
- Transition from residential facilities/intermediate care facility to the community
- Complex discharge needs

*This list does not include all conditions we help manage through the Care Management Program.

If you would like to participate in our Care Management Program, call Member Services or your Care Coordinator at 1-866-282-6280 (TTY: 711).

Membership and Eligibility Information

Eligibility
To be a member of ARTC, or of any PASSE, you must be eligible for the Medicaid program. The State of Arkansas, not ARTC, decides who is eligible.

Enrollment
Every year there is an annual enrollment period that allows the member to change their PASSE. The State of Arkansas will send you a letter indicating that open enrollment is occurring and what you can do to change your PASSE assignment. During this open enrollment period, you may choose another health plan for any reason. For questions about changing your PASSE, please contact the AFMC PASSE Member line, 1-833-402-0672.

Disenrollment/Reinstatement
If you are disenrolled from ARTC, you may be reinstated for the following month with no lapse in coverage if you reestablish your eligibility and such eligibility is entered into Medicaid Management Information System (MMIS) by the last day of the month. In order to reestablish your eligibility, contact Medical Assistance (Medicaid) Office at the number below. The decision to reinstate your eligibility comes from the State of Arkansas, not ARTC.

A lapse in eligibility that is not resolved in the above timeframe prevents you from being reinstated for the following month and you will be disenrolled from ARTC. If a continuity of care issue arises and it is mutually agreed by all parties, then you can be reinstated to ARTC. If you have questions about your eligibility or would like to have your eligibility reinstated, you may call the Access Arkansas eligibility call center 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 Medicaid Clearinghouse at 1-800-482-8988 within 10 days. It is important to report these changes. You should also contact ARTC Member Services at 1-866-282-6280 to let them know of the change.

Some examples of major life changes include:

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

Benefits & Services

Covered Services

This section describes your ARTC covered benefits. With ARTC, you are entitled to receive medical services and the benefits listed in this section. You are responsible for payment of any non-covered services. Covered benefits are listed below.

Please Note:

- ARTC will not limit or deny services because of a condition you already have.
- For services which are medically necessary and covered by ARTC, you will not have any co-payments (co-pays), deductibles, or other cost sharing that requires you to pay a portion of the fee – except as noted in the Member Responsibilities section.
- If you receive healthcare services which are not medically necessary or if you receive care from doctors who are out of the ARTC network, you may be responsible for payment. If you have questions about medical necessity or which doctors are in your network, call Member Services at 1-866-282-6280 (TTY: 711).
- You have the right to a second opinion from a provider at no cost to you.

Notice regarding Medicare: As a member, if you are also covered by Medicare, you have the right to continue to see your Medicare primary care physician. After Medicare pays your claim, ARTC will pay your Medicare deductibles and co-insurance amounts, as long as the provider is also registered with the Arkansas Medicaid program.

Benefits

For specific information regarding your benefits, visit the Member Services section of our website at www.ArkansasTotalCare.com/members.html.

For information regarding any benefits that are available to you through Arkansas Medicaid, and not covered by ARTC, call the Access Arkansas eligibility call center at: 1-800-482-8988, or visit the Arkansas Medicaid website: https://medicaid.mmis.arkansas.gov/Beneficiary/covered.aspx.

The PASSE must make sure that a member has access to all services covered under Medicaid State Plan, the Community Independence Waiver services and Community & Employment Supports Waiver services, including therapy services and services through the Early Periodic Screening Diagnosis and Treatment (EPSDT) program for children.

State Plan Services:

- Personal Care
- Primary Care Physician
- Durable Medical Equipment
- Occupational Therapy
- Speech Therapy
- Physician Specialists
- Pharmacy
- Hospital Services
- Physical Therapy
- Nursing Services
- Family Planning
- Inpatient Psychiatric
- Outpatient Behavioral Health Counseling

Community & Employment Supports Waiver:

- Respite
- Supported Employment
- Supported Living
- Community Transition Services
- Supplemental Support
- Specialized Medical Supplies
- Adaptive Equipment
- Environmental Modifications
- Consultation
- Crisis Intervention

Community Independence Waiver

- Supportive Employment
- Planned Respite
- Emergency Respite
- Behavior Assistance
- Peer Support
- Family Support Partners
- Adult Rehabilitation Day Treatment
- Child & Youth Support
- Individual Life Skills Development
- Crisis Intervention
- Mobile Crisis Intervention
- Therapeutic Host Home
- Therapeutic Communities
- Supportive Housing
- Partial Hospitalization
- Community Reintegration Program
- Supportive Life Skills
- Group Life Skills Development

Services not covered by PASSE, but are covered by Medicaid:

- Nonemergency Medical Transportation (NET)
- Transportation to and from an Early Intervention Day Treatment (EIDT) and Adult Development Day treatment (ADDT)
- Dental benefits in a capitated program
- School-based services provided by school employees
- Skilled nursing facility services (Limited Rehabilitation Stay is not considered an excluded skilled nursing facility service)
- Assisited living facility services
- Human Development Center (HDC) services
  (Respite stays and conditional admission at HDC's are not excluded services)
- Waiver services provided to the elderly and adults with physical disabilities through the ARChoices in Homecare program, the Arkansas Independent Choices program, or a successor waiver for the elderly and adults with physical disabilities
- Transplants
- Abortions, unless;
  the pregnancy is the result of incest or rape; or
  the woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition that manifests during pregnancy, which would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Member Payment Responsibility

When You Have To Pay And When You Don't

ARTC will cover most of your medical bills, but there are times when services are not covered or services are limited. You should not receive a bill if the medical service you received is a covered ARTC benefit. You will be responsible for all non-covered services. Information about covered and non-covered services is in this handbook and on the ARTC website.

