Summit
COMMUNITY CARE

Getting started

with Summit Community Care

www.summitcommunitycare.com
1-844-405-4295 (TTY 711)

AR-MEM-0046-18

Welcome
to Summit Community Care!

We're glad you're our member! This booklet will help you learn how to use your health plan for your Summit Community Care benefits and services. For more details, visit www.summitcommunitycare.com and read your member handbook. You'll also find our provider directory with the latest list of doctors and specialists who work with us.

Prefer a paper copy?

Log in at **www.summitcommunitycare.com**, or call or write us to request one.

1-844-405-4295 (TTY 711)

Summit Community Care
P.O. Box 21810
Little Rock, AR 72221

We'll mail a handbook or directory to you, free of charge.

If you move or your contact information changes:

- You should contact the Arkansas Department of Human Services at 1-501-682-1001 (TTY 1-501-682-8933).
- You should then log in at www.summitcommunitycare.com or call Member Services at 1-844-405-4295 (TTY 711) to let us know your address or phone number has changed. Let your care coordinator know, too.

You will keep getting health care services offered in the Summit Community Care service area before and after your move.

Contents

Enrolling in a PASSE

We're a Provider-Led Arkansas Shared Savings Entity (PASSE). We work with the Arkansas Medicaid program to help people with developmental disabilities or behavioral health needs keep track of their health and maintain their independence.

What does it mean to be part of a PASSE?

When you're enrolled in a PASSE:

- Your care coordinator is your first point of contact and support if you have questions or concerns.
- Doctors who are part of your PASSE are part of your care team.
- Your care coordinator, doctors, and care team help you create your care plan and figure out the services and supports that work best for you.

You can count on us

As our member, you can count on:

- The same regular Medicaid benefits, plus extras to help you live healthy and make daily living a little easier.
- One Member Services/Care Coordination team to help if you have questions or concerns.
- One care coordinator to support your needs.
- The same prescription drug benefit – just bring your member ID card to the pharmacy so they know you're our member.
- A choice of hundreds of doctors and specialists who work with us.

Getting started

Your member ID card

Look for your Summit Community Care member ID card in the mail. You'll use it to go to the doctor, get prescriptions and in case of an emergency. If it doesn't come in the mail by your first day as a new member, just give us a call at **1-844-405-4295 (TTY 711)**.

Your primary care provider (PCP)

Your PCP is listed on your ID card. This is your main doctor who will help you get your regular medical care. If you want to change your PCP or need help finding one, you can:

- Go online to **www.summitcommunitycare.com**. Use our Find a Doctor tool or provider directory to find doctors near you. Create a secure online account to change your PCP right from the site.
- Call our Member Services team. We're here to help from 8 a.m. to 5 p.m. Central time.

Remember to set up a visit with your PCP soon after you're enrolled with us.

Getting care

Your care coordinator

Your Summit Community Care care coordinator is someone with training and experience supporting people with developmental disabilities or behavioral health needs. Your care coordinator is your first point of contact if you have questions or concerns. They'll help to see that your specialty services are arranged and delivered properly. Once a month, or more often if needed, your care coordinator will meet with you to talk with you about how you're doing.

Your care coordinator will help you:

Learn about your health condition.

Get answers to your questions.

Get the services and supports that work best for you.

Find doctors and other providers who will give you the services on your care plan.

Your care team

Everyone involved in your health care – your care coordinator, your doctors, the people you choose to involve in your care and, most importantly, you!

Your care coordinator will help you learn more about how your care team can support you and ways you can connect with them.

Your care plan

Your care coordinator and care team will work with you to figure out the services you need, who you get them from, and how often you need them. This will be your care plan … designed just for you!

Each month, your care coordinator will meet with you to check your care plan and make sure you're getting the services you need.

Tell us how we can support you

When you first join Summit Community Care, your care coordinator will call to schedule time to meet with you in person. It's important to your care coordinator that you get to know them and they get to know you and how they can support your needs.

Need help right away?

Call your care coordinator. Or call Member Services at **1-844-405-4295 (TTY 711)**. We'll connect you to our care coordination team. We're here 24 hours a day, seven days a week.

Know where to go: Emergency room versus urgent care

Reasons you would not want to go to the ER if it's not an emergency are: the waiting time can be very long, the ER doesn't have your medical records and the ER doctors don't know you as well as your PCP.

Urgent care	Emergency room

• Used to treat non-life threatening situations
• Doctors and nurses usually have access to X-rays and labs onsite
• Most are open late at night, on weekends, holidays – and without the long wait of the emergency room (ER)
• Visit an urgent care center for:
  ◦ Throwing up, diarrhea and stomach pain
  ◦ Minor burns and cuts
  ◦ Flu and cold
  ◦ Coughs and sore throat
	• Used for true medical emergencies
	• Handle trauma, X-rays, surgical procedures and other life-threatening situations
	• Open 24/7, but often with long waits depending on medical priority
	• **Call 911** or go to the nearest hospital ER for:
	  ◦ Chest pain
	  ◦ Trouble breathing
	  ◦ Severe bleeding
	  ◦ Bad burns
	  ◦ Loss of consciousness

Talk to a nurse 24 hours a day, seven days a week, even on holidays. If you're not sure if you're having an emergency, call the Nurse Line at **1-844-405-4295 (TTY 711)**. The nurse will help answer your questions and get you the care you need.

