



Member handbook

A Provider-Led Arkansas Shared Savings Entity (PASSE)

Member Services: 844-405-4295 (TTY 711)

summitcommunitycare.com



Member Handbook

Summit Community Care

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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). English

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

Quý vị có cần trợ giúp về chăm sóc sức khỏe, nói chuyện với chúng tôi, hoặc đọc nội dung chúng tôi gửi cho quý vị không? Chúng tôi có cung cấp tài liệu ở các ngôn ngữ và định dạng khác, không tính phí với quý vị. Hãy gọi cho chúng tôi theo số miễn phí 1-844-405-4295 (TTY 711). Vietnamese

Kwoj aikuij ke jiban ikijen ejmour eo am, konono nan kim, ak riiti ta ko kimij jilikin waj nan kwe? Kimij lelok pepa ko ilo elon kain kajin wawin jeje ko ilo ejelok wonen. Jouij m kirtok kim ilo ejelok wonen ilo 1-844-405-4295 (TTY 711). Marshallese

您在醫療保健方面、與我們交流或閱讀我們寄送的材料時是否需要幫助？我們可為您免費提供其他語言和格式的材料。請撥打我們的免費電話 1-844-405-4295（聽障專線 711）。Chinese

ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບການເບິ່ງແຍງສຸຂະພາບຂອງທ່ານ, ຕ້ອງການລົມກັບພວກເຮົາ ຫລື ານເອກະສານທີ່ພວກເຮົາສົ່ງໃຫ້ທ່ານບໍ່?
ພວກເຮົາສະໜອງເອກະສານຂອງພວກເຮົາເປັນາສາແລະຮູບແບບອື່ນໂດຍທ່ານບໍ່ຕ້ອງເສຍຄ່າໃດໆ.
ກະລຸນາໂທຟຣີຫາພວກເຮົາຕາມເບີ 1-844-405-4295 (TTY 711). Laotian

Kailangan mo ba ng tulong sa pangangalagang pangkalusugan, sa pakikipag-usap sa amin, o pagbabasa ng mga ipinapadala namin sa iyo? Nagbibigay kami ng mga materyales sa iba't-ibang mga wika at mga format nang wala kang gagastusin. Tawagan kami ng libre sa telepono bilang 1-844-405-4295 (TTY 711). Tagalog

هل تحتاج إلى مساعدة بخصوص رعايتك الصحية أو بخصوص التحدث معنا أو قراءة ما نرسله لك؟ فإننا نوفر المواد بلغات وتنسيقات أخرى مجانًا. اتصل بنا على الهاتف المجاني 1-844-405-4295 (الهاتف النصي 711). Arabic

Brauchen Sie etwas Hilfestellung mit Ihrer Gesundheitsfürsorge, wenn Sie mit uns reden oder lesen, was wir Ihnen senden? Wir stellen unsere Materialien kostenfrei in anderen Sprachen und Formaten bereit. Sie erreichen uns gebührenfrei unter 1-844-405-4295 (TTY 711). German

Avez-vous besoin d'aide avec vos soins de santé ? Souhaitez-vous nous parler ou lire nos communications ? Nous pouvons vous fournir gratuitement nos matériels dans d'autres langues et en d'autres formats. Appelez-nous gratuitement au 1-844-405-4295 (TTY 711).

French

Koj puas xav tau kev pab hais txog kev saib xyuas mob nkeeg rau koj, tham nrog peb lossis pab nyeem daim ntawv peb xa tuaj rau koj? Peb pab txhais cov ntaub ntawv no ua lwm hom ntawv thiab luam tawm ua lwm cov ntawv pub dawb rau koj. Hu rau peb ntawm tus xov tooj hu dawb 1-844-405-4295 (TTY 711). Hmong

의료 서비스를 이용할 때, 저희와 연락하실 때, 또는 발송 자료를 읽고 이해하시는 데 도움이 필요하십니까? 저희 자료를 다른 언어 및 다른 형식으로 별도의 비용없이 받으실 수 있습니다. 수신자 부담 전화 1-844-405-4295 (TTY 711) 번으로 연락해 주십시오. Korean

Necessita de ajuda com os seus cuidados de saúde, para falar connosco, ou para ler a documentação que lhe enviamos? Fornecemos os nossos materiais noutros idiomas e formatos, sem qualquer custo para si. Ligue-nos gratuitamente para 1-844-405-4295 (TTY 711).

Portuguese

お客様のヘルスケアについて、またお電話にてお問い合わせの際やお手元に届く資料に関し、サポートが必要ですか? 資料は他言語にて、また読みやすい文字の書式を無料にて提供しております。詳しくはフリー ダイヤル 1-844-405-4295 (TTY 711) までお問い合わせください。

Japanese

क्या आपको हमारी स्वास्थ्य देखरेख, हमसे बात करने या हमने आपको जो भेजा है उसे पढ़ने में सहायता की जरूरत है? हम अन्य भाषाओं एवं प्रारूपों में आपके लिए बिल्कुल मुफ्त अपनी सामग्रियों को प्रदान करते हैं। टोल फ्री नंबर 1-844-405-4295 (TTY 711) पर हमें फोन करें। Hindi

શું તમને તમારા સ્વાસ્થ્ય સંભાળ માટે મદદની જરૂર છે? અમારી સાથે વાત કરો અથવા વાંચો જે અમે તમને મોકલીએ છીએ. અમે અમારી સામગ્રી અન્ય ભાષાઓ અને ફોર્મેટમાં કોઈ ખર્ચા વગર તમને પહોંચાડીએ છીએ.

અમને

ટોલ

ફ્રી

કોલ

કરો

1-844-405-4295 (TTY 711). Gujarati

Summit Community Care follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call Member Services at 1-844-405-4295 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time.

Your rights

Do you feel you didn't get these or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

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

Phone: 1-844-405-4295 (TTY 711)
Fax: 1-501-372-1871
Email: Help@summitcommunitycare.com

Need help filing? Call our Civil Rights Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html. To request details about our non-discrimination policies or for questions about accessibility and discrimination claims, please call Member Services at 1-844-405-4295 (TTY 711) or visit summitcommunitycare.com.

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Welcome to Summit Community Care

At Summit Community Care, we know living a healthy life is not just about receiving care when you are sick. It's about staying independent. Meeting your goals. Having a healthy mind and body. Being part of your community.

Summit Community Care is a Provider-Led Arkansas Shared Savings Entity (PASSE). We work with the Arkansas Medicaid program to help you receive the services and support you need. From reminding you to obtain flu shots to helping you find a place to live, we do what we can to help you live a healthy life.

If you are enrolled in Medicaid and are a member of the PASSE program, you will probably be served by the same provider agency that you know now. If you are new to the program, you can rest assured we understand your needs and take the trust you have placed in us seriously.

What's in this handbook

This member handbook tells you about the benefits and services you receive as a Summit Community Care member. If you have questions about anything in this handbook, call your care coordinator. Member Services is also available 24/7 at **844-405-4295 (TTY 711)**.

If we update the information in this handbook, we'll send you a letter. The latest handbook will always be on our website at **summitcommunitycare.com**.

What is care coordination?

Our main job is to help you keep track of your care. This is called care coordination.

Your Summit Community Care care coordinator is someone with training and experience supporting people with behavioral health issues or developmental disabilities. They may be someone qualified in behavioral health, substance abuse, or developmental disability services. They will get to know you, your caregivers, and your doctors. They will 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 are doing and help you meet your needs.

They'll help you:

- Learn about and manage your health conditions and medicines.
- Set up any medical, behavioral health, and social services you need.
- Keep all your providers updated about your care and services.
- Obtain services and supports you need to live and work in your community.
- Help you move between care settings, like going home after being in a residential facility.
- Learn about and make healthy choices, like eating healthy foods and exercising.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- Obtain quality healthcare services.
- Choose and change your primary care provider (PCP), specialists, and other providers and remind you to meet with them to obtain tests and services to help keep you healthy.

You do not have to wait for your monthly meeting if you need immediate help from a care coordinator. You can always contact your care coordinator directly, or call Member Services at **844-405-4295 (TTY 711)** to be connected to our care coordination team. We're here 24 hours a day, seven days a week.

Your plan of care

Your care coordinator is responsible for obtaining copies of all your treatment and service plans. From there, they will work with you and your care team to create an overall plan of care. Your plan of care says what kinds of services you need, who you obtain them from, and how often you receive them. It might include any of these:

- Behavioral health treatment plan
- Person-centered service plan
- PCP care plan
- Individualized education program (IEP)
- Individual treatment plans for developmental clients in day habilitation programs
- Nutrition plan
- Housing plan
- Any existing work plan
- Justice system-related plan
- Child welfare plan
- Medication management plan
- Treatment plan
- Lab tests

Your care coordinator will keep track of all the services in your plan of care. They will help you avoid duplicate services, obtain services right when you need them, and add or change services to meet your needs. They will also look at the results of your Individual Assessment (IA) and may do further assessments to use in updating your plan of care.