Members should follow the guidelines below:

- Always ask if the service is covered before you receive it.
- If you want to know if a specific procedure code or pharmacy item is covered, call Member Services at 1-866-282-6280 (TTY: 711).
- If you receive a non-covered service, your provider may ask you to sign a statement that you will pay for the service.
- You must use a provider who accepts your ARTC ID Card. If you are an ARTC member, you must use a provider in the ARTC network. If you don't, you may have to pay the bill.
- Show your ARTC ID Card at the time you get the service or item. If you don't, you may be responsible for the bill.
- If your provider recommends you get a service that is not covered, you must pay for that service if you choose to get it.
- If you request a service that is not covered, you must pay for that service.

How to Obtain Healthcare

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. ARTC recommends that you 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, we suggest that you call your PCP as when you join ARTC. You can introduce yourself as a new member, and make an appointment in the first 90 days for a preventive visit. It is best not to wait until you are sick to meet your doctor for the first time.

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 at 1-866-282-6280 (TTY: 711).
2. Make an appointment with your doctor after you become an ARTC member.
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
- 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

Choosing Your PCP
ARTC lists all providers in our network on the ARTC website at ArkansasTotalCare.com. Using our 'Find A Provider' tool, you will see a list of doctors and hospitals. You will also see the doctor's contact information and their specialty. Our Provider Directory will show the addresses, phone numbers, and any languages the provider speaks. When picking a PCP, look for one of the following kinds of providers:

- Family Practitioner
- General Practitioner
- Internal Medicine
- Nurse Practitioner
- Obstetrician/Gynecologist (OB/GYN)
- Physician Assistant

Specialists can be your PCP for special needs, upon request. ARTC works to have the best provider network for all of our members. New doctors are added daily, so check the ARTC website at ArkansasTotalCare.com to see if new providers have been added. If you would like a free copy of our provider directory or want to know more about a PCP before you choose, please call Member Services at 1-866-282-6280 (TTY: 711). Women have direct access to women's health specialists in addition to their PCP if their PCP is not a women's health specialist.

Changing Your PCP
You may change your PCP at any time. If you want a new PCP contact your Care Coordinator or Member Services at 1-866-282-6280 (TTY: 711). You can also change your PCP in the member portal.. Please call Member Services or your Care Coordinator at 1-866-282-6280 (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 within 90 days. 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 ARTC Member ID 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 or Member Services at 1-866-282-6280 (TTY: 711).

After Hours Appointments With Your PCP
You can call your PCP's office for information on receiving 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. The Nurse Advice Line is ARTC's 24-hour medical assistance line. When you call the Nurse Advice 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 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 (TTY: 711).

What to do if Your Provider Leaves the ARTC Network

If your PCP is planning to leave the ARTC provider network, we will send you a notice before the date this occurs, or as soon as we are notified. We will automatically reassign you to another PCP so you always have access to the care you need. We will send you a letter identifying your new PCP. If you want a different PCP, please call Member Services at 1-866-282-6280 (TTY: 711). You can change your PCP at any time.

ARTC may approve visits with your doctor for up to 90 days after he/she leaves the network. We can do this if you are in active treatment with your doctor. Members in the second or third trimester of pregnancy can keep the same doctor until after the first post-partum visit. During this time, we will help you find a new doctor. You will receive the same covered services. The doctor must agree to:

- Treat you for your healthcare needs
- Accept the same payment rate from ARTC
- Follow ARTC's quality assurance standards
- Follow ARTC's policies about prior authorization and using a treatment plan
- Provide necessary medical information to you related to your care

Continued coverage is only available if your PCP or specialist was not terminated by ARTC due to quality of care.

Medical Services

Medically Necessary Services

Covered services that you receive must be medically necessary. This means getting the right care, at the right place, at the right time. ARTC uses standard guidelines to check medical necessity. ARTC does not reward its network providers or their staff for denying care.

Prior Authorization For Services

When you need care, always start with a call to your PCP. Some covered services may require prior authorization or review by ARTC before services are provided. This includes services or visits to an out-of-network provider and some specialists. Home health services and some surgeries also need to be reviewed. Your doctor can tell you if a service needs to be reviewed. The list can be found on ARTC's website at ArkansasTotalCare.com. You can also call Member Services at 1-866-282-6280 (TTY: 711) to see if something needs to be reviewed by us. Prior authorizations are not required for emergency medical services.

Your doctor will give us information and documentation about why you need the service. ARTC will look to see if the service is covered and that it is appropriate. ARTC will make the decision as soon as possible, based on your medical condition.

Prior authorizations for non-urgent services can be made within two (2) business days of ARTC receiving all of the information that we need to complete our review of a non-urgent service. Your doctor will get a letter if the service is approved or denied.

For urgent services, a decision will be made within one (1) business day after ARTC receives all information needed to complete the medical necessity review.

For urgent requests, ARTC will make a reasonable attempt to call your provider with the decision. If you or your doctor is not happy with the decision you can ask for a second review. This is called an appeal. See the "Member Satisfaction" section in your Member Handbook on page 36 for more information about appeals.

If there are any major changes to the prior authorization process, we will let you and your doctors know right away.

Referrals to Specialty Care

Your PCP can take care of many of your most common needs. From time to time, you may need to see a doctor for specific medical problems, conditions, injuries, and/or diseases. If this is the case, you have the option to see a specialist.

A specialist is a doctor who works in one healthcare area. Some examples of specialists are doctors who only work with the heart, skin, or bones.

You are able to visit a specialist at any time. ARTC does not have a referral requirement. Referrals are not necessary, but are sometimes helpful.

