



Provider Webinar

Third Quarter 2023

Housekeeping



- ▶ Please mute your phone.
- ▶ Please do not put this call on hold-we can hear your hold music.
- ▶ Please hold all questions until the end of the presentation.
- ▶ This presentation will be posted to the Arkansas Total Care website soon.

Disclaimer



- Arkansas Total Care has produced this material as an informational reference for providers furnishing services in our contract network and Arkansas Total Care employees, agents and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.
- The presentation is a general summary that explains certain aspects of the program and is not a legal document.
- Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice.
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Agenda



- ▶ Medicaid Redetermination
- ▶ Personal Caregiver ID
- ▶ HCBS Policy Updates
- ▶ New Payment Method — VCC
- ▶ HCBS & Atypical Credentialing
- ▶ Request for Reconsiderations or Claim Disputes
- ▶ Clinical & Payment Policies
- ▶ New Criteria Guidelines
- ▶ 340B Program Medical Billing
- ▶ Policy Update
- ▶ Cultural Competency Training
- ▶ Fraud, Waste, and Abuse
- ▶ Provider Demographic Accuracy
- ▶ Contact Information

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Receive current updates

Arkansas Total Care:

- ▶ [ArkansasTotalCare.com/providers.html](https://www.arkansastotalcare.com/providers.html)

For Providers

The best support is close to home. That's why Arkansas Total Care operates from your neighborhood. We partner with local services and providers. Our team brings over 20 years of healthcare experience. We look forward to continuing that dedication.

Every individual should live with respect and dignity. We will help our members to maximize their independence. We will also help and maintain members quality of life in their chosen setting.

If you are interested in joining us as a provider, please visit our [Become a Provider](#) page.

Arkansas Total Care provides the tools and support you need to deliver the best quality of care. Please view our listing on the left that covers forms, guidelines and helpful links.

Interested in getting the latest alerts from Arkansas Total Care? Fill out the form below and we'll add you to our email subscription.

Name *	Position Title *
<input type="text"/>	<input type="text"/>
Email *	
<input type="text"/>	
Phone Number *	
<input type="text"/>	
Group Name *	
<input type="text"/>	
Group NPI	
<input type="text"/>	
Tax ID	
<input type="text"/>	

Submit

Login To Your Account

Access your secure provider information any time.

Login Now

Acronyms



Acronym	Definition
ARTC	Arkansas Total Care
EVV	Electronic Visit Verification
PHE	Public Health Emergency
FWA	Fraud, Waste, and Abuse
HCBS	Home- and Community-Based Services
NPI	National Provider Identification
PASSE	Provider-Led Arkansas Shared Savings Entity
SIU	Special Investigations Unit

Medicaid Redetermination

Medicaid Redetermination



During COVID-19 public health emergency (PHE), the Families First Coronavirus Response Act provided funds to state Medicaid programs if states agreed to provide continuous coverage during the PHE.

The COVID-19 PHE has ended. The Arkansas Department of Human Services' (DHS) routine redetermination process resumed on April 1, 2023.

Arkansas Medicaid members will need to provide proof of eligibility to retain their Medicaid Coverage — DHS has identified more than 400,000 Medicaid members who be subjected to this initial redetermination process.

You can check your patients' Medicaid eligibility status using the AR Medicaid Provider Portal at portal.mmis.arkansas.gov/armedicaid/provider. Additional resources and information for providers can be found on the DHS website. From humanservices.arkansas.gov, navigate to the Divisions & Shared Services dropdown, hover over the Medical Services option, and select Update Arkansas.

Medicaid Redetermination Cont'd



Process for Redetermining Medicaid

DHS is mailing a renewal packet to all Medicaid members who need to renew their eligibility. The renewal packet needs to be completed and returned to DHS as soon as possible. Medicaid members can also renew their information online at access.arkansas.gov, or by going in person to a DHS office. They can contact DHS by calling 1-844-872-2660.

We are reaching out to Arkansas Total Care members via letter, email, phone call, web postings, and social media channels to help ensure our Arkansas Total Care members provide the needed information to DHS. We want to ensure members retain their coverage and avoid any interruption in service.

Resources for Providers

You can check your patients Medicaid eligibility status using the AR Medicaid Provider Portal at portal.mmis.arkansas.gov/armedicaid/provider. Additional resources and information for providers can be found on the DHS website. From humanservices.arkansas.gov, navigate to the Divisions & Shared Services dropdown, hover over the Medical Services option, and select Update Arkansas.