Coordination of services

Your care coordinator will:

- If applicable, coordinate your CES waiver services and state plan services.
- Regularly assess your needs to identify and refer you to medical, social, educational, and other publicly funded services you need (no matter who pays for them), as well as community supports you and your family may be eligible for.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- Track and review the services you receive to promote your health and safety.
- Help you obtain immediate care in times of emotional, mental, or physical distress.
- Review your care and services to make sure you are supported in meeting goals in your plan of care.
- Help you access advocacy services upon your request.
- Help you with eligibility determinations.

Your rights and responsibilities

As a Summit Community Care member, you have the right to:

Privacy

Be assured your medical record is kept private, and be cared for with dignity and without discrimination. That includes the right to:

- Be treated fairly and with respect.
- Know your medical records and discussions with your providers will be kept private.
- Ask for and receive a copy of your medical records; you can also ask for them to be changed or corrected.
- Obtain information on available treatment options and alternatives, presented in an appropriate format.
- The right to take part in decisions about your healthcare, including the right to:
 - Say no to treatment.
 - Create an advance directive.
 - File grievances and appeals.
 - Have a candid discussion on medically necessary treatment options for your health condition(s), regardless of cost or benefits covered.

Take part in making decisions about your healthcare

Consent to or refuse treatment and actively take part in treatment decisions.

Received care without restraint

Not be restrained or secluded if doing so is:

- For someone else's convenience.
- Meant to force you to do something you do not want to do.
- To get back at you or punish you.

Have access to healthcare services

Receive healthcare services that are similar in amount and scope to those given under fee-for-service Medicaid. That includes the right to receive:

- Healthcare services that will achieve the purpose for which the services are given.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- Healthcare services from providers who are not in our plan; the provider who is not in our plan must obtain prior approval, and, if granted, the member may receive services at a cost no greater than it would be if services were furnished by plan providers (prior approvals are not required if you have an emergency medical condition).
- Services that are fitting and are not denied or reduced due to:
 - Diagnosis.
 - Type of illness.
 - Medical condition.
- Live in an integrated and supported setting in the community and have control over aspects of your life.
- Be protected in the community.

Receive all information in a manner that may be easily understood

Be given information in a manner and format that can be easily understood. That includes:

- Notice in writing within seven calendar days if your care coordinator changes.
- Information about your health plan rules, including the healthcare services you can receive and how to receive them.
- Treatment options and alternatives, regardless of cost or whether it is part of your covered benefits.
- Notice of any key changes in your benefits package at least 30 days before the effective date of the change.
- Information on the grievance, appeal, and state fair hearing procedures.
- Information on advance directive policies.

Receive information about Summit Community Care once assigned to the plan

Receive information about Summit Community Care within a reasonable amount of time after being assigned. That includes:

- A *Getting Started Guide* with information about how your health plan works and how to receive benefits, including a member handbook and provider directory.
- Basic features of programs offered by Summit Community Care.
- The responsibility of Summit Community Care to arrange care in a timely manner.

Receive information on Summit Community Care services

Receive information on PASSE services offered through Summit Community Care. That includes:

- Covered benefits.
- Procedures for receiving benefits, including any prior approval requirements.
- How to request and receive a provider directory at any time.
- Names, locations, and phone numbers of, and non-English languages spoken by, current providers in our plan, including, at a minimum:

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- PCPs
- Specialists
- Hospitals

You can also obtain information about professional qualifications, specialties, medical schools attended, residencies completed, and board certification statuses for current providers in our plan.

See the latest provider directory at **summitcommunitycare.com**.

- How to request and receive a member handbook. See the latest member handbook at **summitcommunitycare.com**.
- Benefits not offered by Summit Community Care, but that members can obtain, and how to receive them.
- Service utilization policies, including:
 - How to find a provider in our plan.
 - How to recommend changes on policies and services.
 - How to obtain services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), behavioral health, and pharmacy services.
 - How to obtain emergency transportation, medically needed transportation, and nonemergency transportation.
 - Referrals for specialty care and other services.

Receive information about Summit Community Care upon request

Obtain the following information from us, if you ask for it. Call Member Services at **844-405-4295 (TTY 711)**.

- Information on the organization and operation of Summit Community Care.
- Whether we use a physician incentive plan that affects the use of referral services and details about the plan if we use one.
- Results of an external quality review study from the state.
- The professional qualifications of healthcare providers.
- How we rate on quality metrics and performance measures tracked by DHS or CMS
- A list of any counseling or referral services not provided because of moral or religious objections. And, how you can get information on those services and how to access them through DHS.

Receive oral interpretation services

Receive oral interpretation services. That includes the right to:

- Receive these services at no cost to you for all non-English languages, not just those known to be common.
- Be told those services are offered and how to access them.

Exercise your rights without adverse effects

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Exercise your rights without adverse effects on the way Summit Community Care, our providers, or the Arkansas Department of Human Services treats you. That includes the right to:

- Tell us your grievance or file an appeal about Summit Community Care or the care or services you receive from our providers.
- Know the requirements and time frames for filing a grievance or appeal, including:
 - How to receive help with the filing process.
 - The toll-free number to file by phone.
 - The state fair hearing process.

Make recommendations regarding your rights and responsibilities as a Summit Community Care member.

As a Summit Community Care member, you have the responsibility to:

Learn about your rights

Learn and understand each right you have under Summit Community Care. That includes the responsibility to:

- Ask questions if you do not understand your rights.
- Learn what choices of PASSEs are available in your area.

Learn and follow your health plan rules

Abide by the health plan policies and procedures. That includes the responsibilities to:

- Carry your member ID card at all times when obtaining healthcare services.
- Change your address or phone number.
- Let your health plan know if your ID card is lost or stolen.
- Learn and follow your health plan and Medicaid rules.
- Make any changes in your health plan and PCP in the ways established by the Arkansas Department of Human Services and by the health plan.
- Keep scheduled appointments.
- Cancel appointments in advance when you cannot make them.
- Always contact your PCP first for your nonemergency medical needs.
- Talk to your PCP before going to a specialist.
- Understand when you should and should not go to the emergency room.

Tell your care coordinator and providers about your healthcare needs

Share information relating to your health status with your care coordinator and PCP and become fully informed about services and treatment options.

That includes the responsibility to:

- Tell your PCP about your health.
- Talk to your care team about your healthcare needs and ask questions about the different ways healthcare problems can be treated.
- Help your providers obtain your medical records.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- Provide your providers with the right information.
- Follow the prescribed treatment of care recommended by the provider or let the provider know the reasons the treatment cannot be followed as soon as possible.

Take part in decisions about your health

Actively take part in decisions relating to services and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:

- Work with your care team in deciding what healthcare is best for you.
- Understand how the things you do can affect your health.
- Do the best you can to stay healthy.
- Treat providers and staff with respect.

Call your care coordinator if you have a problem and need help. Or call Member Services. We'll connect you to our care coordination team. We're here 24 hours a day, seven days a week.

Covered benefits and services

Medical benefits

Below is a summary of your Medicaid health services and benefits Summit Community Care covers when you need them. Your primary care provider (PCP) will either:

- Give you the care you need or
- Refer you to a provider who can give you the care you need.

Home- and Community-Based Services (HCBS)

Give people who use Medicaid the option to receive help in their own homes or communities instead of being in institutions or other separated places. These programs help specific groups of people including individuals who have intellectual or developmental disabilities, physical disabilities, or mental health illnesses.

Member costs

Copays

A copay is a set dollar amount you pay when you receive certain services or treatment. It's your share of the cost for covered healthcare services.

There are no copays under your Summit Community Care health plan.