Your PCP can help you find a specialist, or you can go straight to the specialist. If the specialist you want to see is not in the ARTC network, you may need to get prior authorization before seeing the specialist. See the previous Prior Authorization section for more details.

Please be aware that some specialists will not see you without a referral. For questions about getting a referral, call Member Services at 1-866-282-6280 (TTY: 711). If you are having an emergency, call 911.

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 after you have visited an Urgent Care Center or ER.

Emergency Room

Emergency rooms are for anything that could endanger your life (or your unborn child's life, if you're pregnant) without immediate medical attention is considered an emergency situation. Emergency services treat accidental injuries or the onset of what appear to be a medical condition.

Go to the emergency room if your doctor tells you to go or you have a life-threatening emergency. If your doctor does not tell you to go to the ER, or if your condition is not life-threatening, 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 Advice Line at 1-866-282-6280 (TTY: 711). You will be connected to a nurse.

Go to the ER if you experience:

- 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
- Gun or knife wounds

Go to an Urgent Care Center or call your PCP if you have/need:

- 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

You can use this list as to help you decide where you need to go for care. It does not include all of the reasons you may need to visit your PCP, an Urgent Care Center or the ER.

Pharmacy

Pharmacy Program

ARTC members can use their prescription drug benefits by going to a pharmacy that is in the ARTC network. Members should always bring their ARTC member ID when they fill a prescription.

ARTC does not cover all medications. If you have questions about what medications are covered by ARTC, contact ARTC's Member Services at 1-866-282-6280 (TTY: 711) for help.

Preferred Drug List (PDL)

The Preferred Drug List (PDL) is a list that shows which drugs are preferred under the pharmacy benefit. Arkansas Medicaid updates this list and they may change the list throughout the year. You can access this list by visiting: https://www.ArkansasTotalCare.com/members/pharmacy.html. The PDL does not list all covered drugs or all coverage limits.

ARTC does not cover all medications and some medications have limits. These limits may include, among others:

- age limits
- quantity limits
- prior authorization requirements

Your doctor can request an authorization for coverage outside of these limits. Instructions on how to obtain a prior authorization can be found on our website at **https://www.ArkansasTotalCare.com/providers/pharmacy.html**. If you have questions about what medications are covered by ARTC or any limitations a medication may have, contact ARTC Member Services at 1-866-282-6280 (TTY: 711) for help.

General Requirements
All prescriptions are subject to certain limits. These include:

- Drugs may be filled up to a maximum of a thirty-one (31) day supply.
- ARTC may require that up to 90% of your medication has been used before another fill is available to you. Certain exceptions to this may apply. See the Lost, Stolen, or Damaged Medications section below.
- For a drug to be covered, it has to be prescribed by a provider that is registered with the Arkansas Medicaid program.
- Prescriptions must be filled at a pharmacy in the ARTC network in order to be covered.

- Show your ARTC ID Card to the pharmacist when your prescription is filled. If you don't, you may be responsible for paying the bill.
- Different companies may make the same drugs. For your prescription to be covered, the company that makes the drug must be registered with the Medicaid Drug Rebate Program (MDRP).

See below for information about other limits and coverage for certain types of prescriptions.

Over-The-Counter Drugs (OTCs)
Arkansas Total Care covers certain over-the-counter (OTC) drugs. All covered OTCs appear in the Preferred Drug List or the Arkansas Medicaid Covered OTC Drug List. In order for an OTC drug to be covered by Arkansas Total Care, it must be written on a valid prescription by a licensed provider and meet the other limits in this handbook. OTC drugs that don't meet this criteria are not covered by ARTC.

Compounds
Arkansas Total Care may cover compounded prescription claims made from two or more ingredients. Compound prescriptions must have at least one ingredient that can be covered in order for the drug as a whole to be covered. If one or more of the ingredients is not covered by Arkansas Total Care, ARTC will not pay for those ingredients.

If the pharmacist chooses to provide a compounded drug even though some of the ingredients are not covered, you are not responsible for the cost of those ingredients.

Dual Eligibility
ARTC does not cover any drug that is covered by Medicare Part D for members who receive Medicare benefits under Part A or Part B.

ARTC will cover a limited list of drugs that are excluded from all Part D plans. A list of products that can be covered for dual eligible members can be found on the Arkansas Medicaid website: https://arkansas.magellanrx.com/provider/docs/rxinfo/1927d.pdf

Transition Fill
Some medication limits are waived for the first 90 days of membership. ARTC waives certain drug limits to allow for a transition of care. The limitations lifted may include, among others:

- prior authorization requirements
- drugs that are not preferred
- certain quantity limits
- age limits

The maximum amount of medication ARTC will allow to be filled during this period is a 93 day supply. The only way to extend your supply of this drug is to get a prior authorization from Arkansas Total Care. In certain instances, Arkansas Total Care

will extend a prior authorization as a result of this transition fill through the end of the following calendar year. In this situation, a new prior authorization will be required at the end of the year.

Emergency Supply
Certain drugs may require prior approval from Arkansas Total Care or be subject to other limits. A pharmacy may dispense a 72-hour (3-day) supply of medicine to any member who is waiting on a prior authorization determination. The purpose of granting you this emergency drug supply is to avoid an interruption of current therapy or delay the start of therapy.

All pharmacies in the ARTC network are authorized to fill a 72-hour (3-day) supply of medication. The pharmacy will be paid for the 72-hour (3-day) supply of medicine, whether or not the prior authorization request is approved or denied. An emergency supply override can be obtained by having the pharmacy call the ARTC pharmacy help desk at (800) 460-8988.

Lost, Stolen, or Damaged Medications
If your prescription is lost, spilled, or stolen, you will be allowed one override a year. Additional overrides may be available in the event of a natural disaster.