Call your PCP as soon as you can after you visit the ER or urgent care center. Your PCP can help with your follow-up care.

Your care coordinator will also follow up with you after you visit the ER or an urgent care center to find out the date of your visit, the date you were discharged, and the action or treatment plan so they can help you avoid such visits in the future or an inpatient hospital stay.

Your benefits

With us, you get all your regular Medicaid benefits, plus some extras. For a full list of your benefits, read your member handbook or visit **www.summitcommunitycare.com**.

Regular benefits

- Doctor visits with a primary care provider (PCP) you choose
- Inpatient hospital services
- Outpatient hospital services, including:
  - Emergency services
  - Outpatient surgery
  - Nonemergency services
  - Therapy/treatment services
- Lab and X-ray services

- EPSDT (Early and Periodic Screening, Diagnosis and Treatment) services for members under 21
- Family planning services
- Home health services

- Eyeglasses
- Rehab services
- Prescription and over-the-counter medicines
- 24/7 Member Services/Care Coordination team support

Dental care for children and adults is covered through regular Medicaid.

Have questions? Need help finding a dentist or scheduling an appointment? Call the Medicaid Dental Services Help Line at **1-800-322-5580 (TTY 1-800-285-1131)**.

Prior authorizations

Some Summit Community Care services and benefits need prior approval. This means your provider must ask us to approve the services he or she wants you to have. Services that don't need prior approval include:

- Emergency care.
- Care needed after a hospital stay.

For a full list of services that DO NOT require prior approval, and for a list of services that require prior approval, visit www.summitcommunitycare.com and read your member handbook.

Reporting your changes

Have you moved? Have a new phone number?
Keep your information up to date so you don't miss important messages or lose your benefits.

Let us know right away! Update your information with us by:

- Logging in to your secure account on our website or
- Calling Member Services at 1-844-405-4295 (TTY 711)

Remember to also tell the Arkansas Department of Human Services about any changes.

Complaints

If you, your parent or legal guardian, or your service provider have a concern about Summit Community Care or the care or services you receive, please call us and let us know. We will try to resolve your concern and follow up with you by close of business on the business day after we hear from you. If we do not resolve your concern within three business days, you have the right to file a grievance. A grievance is where you ask us to review your concern again. See the section **Grievances**.

Grievances

If you have a concern or complaint about the services you receive, you, your parent or legal guardian, someone you choose on your behalf and with your written consent, or your service provider can file a grievance.

Your grievance must be filed within 45 calendar days from the date we let you know we could not resolve your concern or complaint.

You may file by calling Member Services at 1-844-405-4295 (TTY 711). Or you can file a grievance in writing – mail a letter to:

Summit Community Care
Member Grievances
P. O. Box 62429
Virginia Beach, VA 23466-2429

When we get your grievance, we'll send you a letter within five business days to let you know we received it.

After we get your grievance:

- We'll send you a letter with the answer to your grievance within 30 calendar days from when we get your grievance.
- You may ask for an extension, or we may ask for an extension by 14 calendar days if:
  - More information is needed to resolve your grievance and
  - It is in your best interest

  If we extend the appeal process, we will:
  - Call you by close of business on the day we make the decision.
  - Send you a letter within two calendar days from when we make the decision to let you know:
    - The reason and time frame for resolution.
    - Why we feel the extension is in your best interest.

If you disagree with how we resolve your grievance, you may file an appeal with the state. Our resolution letter will tell you how to file an appeal with the state.

Appeals

If you call to file an appeal, you must follow up with a written, signed appeal within 10 calendar days of the date you called us. You must follow up in writing by:

- Filling out the Written Appeal Form
- Mailing your Written Appeal Form to:

  Authorization Appeals
  P.O. Box 62429
  Virginia Beach, VA 23455-2429

When we get your appeal form, we'll send you a letter within five business days. The letter will let you know we got your appeal.

After we get your appeal:

- A different provider than the one who made the first decision will look at your appeal.
- We'll send you and your provider a letter with the answer to your appeal:
  - Within 72 hours if you appeal is expedited.
  - Within 30 calendar days from when we get your appeal if your appeal is not expedited.
- You may ask for an extension, or we may ask for an extension by 14 calendar days if it's in your best interest; if we extend the appeal process, we will:
  - Call you by close of business on the day we make the decision.
  - Send you a letter within two calendar days from when we make the decision to let you know:
    - The reason and time frame for resolution.
    - Why we feel the extension is in your best interest.
    - You have the right to file a grievance if you disagree with the extension.