Your primary insurance company will pay first, and Summit Community Care will pay afterward.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	Medicaid Covered
CLINIC SERVICES*	✓ Covered services include: <ul style="list-style-type: none"> • Adult developmental day treatment services. • Early intervention day treatment services. • Maternity clinic services (limited to antepartum and postpartum services). • Ambulatory surgical center services. • End-stage renal disease facility services.
CRITICAL ACCESS HOSPITAL SERVICES*	✓
DURABLE MEDICAL EQUIPMENT	Covered services Include: <ul style="list-style-type: none"> • Medical supplies, equipment, and appliances suited for use in the home. • Durable medical equipment. • Augmentative communication devices. • Specialized wheelchairs. • Diapers/underpads.
EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT SERVICES*	✓ Covered for conditions found in people younger than age 21.
EXTENDED SERVICES FOR PREGNANT WOMEN*	✓
EYEGLASSES	✓
FAMILY PLANNING SERVICES	✓
FEDERALLY QUALIFIED HEALTH CENTER SERVICES*	✓
HOME HEALTH SERVICES*	✓ Covered services include: <ul style="list-style-type: none"> • Skilled nursing. • Home health aide.
HOSPICE CARE*	✓
HOSPITAL CARE*	✓

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Services <i>*prior authorization may be required</i>	Medicaid Covered
HOSPITAL EXTENDED REHAB SERVICES*	√
HOSPITAL INPATIENT SERVICES*	√
HOSPITAL OUTPATIENT SERVICES*	√ Covered services include: <ul style="list-style-type: none"> • Emergency services. • Outpatient surgical procedures. • Nonemergency services. • Therapy treatment services, including but not limited to: <ul style="list-style-type: none"> – Dialysis. – Radiation therapy. – Chemotherapy administration. – Physical, occupational, speech, and respiratory therapy. – Factor 8 injections. – Burn therapy.
INTERMEDIATE CARE FACILITY SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (OTHER THAN IN AN INSTITUTION FOR MENTAL DISEASES)*	√ Covered for people who are determined, according to 1902 (a) (31), to be in need of such care.
MEDICAL CARE AND ANY OTHER TYPE OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW*	√ Covered services include: <ul style="list-style-type: none"> • Podiatrist services. • Optometrist services. • Chiropractor services. • Advanced nurse practitioner and registered nurse practitioner services. • Hearing aid dealer. • Audiologists. • Optical labs. • Nurse anesthetists. • Psychologists. • Obstetric-gynecologic and gerontological nurse practitioner services.
NURSE MIDWIFE SERVICES*	√
OTHER LAB AND X-RAY SERVICES*	√

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	Medicaid
	Covered
PEDIATRIC SERVICES OF FAMILY NURSE PRACTITIONERS SERVICES*	√
PERSONAL CARE	√
PHYSICAL THERAPY AND RELATED SERVICES*	√ Covered services include occupational, physical, and speech therapy.
PHYSICIAN SERVICES*	√
PRESCRIPTION DRUGS*	√
PRIVATE DUTY NURSING	√
PROSTHETIC DEVICES*	√ Covered services include: <ul style="list-style-type: none"> • Eye prostheses. • Hearing aids, accessories, and repairs. • Pacemakers and internal surgical prostheses. • Orthotic appliances. • Prosthetic devices.
PSYCHIATRIC INPATIENT FACILITY SERVICES*	√ Certain limits apply.
REHABILITATIVE SERVICES*	√ Covered services include outpatient behavioral health services, Tier 1.
RESPIRATORY CARE SERVICES*	√
RURAL HEALTH CLINICS*	√
TOBACCO CESSATION COUNSELING SERVICES*	√

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

1915(i) services (covered services if shown on your service plan)

Services <i>*prior authorization may be required</i>	1915(i) services Covered
BEHAVIORAL ASSISTANCE* Supports youth and their families in meeting behavioral goals in various community settings. The service is focused on children and adolescents who: <ul style="list-style-type: none"> • Are at risk of out-of-home placement or • Have returned home from residential placement and need flexible wrap-around supports to ensure safety and support adjusting within the community. 	√
ADULT REHAB DAY SERVICES* Offers a range of care to recovering individuals living in the community based on their level of need. Services include helping a person: <ul style="list-style-type: none"> • Learn, retain, or improve certain job skills. • Adapt and adjust to a certain work environment. 	√
PEER SUPPORT* Offers beneficiaries: <ul style="list-style-type: none"> • Education, hope, and healing. • Self-responsibility. • Empowerment to reach their fullest potential. Peer support may include assisting peers with: <ul style="list-style-type: none"> • Creating goals for recovery. • Learning and practicing new skills. • Monitoring their progress. • Obtaining their treatment. • Modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience. • Supporting them in advocating for themselves to obtain effective services. 	√

Have questions? Visit summitcommunitycare.com or call 844-405-4295 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	1915(i) services
	Covered
FAMILY SUPPORT PARTNERS* Family Support Partners is a resource for families with a child, youth, or adolescent receiving behavioral health or developmental disability services. <ul style="list-style-type: none"> • Offers information on child development, age-appropriate behavior, parental hopes, and childcare activities. • Helps families find natural supports and community resources. • Provides leadership and guidance for support groups. 	√
PHARMACEUTICAL COUNSELING BY RN* This service: <ul style="list-style-type: none"> • Provides medication information verbally or in writing to the beneficiary or caregiver. • Helps the beneficiary and/or family understand the diagnosis, prompting the need for the medicine and any lifestyle change required. 	√
SUPPORTIVE LIFE SKILLS DEVELOPMENT* This service: <ul style="list-style-type: none"> • Helps members acquire the skills needed to support as independent a lifestyle as possible. • Allows them to live in their community (in their own home, with family, or in an alternative living setting). • Promotes a strong sense of self-worth. • Aims to assist members in: <ul style="list-style-type: none"> – Setting and achieving goals. – Learning independent life skills. – Showing accountability. – Making goal-oriented decisions for independent living. 	√
CHILD AND YOUTH SUPPORT SERVICES*	√

Have questions? Visit summitcommunitycare.com or call 844-405-4295 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	1915(i) services
	Covered
<p>This service helps parents and other caregivers:</p> <ul style="list-style-type: none"> Enhance their skills in managing symptoms of their child's illness. Learn effective interventions and techniques for working with schools. 	
<p>SUPPORTIVE EMPLOYMENT* This service helps beneficiaries acquire and keep meaningful jobs in a competitive job market, including:</p> <ul style="list-style-type: none"> Sending staff to go with beneficiaries on interviews. Providing ongoing support and/or on-the-job training once the beneficiary is employed. 	√
<p>SUPPORTIVE HOUSING* This service helps ensure beneficiaries have a choice of permanent, safe, and affordable housing.</p>	√
<p>PARTIAL HOSPITALIZATION* This program offers clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis.</p>	√
<p>MOBILE CRISIS INTERVENTION This service is offered 24/7, 365 days a year to respond to a member facing a behavioral health crisis. The service helps:</p> <ul style="list-style-type: none"> Identify, assess, treat, and stabilize the situation. Reduce current risk of danger to the member or others in line with the member's risk management/safety plan, if available. 	√
<p>THERAPEUTIC HOST HOMES* This service offers a home or family setting with focused treatment for a member with behavioral health or developmental disability needs who</p>	√

Have questions? Visit summitcommunitycare.com or call 844-405-4295 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	1915(i) services
	Covered
could be at risk if placed in a restrictive residential setting.	
RECOVERY SUPPORT PARTNERS (FOR SUBSTANCE ABUSE)* This service helps a person: <ul style="list-style-type: none"> • Learn about and access supports and needed services. • Connect with housing and employment services. The goal of Recovery Support Partners is to help a person be part of and remain in the community.	√
SUSTANCE ABUSE DETOX (OBSERVATIONAL)* These services help stabilize the member by clearing toxins from the body. These services are short-term and may be given in: <ul style="list-style-type: none"> • A crisis unit. • An inpatient or outpatient setting. Detox services may include: <ul style="list-style-type: none"> • Evaluation. • Observation. • Medical monitoring. • Addiction treatment. 	√
THERAPEUTIC COMMUNITIES* Therapeutic communities focus on: <ul style="list-style-type: none"> • Treating behavioral health needs. • Promoting personal growth leading to personal accountability. Services include access to: <ul style="list-style-type: none"> • Seminars. • Group counseling. • Individual activities, including assigned duties within the therapeutic community setting. 	√
RESIDENTIAL COMMUNITY REINTEGRATION PROGRAM* This program: <ul style="list-style-type: none"> • Serves as an intermediate level of care between inpatient psychiatric facilities and home- and 	√

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	1915(i) services
	Covered
community-based behavioral health services. <ul style="list-style-type: none"> • Offers 24-hour intense therapeutic care in a small group home setting for children and youth with emotional and/or behavior problems that cannot be solved by less intense treatment. • Aims to prevent acute or sub-acute hospital stays for youth or detention. 	
PLANNED RESPITE* This service offers some time away for the caregiver of the member with behavioral health or developmental disability needs to: <ul style="list-style-type: none"> • Reduce stress. • Give the caregiver and member a therapeutic and safe outlet. 	√

CES waiver services (covered services if shown on your service plan)