If your prescription was stolen, a police report must be filled out in order for your prescription to be filled. If your medicine has been stolen and you need an override, take the filled out police report to your pharmacy. Your pharmacist will need to call the Envolve Pharmacy Solutions help desk at (800) 460-8988. The help desk will guide your pharmacist through how to fax the police report to Envolve. An override cannot be given unless a police report is sent by your pharmacist and received by Envolve Pharmacy Solutions.

Mandatory Generic
For most drugs, the pharmacist has to give you a generic drug when there is one available. If there is a generic drug that is preferred, the brand name drug will not be covered without prior authorization from ARTC. If you and your provider feel a brand name drug is medically necessary, your provider can ask for prior authorization to cover the brand name drug.

Pharmacy Lock-in Program
Arkansas Total Care reviews member profiles to promote patient safety and proper use of pharmacy benefits. We may decide that it will be helpful for a member to have prescriptions filled at only one pharmacy. This is called a pharmacy lock-in program. ARTC uses several factors to decide if a member will benefit from a lock-in program.

The factors we use to determine this include, but are not limited to:

- If the member has used multiple pharmacies or prescribers within a 30 day period

- If the member is using a combination of drugs that are not recommended by current clinical and FDA guidance (such as opioids and benzodiazepines in combination), and
- The member uses medicines at higher daily doses than current clinical sources recommend.

If you are placed in the program, then all prescriptions will need to be filled at the pharmacy selected with ARTC. ARTC will not cover any prescriptions filled outside of this pharmacy.

If you are placed in a lock-in program, ARTC will choose an initial pharmacy based on where you usually have prescriptions filled. We will mail a letter to you telling you when your lock-in starts and where your prescriptions can be filled. The lock-in will continue for at least one calendar year. In some cases, ARTC may decide that it would be helpful for the lock-in to continue.

If you would like to appeal the decision to place you in a lock-in program, you have 30 days to appeal this decision. Please submit requests in writing to:

Arkansas Total Care

Attention: Appeals Department

PO Box 2010

Little Rock, Arkansas 72221

If the pharmacy we select is not convenient for you, an initial request for pharmacy change will be granted. You can request this change by calling Member Services at 1-866-282-6280 (TTY: 711). Any additional requests to change pharmacies will require a proof of residence change (e.g., state driver's license, state ID, utility bill in the member's name, leasing contract in the member's name, etc.).

If the pharmacy you are locked-in with does not have your medicine, you may use a different one for a three-day supply. It must be an Arkansas Total Care "in-network" pharmacy. In order to fill a three-day supply, the pharmacy should call Envolve Pharmacy Solutions at (800) 460-8988.

Health Management

Health Risk Screening

ARTC wants to know how we can better serve you. One way we do this is by asking you to fill out the Health Risk Screening Form found on the Member Secure Portal. This form gives us information to determine your needs. The Member Portal can be accessed at Member.ArkansasTotalCare.com. If you have questions about the form, please call Member Services at 1-866-282-6280 (TTY: 711).

Behavioral Health Services

ARTC will cover your behavioral health needs. You may go to any behavioral health provider in our network. Be sure to look at the ARTC provider list located on our website, ArkansasTotalCare.com, or by calling Member Services. Behavioral healthcare includes care for people who abuse drugs or alcohol or need other behavioral health services. Call 1-866- 282-6280 (TTY: 711) to get behavioral health specialists to help you or your child with any drug and alcohol problems. You do not need a referral from a doctor for these services. We will help you find the right provider. Call 1-866-282-6280 (TTY: 711) to get help right away. You can call 24 hours a day, seven days a week.

How Can ARTC Help?
We have Care Coordinators and a Member Services team that can assist you with the following:

- Locating provider(s)
- Scheduling appointments
- Interpretation services

What to do in a Behavioral Health Emergency
You should call 911 if you or your child are having a life-threatening behavioral health emergency. You can also go to your local community health center, a crisis center or the nearest emergency room. If you or your child are not having a Behavioral Health Emergency but need Behavioral Health Services, you do not have to wait for an emergency to get help. Call ARTC's behavioral health team at 1-866-282-6280 (TTY: 711) for someone to help you or your child with depression, behavioral illness, substance abuse or emotional questions. You can call 24 hours a day, seven days a week.

Provider-led Arkansas Shared Saving Entity Ombudsman

ARTC is a Provider-led Arkansas Shared Saving Entity (PASSE). As a participant of the PASSE program, you have the right to access the Office of the PASSE Ombudsman.

A PASSE Ombudsman is someone who will help you when:

- You need help solving a problem with ARTC
- You think you are not getting the care you need
- You feel that your rights are violated

The Arkansas Department of Human Services (DHS) employs the Office of the PASSE Ombudsman. The actions of the Office are wholly theirs, separate and independent of ARTC.

There are four ways to contact the Office of the PASSE Ombudsman:

Call:

1-844-843-7351 (Individuals who have a hearing or speech impartment can contact the office by calling toll free, 1-888-987-1200).

Email:

Submit issues or complaints by emailing PASSEombudsmanOffice@dhs.arkansas.gov

Mail:

Division of Medical Service

Office of Ombudsman

P.O. Box 1437 Slot S-418

Little Rock, AR 72203-1437

Fax:

501-404-4625

Person-Centered Service Planning

What is Person-Centered Service Planning?

Person-centered service planning is an ongoing process that helps you make a plan for your future. In person-centered planning, your identified team will focus on you and your health goals for the year.

Through this process we get to know who you are so that we can better support your needs. You and the people you choose direct this process. It helps identify your strengths, preferences and needs. This team will work together to develop a Person Centered Service Plan (PCSP).