Our resolution letter will:

- Let you and your provider know what we decide.
- Tell you and your provider how to find out more about the decision and your rights to a fair hearing.

Expedited appeals

If you or your provider feels that taking the time for the standard appeal process, which is usually 30 calendar days, could seriously harm your life or your health, you can ask us to review your appeal quickly.

We'll call and let you know the answer to your expedited appeal. We'll also send you a letter. We'll do this within 72 hours.

If our clinical staff doesn't feel your health or life could be in serious harm, your appeal won't be reviewed within 72 hours, and we will:

- Call you by close of business on the day we make the decision.
- Send you a letter within two calendar days from when we make the decision to let you know your appeal will be reviewed as a standard appeal, and we will give you our decision within 30 calendar days.
- If you do not get a decision within 30 calendar days, you are deemed to have finished our appeals process and may ask for a state fair hearing.

Continuation of benefits – appeals and state fair hearing

You can keep getting covered services while you appeal or during the state fair hearing process if all of the following apply:

- The appeal or state fair hearing request is filed:
  - Within 30 calendar days from the date we mailed the adverse benefit determination, if asking to appeal

    - Within 120 calendar days from the date we mailed our final appeal decision, if asking for a state fair hearing OR
    - Before the effective date of the adverse benefit determination or final appeal decision notice
- The appeal or state fair hearing request is related to reduced or suspended services or to services that were previously approved for you
- The services were ordered by an authorized provider
- The approval period for the services has not ended
- You or your parent or legal guardian asked that the service continue

If your benefits are continued while an appeal or state fair hearing request is pending, the services must be continued until one of the following happens:

- You decide not to continue the appeal or state fair hearing
- You or your parent or legal guardian withdraws the request to continue benefits
- You don't request a state fair hearing and continuation of benefits within 10 calendar days from the date we mailed the notice of appeal resolution that is not wholly in your favor
- A hearing decision is issued in the state fair hearing that is adverse to you.

State fair hearing

You, your approved representative, or your provider on your behalf and with your written consent has the right to ask for a state fair hearing after you have gone through our appeal process. You must ask for a state fair hearing within 120 calendar days from the date on the letter from us that tells you the result of your appeal. If you wish to continue the benefits we have denied until your fair hearing is held, you must meet all the requirements listed in the section **Continuation of benefits – appeals and state fair hearing.**

To ask for a state fair hearing, call Member Services toll free at 1-844-405-4295 (TTY 711). We will help you. You can call during our normal business hours from 8 a.m. to 5 p.m. Central time, Monday through Friday, except holidays.

You can also ask for a state fair hearing in writing. Send a letter to:

DHS Office of Appeals and Hearing
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437
Phone: 1-501-682-8622 (TTD 1-800-285-1131)
Fax: 1-501-404-4628

If a decision is made in your favor as a result of the state fair hearing, we'll:

- Start to cover services as quickly as you have the need for care and no later than 72 hours from the date we get written notice of the decision.
- Approve and pay for the services we denied coverage of before.

You may have to pay for the cost of any continued benefit if the final decision is not in your favor.

Your resources

Your care coordinator

Phone #:_____

Your care coordinator is your first point of contact. Call them first if you have questions or concerns about:

- Your benefits.
- Plan of care.
- How to get services.

Our website

www.summitcommunitycare.com

You can do all of this online and more!

- Set up your secure account to get updates and information online
- Read your member handbook
- Change your PCP
- Update contact information with us (be sure to call the state, too)
- Find a doctor or specialist or view your provider directory
- Search our Preferred Drug List (PDL)
- Find information about benefits
- Print your ID card

Member Services  **1-844-405-4295 (TTY 711)** Monday through Friday 8 a.m. to 5 p.m. Central time	• Select or change your PCP • Get answers to questions about benefits and services **Need help right away?** Talk to our Care Coordination team 24/7 if: • Your needs change. • You need help getting to the doctor. • You have questions about managing your medicines. • You go the hospital or emergency room or need urgent care.
24/7 Nurse Line **1-844-405-4295 (TTY 711)**	**Need to talk with a nurse?** Call our 24/7 Nurse Line. Get answers to your medical questions anytime, day or night.

Other important phone numbers	
Arkansas Department of Human Resources	1-501-682-1001 (TTY 1-501-682-8933)
Medicaid Dental Services Help Line	1-800-322-5580 (TTY 1-800-285-1131)

Summit
COMMUNITY CARE

www.summitcommunitycare.com

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-844-405-4295 (TTY 711).

¿Necesita ayuda con el cuidado de la salud, para hablar con nosotros o para leer lo que le enviamos? Le ofrecemos nuestros materiales en otros idiomas y formatos sin costo alguno. Llame a nuestra línea gratuita al 1-844-405-4295 (TTY 711).

All services referenced in this material are funded and provided under an agreement with the Arkansas Department of Human Services.