Services <i>*prior authorization may be required</i>	CES waiver services
	Covered
SUPPORTIVE EMPLOYMENT* These services offer ongoing support to members to: <ul style="list-style-type: none"> • Help them in their goal of working in competitive integrated work settings. • Maintain their employment. 	√ Certain limits apply.
SUPPORTIVE LIVING SERVICES* These services help members live successfully in their own home, with family, or other living setting, such as an apartment or a provider-owned group home. These services are offered in an integrated community setting.	√ Certain limits apply.
ADAPTIVE EQUIPMENT SERVICES*	√ Certain limits apply.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	CES waiver services
	Covered
These services include equipment to help a member increase, maintain, or improve their ability to perform daily life tasks that would not be possible otherwise.	
COMMUNITY TRANSITION SERVICES* These services include those needed to help a member set up a basic household, such as: <ul style="list-style-type: none"> • Security deposits to obtain a lease on an apartment or home. • Basic household furnishings required to occupy and use in a community home, such as furniture, window coverings, food prep items, and bed/bath linens. • Set-up fees or deposits for utility or service access, including phone, electricity, heating, and water. 	✓ Certain limits apply.
CONSULTATION SERVICES* These services help the member, parents, service providers, and others responsible in carrying out the member's person-centered service plan.	✓ Certain limits apply.
ENVIRONMENTAL MODIFICATION SERVICES* These services include changes made to the member's home to: <ul style="list-style-type: none"> • Ensure the health, welfare, and safety of the member or • Allow the member to function with more independence. Examples include: <ul style="list-style-type: none"> • Installing wheelchair ramps. • Widening doorways. • Modifying bathroom facilities. 	✓ Certain limits apply.
SUPPLEMENTAL SUPPORT SERVICES* These services: <ul style="list-style-type: none"> • Meet the needs of the member to improve or allow them to continue living in the community. 	✓ Certain limits apply.

Have questions? Visit summitcommunitycare.com or call 844-405-4295 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services <i>*prior authorization may be required</i>	CES waiver services
	Covered
<ul style="list-style-type: none"> Are based on needs stated in the member's person-centered service plan as sudden problems arise, and unless fixed, could interrupt the member's services or placement. 	
RESPIRE SERVICES* These services are given on a short-term basis to members who are not able to care for themselves due to the absence of or need for relief to the primary caregiver.	✓ Certain limits apply.
SPECIALIZED MEDICAL SUPPLIES* These supplies include: <ul style="list-style-type: none"> Items needed for life support or to address physical conditions, along with ancillary supplies and equipment needed for the proper functioning of these items. Other durable and non-durable medical equipment not available under the state plan needed to address the member's functional limits and deemed medically needed by the prescribing physician. 	✓ Certain limits apply.

Prior authorizations

Some Summit Community Care services and benefits require prior approval. This means your provider must ask Summit Community Care to approve those services or benefits before you receive them. We may not cover the service or drug if you do not receive approval.

These services do not require prior approval:

- Emergency services
- Urgent care
- Family planning services
- Routine provider visits with providers who are in our plan (some tests or procedures may require prior approval)
- Certain behavioral health and substance use disorder services (Ask your provider if prior approval is needed.)

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

For a full list of services that DO NOT require prior approval, and for a list of services that require prior approval, see the section **Covered benefits and services**.

If you have questions about an approval request, call Member Services at **844-405-4295 (TTY 711)**.

If your provider asks for prior approval of a service and a decision is made that the service is not medically needed, your provider will have the chance to discuss the decision with Summit Community Care. If the decision remains the same, you, your approved representative, or your provider on your behalf and with your written consent can appeal the decision. See the section **Appeals**.

If you have a question or are not sure if we offer a certain benefit or if there are coverage limits, you can call our Member Services team at **844-405-4295 (TTY 711)**.

Care for pregnant members

Taking Care of Baby and Me® is the Summit Community Care program for all pregnant members. It's very important to see your primary care provider (PCP) or obstetrician or gynecologist (OB-GYN) for care when you are pregnant. This kind of care is called **prenatal care**. It can help you have a healthy baby. Prenatal care is always important, even if you have already had a baby. With our program, nurse case managers reach out to pregnant members to provide help as needed. Members also receive health information and rewards for receiving prenatal and postpartum care.

Our program also helps pregnant members with complicated healthcare needs. Nurse case managers work closely with these members to provide:

- Education.
- Emotional support.
- Help in following their doctor's care plan.
- Information on services and resources in your community, such as the Women, Infants, and Children (WIC) program, home-visitor programs, breastfeeding support, and counseling.

Our nurse case managers also work with doctors and help with other services members may need. The goal is to promote better health for members and the delivery of healthy babies.

Quality care for you and your baby

At Summit Community Care, we want to give you the very best care during your pregnancy. That is why we invite you to enroll in My Advocate, which is part of our Taking Care of Baby and Me program. My Advocate gives you the information and support you need to stay healthy during your pregnancy.

Get to know My Advocate

My Advocate delivers maternal health education by phone, web, and smartphone app that is helpful and fun. You will get to know Mary Beth, My Advocate's automated

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- News you can use.
- Communication with your case manager based on My Advocate messaging should questions or issues arise.
- An easy communication schedule.
- No cost to you.

With My Advocate, your information is kept secure and private. Each time Mary Beth calls, she'll ask you for your year of birth. Please do not hesitate to tell her. She needs the information to be sure that she's talking to the right person.

Helping you and your baby stay healthy

My Advocate calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn, and answer a question or two over the phone. If you tell us you have a problem, you will receive a quick callback from a case manager. My Advocate topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental health
- Immunizations
- Healthy living tips

When you become pregnant

If you think you are pregnant:

- Call your PCP or OB-GYN doctor right away. You do not need a referral from your PCP to see an OB-GYN doctor.
- Call Member Services if you need help finding an OB-GYN in the Summit Community Care plan.

When you find out you are pregnant, you must also call Summit Community Care Member Services. We'll send you a pregnancy education package. It will include a *Pregnancy and Beyond Resource Guide* with information about prenatal, postpartum, and well-baby care; pregnancy benefits; and prenatal and postpartum incentive programs.

While you are pregnant, you need to take good care of your health. You may be able to receive healthy food from the Women, Infants, and Children (WIC) program if you qualify for Medicaid. Member Services can give you the phone number for the WIC program closest to you. Just call us at **844-405-4295 (TTY 711)**.

When you are pregnant, you must go to your PCP or OB-GYN at least:

- Every four weeks for the first six months.
- Every two weeks for the seventh and eighth months.
- Every week during the last month.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Your PCP or OB-GYN may want you to visit more than this based on your health needs.

When you have a new baby

When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery.
- 2 hours after a Cesarean section (C-section).

You may stay in the hospital for less time if your PCP or OB-GYN and the baby's provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB-GYN may ask you to have an office or in-home nurse visit within 48 hours.

After you have your baby, you must call the DHS Contact Center at **501-682-1001** to apply for Medicaid for your baby. If you need help, call your care coordinator.

After you have your baby

If you enrolled in My Advocate and received health promotion calls during your pregnancy, you will still receive these calls while enrolled in the program for up to 12 weeks after your delivery.

It's important to set up a visit with your PCP or OB-GYN after you have your baby for your postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery. This visit should be done between 7 to 84 days after you deliver.

If you delivered by C-section, your PCP or OB-GYN may ask you to come back for a two-week post-surgery checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 7 to 84 days after your delivery for your postpartum checkup.

Case management

Healthcare can be overwhelming. Your providers know how to help you with your care, but it is helpful if you know how to care for yourself, too. Our case managers can help make it easier to understand your healthcare needs.

As a Summit Community Care member, we offer many different types of services. Your case manager works with you and your provider to set up a plan of care. You may already be working with a case manager and know how to contact them. If you think you need case management services or need help contacting your case manager, call us at **844-405-4295 (TTY 711)**.

Our case managers may also call if:

- You, your care coordinator, or your doctor thinks case management might help you.
- You have just gotten out of the hospital and need help with follow-up visits to other providers.
- You are going to the emergency room (ER) often for nonurgent care that could be handled by your provider.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- You call 24/7 Nurse Line and need more follow-up for ongoing care.
- You have serious physical health problems and need more help or education.
- You have behavioral health problems and need more help working with all of your providers.

Your case manager can also help with:

- Setting up healthcare services.
- Obtaining referrals Checking your plan of care.

If we call you, a nurse or social worker will:

- Always identify themselves with their name, title, and position with Summit Community Care.
- Tell you about what we offer.
- Talk to you about your health and how you are handling different parts of your life.

Pharmacy

Prescriptions

Your pharmacy benefits are arranged through Summit Community Care.

The Summit Community Care pharmacy benefit covers:

- Medically necessary prescription drugs.
- Some over-the-counter drugs (see the section **Over-the-counter medicines** to learn more).