A Person-Centered Service Plan can help you by:

- Supporting you in a different way, where the focus in on what is important to you.
- Giving you control by offering choices about your care. Identifies chances to be active in your community through volunteering or employment.
- Recognizing your strengths, interests, and goals. Helps you reach your goals in a team environment.
- Surrounding you with a circle of support, where your team of providers will work together to develop a plan with you and make it happen.

How Does it Work?

- You choose who you want to be in your person-centered team. Family members, friends, your doctors, and others who know about your life are all good choices.
- Once you put your team together, we will schedule your PCSP development meeting. The meeting will be set at a time and place that works best for you.
- You will have as much control as you want, and you can get help from the people you trust. A Care Coordinator will be there to help guide you through the process.

What is a PCSP?

PCSP is a comprehensive plan of care developed to help individuals who receive intellectual developmental disability (IDD) and behavioral health (BH) services. The PCSP process guides the delivery of services and support — towards achieving outcomes in areas of your life that are most important to you.

Planning is directed by the member, Care Coordinator and your family to help identify strengths, preferences and needs.

What Your PCSP Will Contain

- Information about your lifestyle choices, any risks or challenges, and a plan to overcome those challenges.
- Your chosen goals and who will help you work toward achieving those goals.
- A list of services and resources that are available to you.
- A contingency plan to address safety issues and/or emergency situations.

Family Planning Services

ARTC covers family planning services. You can get these services and supplies from providers that are not in our network. You do not need a referral. These services are free for our members. These services are voluntary and confidential, even if you are younger than 18 years old. Some examples of family planning services are:

- Education and advice from trained personnel to help you make choices
- Information about birth control
- Physical exams

Pregnancy Program – Start Smart For Your Baby®

Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. ARTC wants to help you take care of yourself and your baby throughout your pregnancy. Information about how to be healthy during pregnancy can be sent to you by mail or over the telephone. You can also find resources on our website. Our Start Smart staff can answer questions you have and provide support. We can even arrange for a home visit if needed.

If you are pregnant and smoke cigarettes, ARTC can help you stop smoking. We have a no cost program to help pregnant women stop smoking. Healthcare staff work with you and give education, counseling and the support needed to help you quit smoking. Working as a team over the telephone, you and your health coach can develop a plan to make changes in your behavior and lifestyle.

SafeLink Cell Phones®

SafeLink Cell Phones® (SafeLink) is a federal program that gives qualifying ARTC members a free cell phone. The cell phone comes with unlimited texting, 350 minutes, and 3GBs of data per month.

The SafeLink program makes it easier for you to call the people that matter most to you. With this cell phone you are free to talk with your doctor, pharmacy, 911, family and friends.

You can call ARTC at 1-866-282-6280 (TTY: 711) without losing any minutes. If you are in case management, your Case Manager may add more minutes to your SafeLink phone.

Member Satisfaction

Complaint Process

As a member, you have the right to file a complaint with ARTC. We will follow up on all complaints by close of business on the business day following receipt of the complaint.

If the complaint is not resolved within 10 business days, ARTC will offer to enter the complaint as a grievance and process the complaint as a grievance to resolve the matter.

Complaints may be filed by any of the following:

- Members
- Parents
- Legal guardians
- Direct service provider

Complaints can be filed by phone or mail at the below phone number or address. You can also contact your Care Coordinator and they can file a complaint for you.

To file a complaint, contact us at:

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

Phone: 1-866-282-6280 (TTY: 711)

Grievance Process

Arkansas Total Care wants to take care of any problems or concerns. A grievance is any complaint or dispute, other than an organization determination, that tells us about your unhappiness with how ARTC provides healthcare services. Members can file a grievance if they had a problem with things such as:

- Quality of care
- Being able to reach someone by phone
- Ease of getting information

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

- ARTC Member ID Number
- Phone number
- 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. We will help you fill out any forms to file a grievance. This includes, but is not limited to, providing interpreter services and telephone assistance. We will let you know that we have received a grievance from you within five (5) business days. If you file a grievance orally, we will send a letter that confirms we received your grievance. This letter will include a written summary of the grievance.

Grievance Timeline

Each grievance is different and will be given the time it deserves. Most grievances should be resolved 30 calendar days from the day we receive the initial oral or written grievance.

Up to 14 more days may be added to this timeframe if:

- The member requested additional time
- ARTC needs more information to resolve the grievance
- It is in the member's best interest to extend the timeframe

ARTC will notify you of the grievance resolution in writing within two (2) business days of the resolution but still in the resolution timeframe (i.e. 30 days). The notice of resolution shall include:

- The results of the resolution process
- The date it was completed
- Further appeal rights, if any

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 (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.

If ARTC 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.

Your request for appeal must go to ARTC's Appeals Office. It is very helpful if you also send a copy of the letter you received from us telling you of our appeal determination.

The letter we sent notifying you of our appeal determination will have a date on it. You have 60 days from that date to request an appeal. Your request for an appeal will be denied if the ARTC's Appeals Office does not get your appeal request within 60 days.

If we are going to reduce or stop a service we had approved in the past, you have the right to request to keep getting the service until we make our decision if:

1. We approved you to get the service from the provider.
2. And the time limit that we approved hasn't ended.

To keep getting this service, you must ask to keep getting the service and file an Appeal on or before ten (10) days of receiving this notice or the effective date of the action. If you Appeal the action and keep getting this service, you may have to pay for the service if we deny your Appeal.

Send your request for an appeal to:

Arkansas Total Care Quality Department
P.O. Box 25010
Little Rock, Arkansas 72221
Phone: 1-866-282-6280 (TTY: 711)
Fax: 866-811-3255

Fair Hearing

You will receive a letter if ARTC upholds their denial of a service. If ARTC's denial is upheld, you will have the right to a State Fair Hearing before an Arkansas Department of Human Services hearing officer.