Things to remember about the Preferred Drug List (PDL)

- You, your doctor or your child's doctor, and your pharmacy have access to this drug list, located at ar.magellanrx.com.
- Your doctor or your child's doctor or specialist should use this list when they write a prescription.
- Nonpreferred drugs and certain medicines on the PDL need preapproval.
- Certain drugs prescribed for some age limits require preapproval.

You can receive prescriptions filled at any Summit Community Care pharmacy that is in our plan.

For a complete list of Summit Community Care pharmacies in our plan:

- Go to **summitcommunitycare.com** to view the provider directory online or
- Call Member Services at **844-405-4295 (TTY 711)** to request a provider directory.

If you do not know if a pharmacy is in our plan, ask the pharmacist.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Prior authorizations (preapprovals)

Some medicines require preapproval, or an OK, from Summit Community Care before we pay for them. View a list of these medicines at ar.magellanrx.com.

For those medicines, your provider will need to call **844-462-0022** to obtain approval. If your provider needs approval from us before you can get your prescription filled, you may be able to receive a 72-hour supply while you wait.

Drugs that require preapproval include those that:

- Can have high side effect potential.
- Should be prescribed only for specific usage.
- Have a high misuse or abuse potential.
- May cost more than other preferred drugs (e.g., a brand-name drug when an FDA-approved generic version is available).
- Are part of a step therapy treatment plan.
- Are prescribed at a higher dosage than recommended.

The preapproval process helps us make sure you are taking medicines safely and correctly. If you misplace your medicine or it is stolen, contact your provider. They will work with the pharmacy and Summit Community Care to review your case and replace your medicines as needed.

What happens if you do not see your medication listed?

If you do not see your medicine listed on the PDL or the formulary, you may ask for an exception at submitmyexceptionreq@carelon.com. You will be asked to supply a reason why it should be covered, such as an allergic reaction to a drug, etc.

Getting your prescriptions filled is easy!

Medicines work best when you take them the way your doctor prescribed. Part of that is making sure you get them refilled on time.

- Take your prescription from your provider to the pharmacy, or your provider can call in the prescription to the pharmacy.
- Show your Summit Community Care member ID card to the pharmacy.
- If you use a new pharmacy, tell the pharmacist about all of the medicines you are taking; include OTC medicines, too.

It's good to use the same pharmacy each time. This way, your pharmacist:

- Will know all the medicines you are taking.
- Can watch for problems that may occur.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Over-the-counter (OTC) medicines

The Summit Community Care pharmacy benefit covers many OTC medicines at no cost when your provider writes a prescription. Take your prescription to any pharmacy in our plan to fill.

For a complete list of covered OTC medicines, see the Preferred Drug List (PDL). Go to **summitcommunitycare.com** or call Member Services at **844-405-4295 (TTY 711)**.

Vaccines

Summit Community Care covers certain vaccines as part of the pharmacy benefit. These vaccines include:

- COVID-19
- Hepatitis B
- Hepatitis A
- Haemophilus influenzae type b (Hib)
- Human papillomavirus (HPV)
- Influenza (seasonal flu)
- Meningococcal
- Measles, mumps, rubella (MMR)
- Pneumococcal (PCV13)
- Inactivated polio virus (IPV)
- Shingles
- Tetanus, diphtheria, pertussis (Tdap)
- Varicella (chickenpox)

For members 19 years of age or older, vaccines can be obtained from either a prescriber's office (*medical benefit*) or from an in-network pharmacy that offers vaccinations (*pharmacy benefit*).

For members under 19 years old, vaccines are provided through the Vaccines for Children (VFC) program. Members can receive vaccines from a prescriber's office (*medical benefit*) or from an in-network pharmacy that is enrolled in the VFC program (*pharmacy benefit*).

Diabetic supplies

Members can fill prescriptions for preferred diabetic supplies at any in-network pharmacy with a prescription.

Some of the preferred diabetic supplies and products are listed below. This list is not all-inclusive, and products that are nonpreferred may require prior authorization.

- Blood glucose meters
- Blood glucose test strips
- Control solutions

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- Lancets
- Lancing devices
- Insulin pen needles
- Insulin syringes
- Continuous glucose monitors

Pharmacist-administered injectable medications

Summit Community Care covers select injectable medications from in-network, participating pharmacies,* which include:

Long-acting injectable antipsychotics	Contraceptives
<ul style="list-style-type: none"> • Abilify Maintena • Aristada • Fluphenazine Decanoate • Haloperidol Decanoate • Invega Sustenna • Invega Trinza • Perseris • Risperdal Consta 	<ul style="list-style-type: none"> • Depo-Provera • Depo-SubQ Provera 104 • Medroxyprogesterone Acetate

*All pharmacies in our network have received billing instructions to ensure there is no cost to you. Please contact your local pharmacy to find out whether it is a participating pharmacy.

New technology

Advances in medical technology bring new treatments to the market all the time. We want to make sure you have access to medical and behavioral health treatments that are safe and effective. Therefore, we review them to make sure they are safe and effective, and they work the way they are supposed to.

We use the following in our review process:

- Scientific literature
- Peer-reviewed medical journals
- Nationally recognized guidelines by accredited medical specialty societies
- Current medical community standards
- Government regulatory bodies, such as the Food and Drug Administration (FDA)
- Medical experts in the condition the new treatment is for

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Telehealth services

Summit Community Care offers telehealth services as medically needed. These services offer video and audio technology to help improve how you receive healthcare. These services can help improve:

- Your understanding of a diagnosis.
- The treatment your doctor recommends.
- Treatment planning.

Emergency and urgent care

Emergencies

What is an emergency? An **emergency** is when you need to receive care right away. If you do not receive care, it could cause your death. It could cause very serious harm to your body.

This means that someone with an average knowledge of health and medicine can tell the problem may threaten your life or cause serious harm to your body, or harm your unborn child if you are pregnant.

Here are some examples of problems that are most likely emergencies:

- Trouble breathing
- Chest pains
- Loss of consciousness
- Very bad bleeding that does not stop
- Very bad burns
- Shakes called convulsions or seizures

If you have an emergency, do one of the following:

- Call **911**.
- Go to the nearest hospital emergency room, regardless of whether the hospital is a provider in our plan.

You should be able to see a provider right away.

If you want advice about emergency care, call your PCP or 24/7 Nurse Line at **844-405-4295 (TTY 711)**. Medical emergencies do not need prior approval by Summit Community Care.

After you visit the emergency room:

- Call your PCP as soon as you can.
- If you cannot call, have someone else call for you.

Urgent care

Some injuries and illnesses are not emergencies but can turn into an emergency if they are not treated within 48 hours. This type of care is called **urgent care**. Some examples are:

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- Throwing up
- Minor burns or cuts
- Earaches
- Headaches
- Sore throat
- Fever over 101 degrees Fahrenheit
- Muscle sprains/strains

If you need urgent care:

- Call your PCP. Your PCP will tell you what to do.
- Follow what your PCP says. Your PCP may tell you to go to:
 - Their office right away.
 - Some other office to receive care right away.
 - The emergency room at a hospital for care; see the next section about emergency care for more details.

You can also call 24/7 Nurse Line at **844-405-4295 (TTY 711)** if you need advice about urgent care.

Services covered under the state plan or other entity

There are certain services Summit Community Care does not cover but may be paid for by the state or other entity. These services include:

- Nonemergency medical transportation (NET) provided through the PAHP
- Dental benefits
- School-based services provided by school employees
- Skilled nursing facility services
- Assisted living facility services
- Human Development Center services
- Waiver services provided to the elderly and adults with physical disabilities through the ARChoices in Homecare program or the Arkansas Independent Choices program, or a successor waiver for the elderly and adults with physical disabilities

To learn more about these services, call:

- **888-987-1200 (option 1)** for nonemergency medical transportation.
- **866-864-2499** (Delta Dental help desk) or **844-341-6262** (Managed Care of North America) for dental benefits.
- **501-682-1001 (TTY 501-682-8933)** for the Arkansas Department of Human Services for all other services.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Services not offered by Summit Community Care or fee-for-service Medicaid

The following are not covered:

- Anything experimental, such as a new treatment that is being tested or has not been shown to work
- Anything that is not medically needed
- Abortions, except as allowed by state or federal law

If you choose to receive a service that is not covered, you may have to pay for them. Your provider may ask you to sign a form. This form tells your provider you understand and agree to pay for the service.

What is a PCP?

A primary care provider (PCP) is your main doctor. You will see this doctor for well visits, checkups, immunizations (shots), and when you are sick. Your PCP may also refer you to specialists — doctors who focus on one kind of care.

It's important for you to see your PCP at least once a year for a wellness visit. This way, your PCP can get to know your health needs. It also helps your PCP address health issues that could become more serious over time.

Choosing and changing your PCP

If you have already chosen a PCP, that doctor is your primary medical contact. If you have not chosen a PCP, your care coordinator can help you choose a PCP or give you a referral to one.

See the latest provider directory to find PCPs and other providers who work with us, or use our fast, convenient **Find a Doctor** tool. Visit **[summitcommunitycare.com](https://portal.mmis.arkansas.gov/armedicaid/member/Resources/SearchProviders/tabid/97/Default.aspx)** for the latest directory or call Member Services for a hard copy.

If your doctor is not on the list, you can find other Medicaid providers at **<https://portal.mmis.arkansas.gov/armedicaid/member/Resources/SearchProviders/tabid/97/Default.aspx>**. Then, tell your care coordinator who you want your PCP to be.

Make sure the PCP you choose is a Medicaid provider.

You can change your PCP by:

- Registering online at **[summitcommunitycare.com](https://portal.mmis.arkansas.gov/armedicaid/member/Resources/SearchProviders/tabid/97/Default.aspx)** or
- Calling Member Services if you need help.

Here are some things to keep in mind when choosing or changing your PCP.

How far away is the doctor?

The doctor's office needs to be in the county where you live or in a county right beside yours. If you live in a county that borders another state (Oklahoma, Texas, Louisiana,

Have questions? Visit **[summitcommunitycare.com](https://portal.mmis.arkansas.gov/armedicaid/member/Resources/SearchProviders/tabid/97/Default.aspx)** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Mississippi, Missouri, or Tennessee), you may choose a doctor in a city on the border in that state. Make sure the doctor takes Arkansas Medicaid.

Do you or a family member have a healthcare need that requires a specialist?

Look for a doctor that offers the service you need or ask your care coordinator for help in finding one.

Is there a hospital you like best?

Make sure the doctor you choose sends patients to that hospital. (For emergency care, you can use any hospital. Other times, you need a doctor's referral.)

Do you or does a family member not speak English?

Choose a doctor who speaks your or their language.

Second opinion

You have the right to ask for a second opinion about the diagnosis or the options for surgery or other treatment of a health condition. You can receive a second opinion from a provider in our plan or a provider who is not in our plan if a plan provider is not available.

Ask your PCP to submit a request for you to have a second opinion. This is at no cost to you. Once the second opinion is approved:

- You will hear from your PCP.
- Your PCP will let you know the date and time of the appointment.
- Your PCP will also send copies of all related records to the doctor who will provide the second opinion.

Your PCP will let you and Summit Community Care know the outcome of the second opinion.

How we pay providers

We want you to know more about how we work with the providers in our plan. Providers can include doctors, specialists, or consultants. Different providers in our plan have agreed to be paid in different ways by us. Your provider may:

- Be paid each time they treat you (fee-for-service).
- Be paid a set fee each month for each member whether or not the member actually receives services (capitation).
- Participate in the Physician Incentive Plan.

These kinds of pay may include ways to earn more money. This kind of pay is based on different things like how happy a member is with the care or quality of care. It is also based on how easy it is to find and receive care. We do not:

- Offer rewards, money, or other incentives to deny care or services to providers.
- Reward providers for supporting decisions that result in the use of fewer

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

services.

- Make decisions about hiring, promoting, or firing providers based on the idea they will deny benefits.

If you want more details about how our contracted providers or any other providers in our plan are paid, please call Member Services at **844-405-4295 (TTY 711)**. Or write to us at:

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

Grievances

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

A grievance is an expression of dissatisfaction about any matter other than a decision. Examples include but are not limited to:

- You are unhappy with the quality of your care.
- The doctor who you want to see is not a Summit Community Care doctor.
- You are not able to receive culturally competent care.
You got a bill from a provider for a service that should be covered by Summit Community Care.
- Rights and dignity.
- Any other access to care issues.

Grievances can be filed not only against Summit Community Care but also its participating providers and subcontractors.

You may file by calling Member Services at **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 receive your grievance, we'll send you a letter within five business days to let you know we received it.

After we receive your grievance:

- We'll send you a letter with the answer to your grievance within 30 calendar days from when we receive 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.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

If we extend the grievance 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.

Appeals

An appeal is when you ask Summit Community Care to review a decision we made to deny or reduce care or services. This includes things like:

- Telling you we will not pay for treatment or services.
- Paying for less or fewer treatments or services.
- Ending treatments or services early.

If we deny, reduce, or end services, you will get a letter from us. The letter will:

- Explain why we will not pay for care or services your provider asked for.
- Give you instructions on your right to appeal this decision.

Who can file an appeal?

We understand you or your provider may not agree with our decision to deny or reduce care or services. You can file an appeal, or someone else can help you with the appeal process:

- Your parent or legal guardian
- An attorney or another person on your behalf and with your written consent
- The service provider who is the focus of the denial (adverse decision) or their attorney or approved representative

How do I file an appeal?

An appeal must be filed within 60 calendar days from the date on our first letter that says we will not pay for a service.

Our decision can be appealed in two ways — by calling or mailing a letter:

- Call Member Services at **844-405-4295 (TTY 711)** to file your appeal. For members who do not speak English, we offer free oral interpretation services for all languages. If you need these services, call Member Services at the toll-free number above. Let us know if you want someone else to help you with the appeal process, such as a family member, friend, or provider.
- If you call to file an appeal, unless you ask for an expedited (fast) review, you must follow up with a written, signed appeal within 10 calendar days of the date of the verbal appeal request by:
 - Filling out the Written Appeal Form.
 - Mailing your Written Appeal Form to:

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Authorization Appeals
P.O. Box 62429
Virginia Beach, VA 23466-2429

- You or the person you choose to represent you can send comments, documents, or any other information to help with this review.

What happens after I file an appeal?

When we get your appeal form, we will send you a letter within five business days to let you know we got your appeal unless you asked for an expedited appeal.

After we get your appeal:

- A doctor different than the one who made the first decision will review your appeal.
- We will send you and the person who filed the appeal, if someone filed on your behalf, a letter with the answer to your appeal:
 - Within 72 hours if your appeal is expedited (see **Expedited appeals**).
 - Within 30 calendar days from when we get your appeal if your appeal is a standard appeal.
- You may ask for an extension for standard or expedited appeals. Or we may ask for an extension of up to 14 calendar days if we need more details 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.
 - You have the right to file a grievance if you disagree with the extension.

Our resolution letter will tell you or the person who filed the appeal, if someone filed on your behalf:

- What we decide.
- How to find out more about the decision and your rights to a fair hearing.

Expedited appeals

If you or your provider feels taking the time for the standard appeal process, which is 30 calendar days, could seriously harm your life or your health, you can ask us to review your appeal quickly. During the appeal process, you or your approved representative have the right to present evidence, documents, information, and cases of fact or law in person or in writing. This must be done within the 72-hour time frame to resolve your expedited appeal.

If your request for an expedited review is approved, we will send you a letter to let you know what we decide within 72 hours from when we get your request.

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

Have questions? Visit **summitcommunitycare.com** or call
844-405-4295 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time.

- 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 appeal process and may ask for a state fair hearing.

What happens if I am getting services that may be affected by your decision?

If you or your parent or legal guardian asks, you can keep getting covered services while you appeal if all of the following apply:

- The appeal is filed timely within 60 calendar days from the date we mailed the first decision letter.
- The appeal request is related to services that were reduced, stopped, or ended that were approved for you before.
- The services were ordered by an authorized provider.
- The approval period for the services has not ended.
- You or your parent or legal guardian filed to continue services within 10 calendar days.

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

- You decide not to continue the appeal.
- You or your parent or legal guardian withdraws the request to continue benefits.
- You do not 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.

What happens if I do not agree with your appeal decision?

You, your approved representative, or your provider or their approved representative, or attorney on your behalf, and with your written consent, has the right to ask for a state fair hearing after you have finished our appeal process. You must ask for a state fair hearing within 90 calendar days from the date on the letter from us that tells you the result of your appeal. If you want to keep getting benefits during the hearing, you must submit your request within 10 calendar days from the date of the letter we send you with the answer to your appeal.

Your benefits will continue while the fair hearing is pending until one of the following occurs:

- You withdraw the fair hearing request.
- You withdraw the request for continuation of benefits.
- The fair hearing officer issues a hearing decision that is not in your favor.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

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

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: **501-682-8622 (TDD 800-285-1131)**
Fax: 501-404-4628

If a decision is made in your favor as a result of the state fair hearing, and we did not cover services while the appeal and state fair hearing were pending, we will approve and cover the services as quickly as your health condition requires, but no later than 72 hours from the date we get written notice of the decision.

If the state fair hearing decision is not in your favor, you may have to pay for the cost of services you received while the state fair hearing was pending.

What if I want to make a complaint?