If you are a member who would like a Fair Hearing, send your request to the DHS Office of Appeals and Hearings. For providers who would like a Fair Hearing send your request to the Arkansas Department of Health Office of Medicaid Provider Appeals.

It is very helpful if you also send a copy of the letter you received from ARTC telling you that payment for a service has been denied to the Office of Appeals and Hearings (or the ADH Office of Medicaid Provider Appeals).

You have 30 days from the date on your ARTC appeal determination letter to request a Fair Hearing. Your request for a Fair Hearing may be denied if the Office of Appeals and Hearings or ADH Office of Medicaid Provider Appeals does not get your Fair Hearing request within 30 days of the date of the ARTC letter notifying you that our denial has been upheld on appeal.

You should ask for a hearing if you believe:

- It was wrong to deny your application or request for service.
- It is taking too long to decide about your application.
- You did not receive enough help.
- You asked for a service and did not get it.
- Someone forced you to accept a service you did not want.
- Someone discriminated against you.

To ask for a State Fair Hearing, send a letter asking for a hearing 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

Important Member Information

What to Do if You Get a Bill

There are some services that are built into your plan and some that are not. Services that are included are called covered services. If you follow the plan rules, you will not be billed for any covered services. Call your doctor right away if you ever get a bill for a service that is covered by ARTC.

You should talk with your doctor about what is covered and what is not under your ARTC plan. Make sure they have all of your insurance information and know to bill ARTC.

If you still get bills from the doctor after you give your insurance information, call Member Services at 1-866-282-6280 (TTY: 711). We want to help. Do not pay the bill yourself if the service is covered by ARTC.

If you ask for a non-covered service, you will have to sign a statement with your doctor. This statement says that you will pay for the service. You will be responsible for the bill not ARTC. If you have any questions about a bill, call Member Services at 1-866-282-6280 (TTY: 711).

Other Insurance

You need to tell us if you have any other insurance plans. We will work with the other plan and coordinate your benefits. You will need to make sure that Medicaid knows about the other insurance too.

Do you have insurance with ARTC and Medicare?

If you have insurance with ARTC and Medicare, it is okay for you to go to your current doctor that accepts Medicare. Make sure you tell your doctor that you have insurance with both Medicare and ARTC.

Medicare will pay the claim. If the provider is also registered with the Arkansas Medicaid program, we will pay your Medicare deductibles and co-insurance amounts.

Waste, Abuse and Fraud (WAF) Program

ARTC is committed to preventing, identifying and reporting all instances of waste, abuse and fraud. To report abuse, call ARTC's WAF Hotline at 1-866-685-8664. You do not need to give your name.

Waste, abuse, and fraud means that a member, a provider, or another person is misusing the Medicaid program or ARTC resources. This could include things like:

- Loaning, selling or giving your ARTC Member ID card to someone
- Misusing ARTC or Medicaid benefits
- Billing ARTC for "free" services
- Wrongful billing to ARTC by a provider
- Billing ARTC for services not provided
- Any action to defraud ARTC, or the Medicaid program

Your healthcare benefits are given to you based on your eligibility for the Medicaid program. You must not share your ARTC Member ID Card with anyone. ARTC's network providers must also report any misuse of benefits to ARTC. ARTC must also report any misuse or wrongful use of benefits to Medicaid. If you misuse your benefits, you could lose them. Medicaid may also take legal action against you if you misuse your benefits.

If you think a doctor, a hospital, another ARTC member, or another person is misusing Medicaid or ARTC benefits, tell us right away. We will take action against anyone who is misusing the Medicaid program. Your call about waste, abuse, and fraud will be taken seriously.

Notify us of Waste, Abuse and Fraud by mail at
Arkansas Total Care
ATTN: Compliance Department
P.O. Box 25010
Little Rock, Arkansas 72221

You can call ARTC's Waste, Abuse, and Fraud Hotline at 1-866-685-8664.
You do not need to give your name.

Report any misuse to the Arkansas Medicaid Fraud and Abuse Division. Address and phone number given below:

Arkansas Attorney General's Office
ATTN: Medicaid Fraud and Abuse Division
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Phone: 501-682-2007 or 800-482-8982

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.
    - 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/TDD and American Sign Language.

- To choose a participating provider for any service the member is eligible and authorized to receive under his or her PCSP, including a PCP.
- Execute an advance directive without discrimination in the provision of care or otherwise.
- Live in an integrated and supported setting in the community and have control over aspects of their lives.
- To understand their PCSP and to receive the services contained within it.
- Be protected in the community.
- 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 healthcare, including the right to refuse treatment.

- To obtain needed, available and accessible heath care services covered under the PASSE.
- 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) business days.
- The right to a Member Handbook and referral network directory within a reasonable amount of time after attribution.
- You can ask for any of the following information about ARTC at no cost.

    - How ARTC works.
    - ARTC's quality scores and performance measures tracked by DHS or CMS.
    - ARTC's non-discrimination policies and those responsible for overseeing those policies. You can also ask for accessibility and discrimination claims made against ARTC.
    - A list of any counseling or referral services not provided by ARTC because of moral or religious objections, and how you, as a member, may obtain that information.

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 healthcare 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.

Changing Your PASSE

Arkansas Department of Human Services (DHS) assigned you to a PASSE. Up to 90 days after you are assigned, you can leave the PASSE they assigned you for a different one without cause. You are also allowed to change without cause to another PASSE during the annual Open Enrollment Period. After this first 90 day period and outside of the annual Open Enrollment Period, you are only able to switch to a different PASSE for a valid cause.