You may submit a complaint in writing or by telephone to the Arkansas Medical Board, Arkansas Insurance Department, or the Arkansas State Board of Health:

Arkansas Medical Board
1401 W. Capitol Ave., Ste. 340
Little Rock, AR 72201-2936
Phone: **501-296-1802**

Arkansas Insurance Department
1 Commerce Way, Ste. 102
Little Rock, AR 72202-2087
Phone: **800-852-5494**
Arkansas State Board of Health
4815 W. Markham St.
Little Rock, AR 72205-3867
Phone: **800-462-0599**

What is an advance directive?

An advance directive helps make sure you receive the medical care you want if you are ever so sick or injured that you cannot speak for yourself. An advance directive also states who you want to make healthcare decisions for you if that happens. It's important to choose someone you trust.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

There are two kinds of advance directives:

- **Living will:** Tells what kind of treatments you would want and would not want.
- **Durable power of attorney:** Names a person of your choice to make decisions for you when you cannot make them yourself.

To receive an advance directive:

- Talk to your primary care provider (PCP).
- Call Member Services — we can send you the forms.

Once you have the forms:

- Review your options and rights. Take your time. Think about it. Talk it over with your doctor and loved ones.
- Fill out and sign your advance directive.
- Give your signed advance directive to your PCP and other people you trust to have it when needed. You can change your advance directive later if you want.

By making your wishes known now, you will be sure to receive the kind of care you want or need in the future.

Objections to advance directives

If your provider has a conscious objection to your advance directive, they are required to:

- Notify you upon admission for services.
- Identify the legal authority for the objection.
- Identify the manner in which this may affect treatment decisions.

We respect the advance directives of our members. If we have a conscious objection to your advance directive, we will:

- Clarify if the objection is our objection or one raised by your provider.
- Identify the legal authority for the objection.
- Describe the range of medical conditions or procedures affected by the conscious objection.

We are not required to:

- Cover care that is not in line with your advance directive.
- Implement an advance directive, if as a matter of conscience, we cannot fulfill an advance directive and state law allows any healthcare provider (or their agent) to conscientiously object.

If you or your loved ones feel your advance directive is not being followed based on advance directive laws, you may file a complaint with the Arkansas PASSE Ombudsman Hotline. Call **844-843-7351 (TTY 888-987-1200, option 2)**.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Fraud, waste, and abuse

What is fraud, waste, and abuse? Here's what these words mean:

1. Fraud:

- Imagine someone playing a game and trying to cheat. Well, in real life, fraud is like that. It's when someone knowingly lies or tricks others to get something they shouldn't have.
- For example, if someone pretends they're sick to get extra benefits or money, that's fraud. It's against the law because it's unfair and dishonest.

2. Waste:

- Think of waste as accidentally using too much of something. It's like when you accidentally pour too much ketchup on your fries.
- In health programs, waste happens when resources (like money or services) are misused. It's not intentional; it's usually because of mistakes.

3. Abuse:

- Imagine a game with rules. In health care, there are rules too. Abuse happens when someone breaks those rules.
- For instance, if someone goes to the doctor unnecessarily or gets unnecessary treatments, it costs extra money. That's abusing health care services.

To prevent fraud, waste, and abuse, doctors, nurses, and other health professionals talk to their patients. They make sure everyone follows the rules and uses resources wisely.

And don't forget, every member's card has important details like when their membership started, their date of birth, an ID number, and information about their doctor and payments for medical visits and pharmacy services.

Telling us about fraud, waste, and abuse

If you think a doctor, dentist, or anyone else caring for your health has done something wrong, you can report it. Don't worry — you won't get in trouble for reporting. We keep your information private. You can report your concerns by visiting our website, calling us, or using our hotline.

When we hear about fraud, waste, or abuse:

- If someone tells us about fraud, waste, or abuse, our Special Investigations Unit checks it out.

What happens if you don't follow the rules:

- If you don't do what the health program says or break the contract, you might get kicked out of our plan.

If a member does something wrong:

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- If a member does fraud, waste, or abuse and doesn't fix it, they might be taken out of our health care plan. The state has to agree to this.

Reporting fraud, waste and abuse

If you suspect fraud, waste, or abuse, please report it. You will not get in trouble for doing so and your report will be kept in strict confidence by the Special Investigations Unit (SIU).

Contact us by:

- Visiting fighthealthcarefraud.com; at the top of the page click "Report it" and complete the "Report Waste, Fraud and Abuse" form.
- Calling **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.
- Calling our SIU fraud referral hotline: **866-847-8247**.

Reports can be anonymously.

You can also report suspected Medicaid fraud by:

- Calling the Arkansas Medicaid Fraud and Abuse Hotline at **800-422-6641**, Monday through Friday from 8 a.m. to 4:30 p.m.

Domestic violence

Domestic violence is abuse. Abuse is unhealthy. Abuse is unsafe. It is never OK for someone to hit you. It is never OK for someone to make you afraid. Domestic violence causes harm and hurt on purpose. Domestic violence in the home can affect your children, and it can affect you. If you feel you may be a victim of abuse, call or talk to your PCP. Your PCP can talk to you about domestic violence. They can help you understand you have done nothing wrong and do not deserve abuse.

Safety tips for your protection:

- If you are hurt, call your PCP.
- Call **911** or go to the nearest hospital if you need emergency care. Please see the section **Emergency care** for more information.
- Have a plan on how you can get to a safe place (like a shelter or a friend's or relative's home).
- Pack a small bag and give it to a friend to keep until you need it.

If you have questions or need help:

- Call Summit Community Care Member Services at **844-405-4295 (TTY 711)**.
- Call the National Domestic Violence hotline number at **800-799-7233 (TTY 800-787-3224)**.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Child or adult abuse

Child abuse is any of the following inflicted upon a child:

- Physical injury
- Physical neglect
- Emotional injury
- Sexual act

Several signs, including a child's actions, may point to child abuse.

If a child reports they are a victim of abuse or neglect:

- Assure the child that telling you about what happened is OK and safe.
- Respect the child's privacy.
- Do not press for details.
- Do not show shock or disapproval of the parents, child, or situation.

Tell the child you are going to call someone who will help.

If you suspect child abuse, call the Child Abuse Hotline at **800-482-5964**.

If you suspect abuse or neglect of an adult in the community, call Adult Protective Services at **800-482-8049**. In an emergency, call your local police force or call **911**.

Steps PASSE or PASSE representatives will take to report abuse or neglect

1. ****Identify the Incident****: Be vigilant and observant to recognize indicators of abuse, neglect, or exploitation. These can include physical signs, behavioral changes, and sudden changes in financial status among others.
2. ****Ensure Safety****: If immediate danger exists, ensure the safety of the member. Contact necessary authorities including but not limited to police or emergency medical services to ensure the member is safe from immediate harm.
3. ****Document the Incident****: Record all details of the incident including date, time, location, individuals involved, description of incident, any witnessed actions, or words spoken. This should be written objectively and include as many specifics as possible. The incident report form will be completed per DHS specifications.
4. ****Report the Incident Internally****: Notify a supervisor or designated official within the organization immediately.
5. ****File Official Report****: Submit the report to ARQuality@anthem.com and the QOC representative will forward the form to AR DHS utilizing the incident reporting system.
6. ****Cooperate Fully****: Offer full cooperation during any subsequent investigation.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

7. ****Follow-Up Actions****: Based on the results of the investigation, perform the needed actions, and update any safety protocols.

8. ****Maintain Confidentiality and Respect****: Throughout this process, respect confidentiality and the rights of all involved parties.

Other information

Switching to another PASSE

If you would like to switch (transition) from the PASSE you were assigned to initially, you may:

- Switch to a new PASSE *within the first 90 day* at any time.
 - On the 91st day, you can only change your PASSE during the next 12 months for cause.
- Switch to a new PASSE *after the first 90 days* for cause. For-cause reasons are:
 - You move out of the state
 - Summit Community Care does not, because of moral or religious objections, cover the services you seek
 - Poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with your healthcare needs, or if DHS imposes sanctions against Summit Community Care
- Switch to a new PASSE *during the annual open enrollment* without cause. If you do not switch on your anniversary, you must stay with your current PASSE for the next 12 months unless you can show cause.

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

Phone number: 833-402-0672

DHS will process your request after they receive your call and let you know their decision.

If your request is approved, the start date with your new PASSE will be no later than the first day of the second month following the month DHS receives your request. (For example, if DHS receives your request on March 15, the start date with your new PASSE will be no later than May 1.)

If your request is not processed timely, it will be approved automatically.

If you must provide a for-cause reason with your request but do not properly state the reason, DHS will let you know their decision. If you do not agree, you have the right to appeal.

Other insurance and bills

If you have Medicare

If you have Medicare coverage, your Medicare coverage is primary and your healthcare coverage through Summit Community Care is secondary.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Medicare will cover services from participating physicians, hospitals, and other network providers. Medical services are based on the guidelines of that program.

Because you have Medicare as your primary health insurance, you do not have to choose a primary care provider through Summit Community Care.

Please call your care coordinator to talk about the services offered to you. Your care coordinator will help you arrange for services through Medicare and the services and supports you receive through Summit Community Care.

If you receive a bill

In most cases, if you see a plan provider for covered services, your provider should not send you a bill. Always show your Summit Community Care ID card to make sure you are not sent a bill for services covered by Summit Community Care.

If you do receive a bill for medical services you received from your provider, send it to Summit Community Care with a letter saying you have been sent a bill.

Summit Community Care will contact your provider. Send the letter to:

Summit Community Care
Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

You can also call Member Services for help.

Always show your Summit Community Care ID card when you:

- See a provider.
- Go to the hospital.
- Go for tests.

Even if your provider told you to go, you must show your Summit Community Care ID card to make sure you are not sent a bill for services covered by Summit Community Care.

How to tell Summit Community Care about changes you think we should make

We want to know what you like and do not like about Summit Community Care. Your ideas will help us make Summit Community Care better. Please call Member Services to tell us your ideas.

Summit Community Care has a group of members who meet quarterly to give us their ideas. These meetings are called consumer advisory meetings. This is a chance for you to find out more about us, ask questions, and give us suggestions for improvement. If you would like to be part of this group, call Member Services.

We also keep track of your services and how pleased you are with the care you receive through our Quality Management program. We receive this information through:

- Healthcare Effectiveness Data and Information Set (HEDIS) — This tool helps us make sure you receive the preventive and screening services you need to help keep you healthy and find health problems early so you can be treated sooner.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, also called the member satisfaction survey. The survey is sent to a random sample of members and asks questions about how you like Summit Community Care; if we send you a survey, please fill it out and send it back.

What does Quality Management do for you?

The Summit Community Care Quality Management program is here to make sure you are being cared for. We look at services you have received to check if you are receiving the best preventive healthcare.

We work with our network providers to teach them and help them care for you. You may receive mailings from us about taking preventive health steps or managing an illness. We want you to help us improve by telling us what we can do better.

If you would like more information on our Quality Management program, call Member Services at **844-405-4295 (TTY 711)**.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Your resources

Your care coordinator: _____

Phone number: _____

*Your care coordinator is your first point of contact. Call them first if you have questions or concerns about your benefits, plan of care, or how to receive services.

Healthy Rewards

Healthy Rewards is a no-cost, optional program for eligible members enrolled in our health plan. The program encourages you to get the care you need to create a healthy lifestyle.

If you complete some of these health activities, you can earn Healthy Rewards:

- Complete a diabetic retinal eye exam, A1c screening, or diabetes management quiz.
- Receive certain immunizations, such as a flu shot, have your children receive certain shots, or complete the vaccination importance quiz.
- Complete certain cancer screenings.
- Complete certain follow-up visits with a behavioral health provider.
- Refill medications for certain medical conditions.
- And more.

Extra benefits

Extra benefits exist to improve the member experience. They can be claimed by utilizing the member portal and by phone.

You can redeem some benefits online through your secure account. View the extra benefits you're eligible for on the Benefit Reward Hub at **member.summitcommunitycare.com/secure/my-health-dashboard/my-rewards**. You can also call Member Services at **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Important phone numbers

Member Services: 844-405-4295 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. Central time

24/7 Nurse Line: Call **844-405-4295 (TTY 711)** if you need medical advice and wish to speak with a nurse.

Arkansas Department of Human Services: 501-682-1001 (TTY 501-682-8933)

Nonemergency Medical Transportation: 888-987-1200 (Option 1)

Behavioral healthcare: Call Member Services at **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

EyeMed: Call **833-279-4364** if you need routine vision services.

Dental services: Arkansas dental services are not covered through Summit Community Care. To find out more, call **866-864-2499** (Delta Dental help desk) or **844-341-6262** (Managed Care of North America).

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.

HIPAA notice of privacy practices

The original effective date of this notice was April 14, 2003. This notice was most recently revised in March 2021.

Please read this notice carefully. This tells you:

- **Who can see your protected health information (PHI).**
- **When we have to ask for your OK before we share your PHI.**
- **When we can share your PHI without your OK.**
- **What rights you have to see and change your PHI.**

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you are a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that is told to us, in writing, or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others cannot get it.
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
 - Make rules for keeping information safe (called policies and procedures).
 - Teach people who work for us to follow the rules.

When it is OK for us to use and share your PHI

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it is OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care**
 - To help doctors, hospitals, and others get you the care you need.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

- **For healthcare operations and treatment**
 - To find ways to make our programs better, and to support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI to health information exchanges for healthcare operations and treatment. If you do not want this, please visit summitcommunitycare.com for more information.
- **For healthcare business reasons**
 - To help with audits, fraud and abuse prevention programs, planning, and everyday work.
 - To find ways to make our programs better.
- **For public health reasons**
 - To help public health officials keep people from getting sick or hurt.
- **With others who help with or pay for your care**
 - With your family or a person you choose who helps with or pays for your healthcare, if you tell us it is OK.
 - With someone who helps with or pays for your healthcare, if you cannot speak for yourself and it is best for you.

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We cannot take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws. For example, we may use PHI to report abuse and neglect.
- To help the court when they ask us. For example, we may use PHI to answer legal documents filed with the court, such as complaints or subpoenas.
- To give information to health oversight agencies or others who work for the government with certain jobs. For example, we provide information for audits or exams.
- To help coroners, medical examiners, or funeral directors find out your name and cause of death.
- To help when you asked to give your body parts to science or for research. For example, we may share your information if you have agreed to become an organ donor in the event of your death.
- To keep you or others from getting sick or badly hurt. For example, we may share your PHI to prevent you or others from being harmed in an urgent situation.
- To give information to workers' compensation. For example, we may share your information if you get sick or hurt at work.

Your rights

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We do not have your whole

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medical record, though. If you want a copy of your whole medical record, ask your doctor or health clinic.

- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we do not have to agree to your request. For example, if the PHI is part of clinical notes and by law cannot be released, your request may be denied.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we shared your PHI with someone else. This will not list the times we shared it because of healthcare, payment, everyday healthcare business, or some other reasons we did not list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What we have to do

- The law says we must keep your PHI private except as we said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we will do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask and if you are in danger.
- We must tell you if we have to share your PHI after you asked us not to.
- If state laws say we have to do more than what we said here, we will follow those laws.
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and vendors, may call or text you using an automatic telephone dialing system and an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we will not contact you in this way anymore. Or you may call **844-203-3796** to add your phone number to our Do Not Call list.

What to do if you have questions

If you have questions about our privacy rules or want to use your rights, please call Member Services at **844-405-4295 (TTY 711)**.

Have questions? Visit **summitcommunitycare.com** or call **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

You can also contact the PASSE Ombudsman Office:

Phone: **844-843-7351 (TTY 888-987-1200, option 2)**

Email: PASSEOmbudsmanOffice@dhs.arkansas.gov

Mail:

Division of Medical Services
Office of Ombudsman
P.O. Box 1437, Slot S-418
Little Rock, AR 72203-1437
Fax: 501-404-4625

What to do if you have a complaint

We are here to help. If you feel your PHI has not been kept safe, you may call Member Services or contact the Department of Health and Human Services.

You may write to or call the Department of Health and Human Services:

Marisa Smith, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young St., Ste. 106
Dallas, TX 75202
Phone: **800-368-1019**
TDD: 800-537-7697
Email: ocrmail@hhs.gov

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we will tell you about the changes in a letter. We also will post them on the web at **summitcommunitycare.com**.

Race, ethnicity, and language

We receive race, ethnicity, and language information about you from the state Medicaid agency and the Children's Health Insurance Program. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Develop and send health education information.
- Let doctors know about your language needs.
- Provide translator services.

We do **not** use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.

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- Disclose to unapproved users.

Your personal information

We must follow state laws if they say we need to do more than the HIPAA Privacy Rule. We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It is often taken for insurance reasons.

- We may use your PI to make decisions about your:
 - Health.
 - Habits.
 - Hobbies.
- We may get PI about you from other people or groups such as:
 - Doctors.
 - Hospitals.
 - Other insurance companies.
- We may share PI with people or groups outside of our company without your OK in some cases. For example, we may share PI with claims and billing vendors who we hire to help us run our business.
- We will let you know before we do anything where we have to give you a chance to say no.
- We will tell you how to let us know if you do not want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

This information is available for free in other languages. Please contact Member Services toll free at **844-405-4295 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Central time.

Revised March 2021



Serving Arkansas counties statewide