Valid causes for switching include:

- You are no longer a resident of the state of Arkansas.
- You were provided poor quality of care.
- ARTC does not cover your required services.
- ARTC lacks access to covered services, or lacks access to providers experienced with your healthcare needs.

If you'd like to switch to a new PASSE, you can call the number provided below. DHS is responsible for receiving and processing your request. DHS will let you know about their decision, not ARTC. ARTC is not involved in the decision making process. Your request will be automatically approved if it is not processed in a timely fashion. You have the right to appeal if you do not agree with the decision DHS makes.

If approved, the effective date with your new PASSE will be the first day of the second month following DHS receipt of your request. For example, if DHS receives your request on January 15th, your effective date with your new PASSE will be March 1st.

To request a transition to another PASSE, you should contact the Arkansas Department of Human Services, Beneficiary Support Center,

Phone Number:
1-833-402-0672.

Advance Directives

There might be times when you are not able to make healthcare choices for yourself. If you are unable to speak, your doctors may not know what type of care you would prefer. An advance care directive is a legal document. It tells your doctor what care you agree to in advance of a situation where you are unable to communicate. With this document, your doctors will know what medical treatment you would choose or would not choose.

All ARTC adult members have the right to make advance directives. ARTC will give you all the information on advance directives and include applicable state laws. You can call Customer Service at 1-866-282-6280 (TTY: 711) for help finding the form. You can also talk to your PCP about advance directives. Ask your PCP to put the form in your file when you are done.

Work with your PCP to make decisions that will set your mind at ease. An advance directive can help your doctors and others to understand your wishes about your health. Advance directives will not take away your right to make your own decisions. They will work only when you are unable to speak for yourself. You will not be discriminated against for not having an advance directive.

Examples of advance directives include:

- Living Will
- Healthcare Power of Attorney
- “Do Not Resuscitate” Orders

As a member of ARTC you have the right to:

- Accept or refuse treatment.
- Make advance directives.
- Get a copy of ARTC’s policies respecting the implementation of the enrolled member’s rights and the state law, including a statement of any limitation regarding the implementation of advance directives as a matter of conscience.
- File your complaints about non-compliance with advance directive laws and regulations with the state’s compliance hotline.
- File a complaint against the PASSE or any of its representatives. Representatives include the networked providers (see grievances and appeals section).
- Be free from the requirement to obtain a referral for a specific family planning provider, no matter if that provider is an in-network provider or an out-of-network provider.

HEALTH CARE DECLARATIONS IN ARKANSAS

OVERVIEW

Under Arkansas Law*, if you are a competent adult age 18 or older, you have the right to participate in making your own medical treatment decisions, including the right to accept or refuse specific forms of health care. As one means of exercising this right, the law allows you to complete written declarations containing instructions as to the kinds of health care decisions you wish to have made on your behalf if you become terminally ill or permanently unconscious and unable to make such decisions on your own. These declarations serve much the same purpose under Arkansas law as "living wills" serve in other states.

SUGGESTED FORMS OF DECLARATION

Arkansas law specifies two standard forms of declaration, one dealing with the possibility of terminal illness, the other dealing with the possibility of permanent unconsciousness. If you wish to make a declaration, you are free to use either or both of these suggested forms, and you are also free to use different wording. You may obtain the standard forms or information on where to obtain them from your physician or other health care provider or from your attorney.

You should be aware that the standard forms do not necessarily address all of the choices you may have the legal right to make. For example, you may wish to insert more detailed instructions concerning your care, such as whether you do or do not wish to have water and food given to you through artificial means if you become terminally ill or permanently unconscious. If you have questions that your physician or health care provider is unable to answer, or if you wish to modify the standard forms by adding special instructions, you may wish to consult with a lawyer or other qualified professional.

CHOICES CONTAINED IN THE STANDARD FORMS OF DECLARATION

Each of the standard forms of declaration allows you to choose one of the following approaches:

1. To instruct your physician to withhold or withdraw life-sustaining treatments that are no longer necessary for your comfort, care, or the alleviation of pain; or
2. To appoint someone else to act as your health care proxy (representative) in making health decisions, including the decision to withhold or withdraw life-sustaining treatment if you become terminally ill or permanently unconscious.

STEPS FOR COMPLETING A DECLARATION

To be effective, your declaration(s) must be signed by you or by someone else acting at your direction and must be witnessed by two individuals. A declaration becomes effective when both of the following have occurred:

1. The declaration is communicated to your attending physician (the physician primarily responsible for your care); and
2. Your attending physician and another consulting physician together determine that you are in a terminal condition and no longer able to make decisions regarding administration of life-sustaining treatment.

IF YOU WISH TO REVOKE YOUR DECLARATION(s)

If you have completed a health care declaration and later wish to revoke it, you may do so at any time and in any manner, without regard to your mental or physical condition at the time you wish to revoke. A revocation becomes effective when it is communicated to the attending physician or other health care provider by the person who is revoking, or by someone who is a witness to the revocation. Methods of revocation include, for example, a clear written or oral expression of your wish to revoke or physical destruction of the original and any copies of the declaration.

COMPLETING A HEALTH CARE DECLARATION FOR ANOTHER PERSON

In the case of minors and adults who are no longer able to make health care decisions, a declaration may be executed by another person acting on their behalf. Arkansas law establishes the following order of priority and provides that a declaration may be executed by the first of the following individuals, or category of individuals, who exists and is reasonably available for consultation:

1. A legal guardian of the patient, if one has been appointed;
2. The parents of the patient, in the case of an unmarried patient under age 18;
3. The patient's spouse;
4. The patient's adult child (or, if there is more than one, the majority of the patient's adult children participating in the decision);
5. The parents of a patient over the age of 18;
6. The patient's adult sibling (or, if there is more than one, the majority of them participating in the decision);
7. Persons standing "in loco parentis" (in place of the parents) to the patient;
8. A majority of the patient's adult heirs at law who participate in the decision.

SAFEGUARDS

In addition, Arkansas law affords the following protections:

1. A patient, even one who has been determined to be terminally ill, may continue to make decisions regarding life-sustaining treatment so long as he or she is able to do so;
2. The declaration of a terminally ill patient will not be given effect in the case of a woman known to be pregnant, as long as it is possible that the fetus could develop to the point of live birth with continued application of life-sustaining treatment;
3. Any physician or other health care provider who is unwilling to carry out the instructions of a patient or health care proxy under the law has an obligation to take all reasonable steps necessary to transfer the care of such patient to another physician or health care provider who will do so;
4. In Arkansas, it is improper for a health care provider or insurer to either prohibit or require the execution of a declaration as a condition of receiving health insurance coverage or the delivery of health care services.
5. A declaration executed in another state in compliance with the law of that state is also valid for the purposes of Arkansas law.

*A.C.A. 20-17-201, et seq. Other rights of minors are covered in A.C.A. 20-17-214.

Notice of Privacy Practices

Interpreter services are provided free of charge to you. For help translating or understanding this, please call 1-866-282-6280 (TTY: 711). Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-866-282-6280 (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 who is 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, abuse and waste
    - 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 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:

    - 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 your 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 your request will be denied. If we deny your request, we will provide you with 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) Office of Civil Rights. 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
P.O. Box 25010
Little Rock, Arkansas 72221

Toll Free Phone Number: 1-866-282-6280 (TTY: 711)

Glossary of Terms

Advance Directive. What you tell people about what you want for your healthcare if you are not able to tell them for yourself. A living will is the most common form of an advance directive.

Appeal. A request for ARTC staff to review a Notice of Action. A Notice of Action (NOA) is what we send to a member when ARTC denies the care that you want, limits the amount of care, denies care that had been approved by us in the past, or denies payment for care. When you appeal a decision, it starts a formal procedure that challenges an adverse decision or action that was taken by the PASSE.

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

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

Complaint. A complaint is a communication to the PASSE that a situation is unsatisfactory or unacceptable.

Continuity and Coordination of Care. Healthcare that is provided on an ongoing basis. It starts with the member’s first contact with a PCP and follows the member through all instances of care. It is 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. Care you get when you have an injury or illness that must be treated immediately or is life-threatening.

Grievance. A formal complaint about any matter other than a benefit determination. Grievances may include, but are not limited to, quality of care, quality of services provided, and aspects of interpersonal relationships like rudeness of a provider or employee, or failure to respect a member’s rights regardless of whether remedial action is requested. Grievance includes an enrollee’s right to dispute an extension of time proposed by the PASSE to make an authorization decision.

Home Healthcare. All of the medical and other health-related services that are delivered in the home of a medically homebound patient by a healthcare professional.

Immunizations. Necessary shots to protect you or your child from life-threatening diseases.

Inpatient. Services that you get when you are checked into a hospital.

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

ARTC Member ID Card. – a card that states that you are a member of ARTC. See an example of this card in the 'Your Member ID Card' section of this handbook.

Medical Necessity. A health intervention or treatment that is an otherwise covered category of service and is not specifically excluded from coverage. It must be medically necessary, given these five (5) things:

a. "Authority". The treatment is recommended by the doctor or health professional treating you and they believe that it is necessary for you.
b. "Purpose". The treatment is intended to treat a medical condition that you have.
c. "Scope". The treatment gives you the amount of medication or service you need to improve without giving you more than you need to help your condition.
d. "Evidence". The treatment is known to be effective in improving health outcomes. For new treatments that have not been tested as much, effectiveness is determined by medical evidence provided by the doctor asking that you get the treatment.
e. "Value". The treatment is cost-effective for this condition compared to other treatments. This includes no intervention. "Cost-effective" does not have to mean lowest price. A treatment may be medically indicated but not be a covered benefit. An intervention may also not meet this definition of medical necessity.

Treatments that don't meet this definition of medical necessity might still be covered.

A treatment may be considered cost effective if the benefits and harms compared to costs is an efficient use of resources for those with this condition. When we evaluate treatments to see if they meet the above requirements, we base our decision on the individual member, including their medical history.

"Effective" means that the treatment can be expected to improve the condition (within reason), and to have benefits that outweigh any potential harmful effects.

Member. A person who gets services from ARTC as defined by the State of Arkansas.

Notice of Action (NOA). A document that is mailed to you when we make a decision about your care. It includes:

a. The action that is planned.
b. The reason for the planned action.
c. The regulation or statute that supports the action.

The letter you get will also explain your rights to expedited or standard appeals. It tells how to ask for a State Fair Hearing and how to ask that you keep getting services during an appeal or State Fair Hearing.

Outpatient. A procedure that can be done without being checked into a hospital.

Prescription Drugs. Any medicine that can't be purchased over the counter or without a written request from your doctor.

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 all providers who participate in the ARTC network.

Primary Care Provider (PCP). The provider who is the entry point into the healthcare system for the member. A PCP provides primary care. They also keep track of referrals to specialist care and authorized hospital services. The PCP maintains the continuity of care.

Referral. A request by a PCP on a member's behalf that directs him/her to get medically necessary covered services from another healthcare professional.

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

Termination. A member's loss of eligibility for the Arkansas Medicaid program. When this happens, the member has automatic disenrollment from ARTC.

Treatment. Care that you may receive from doctors and facilities.

Urgent care. When you have an injury or illness that must be treated in 48 hours. It is not life-threatening.