We value your partnership and commitment to helping our members live well. If you have any questions about this email, or if you would like additional support, please contact us at 1-866-282-6280 (TTY: 711).

Personal Caregiver ID

Personal Caregiver ID Updates



All Arkansas providers are required by the Arkansas Department of Human Services (DHS) to provide a caregiver Medicaid ID for every caregiver servicing members for personal care, attendant care, and respite services.

- ▶ Effective Friday, January 27, 2023, the caregiver Medicaid ID must be entered for every caregiver profile in HHAeXchange.
- ▶ The caregiver Medicaid ID should be entered in the Professional License Number field of the caregiver profile.
 - The Professional License Number is required when editing or adding a new caregiver and before saving the caregiver profile in HHAeXchange.
 - Failure to add an active and accurate Medicaid ID for each caregiver can result in delay in claim payment or denials.

Personal Caregiver ID Cont'd



- ▶ To avoid claim denials, the caregiver effective date should be listed in HHA appropriately. You can submit these visits via HHAeXchange or a chosen third-party EVV system that aggregates with HHAeXchange.
- ▶ Claims received outside of the EVV system will be denied with the note “NO EVV VISIT MATCH FOR MEDICAID ID BILLED.”
- ▶ If you have any questions or concerns about this change, please contact Provider Services at 1-866-282-6280 (TTY: 711). You can also contact HHA at 1-855-400-4429.

Change to Support



On July 1, 2023, the support@hhaexchange.com email address was removed. All support requests should be made via the HHA Client Support Portal. **All support requests will now be made via our Client Support Portal.**

HHA developed the Client Support Portal in response to customer feedback for quicker access to support, more visibility on the status of support requests, and an easier way to manage the support request process. We recommend you begin using the HHA Client Support Portal today to take advantage of the improved experience, including:

- ▶ Faster support response
- ▶ Better communication
- ▶ Increased visibility of support request status
- ▶ Streamlined support request process

Contact Information



For questions regarding how to update information in the HHAeXchange system, contact HHA at 1-855-400-4429 or the HHA Client Support Portal.

For plan specific questions, please contact Arkansas Total Care at 1-866-282-6280.

HCBS and Atypical Credentialing



Atypical and HCBS Provider Recredentialing Frequency Reduced: Now Required Every Three Years

- ▶ In accordance with a recent PASSE agreement update, we have amended our recredentialing schedule for atypical and Home- and Community-Based Services (HCBS) providers. Beginning February 2023, atypical and HCBS providers have been transitioned to a three-year recredentialing cycle. Providers who have gone through this process recently may have seen this change reflected in their approval letter.
- ▶ We value your partnership and hope that this change helps facilitate the care you provide our members. If you have any questions about this change, please reach out to us at 1-800-294-3557 or ArkCredentialing@centene.com.

New Provider Payment Method

ARTC New Payment Method



Arkansas Total Care is working to improve provider payment methods. To reduce the environmental impact of our payments and to enhance the provider experience, all payments for Arkansas Total Care claims will be issued via Virtual Credit Card (VCC) beginning November 2023.

The VCC program from Change Healthcare is a widely used payment option in healthcare that we are making available to our provider network.

Requests for Reconsideration or Claim Disputes



Request for Reconsiderations



- ▶ If a provider disagrees with the original claim outcome (payment amount, denial reason, etc.), they can request reconsideration.
- ▶ Reconsiderations may be submitted using one of the following ways:
 - Using the Request for Reconsideration form found on our website (**preferred method**)
 - Calling the Provider Services department
 - Sending a written letter that includes a detailed description of the reason for the request
 - To ensure timely processing, the letter must include sufficient identifying information, which includes, at a minimum, member name, member ID number, date of service, total charges, provider name, original EOP, and/or the original claim number found in Box 22 of the CMS 1500 form or Field 64 of the UB-04 form.
- ▶ Must be submitted within 180 days of the date of the original explanation of payment or denial for contracted providers.
- ▶ Written requests for reconsideration and any applicable attachments must be mailed to:

Arkansas Total Care
Attn: Request for Reconsideration
P.O. Box 8020
Farmington, MO 63640-8020

Claim Disputes



Claim Dispute — A provider disagrees with the outcome of the request for reconsideration.

- ▶ A claim dispute/claim appeal should be used only when a provider has received an unsatisfactory response to a request for reconsideration. If a dispute form is submitted and a reconsideration request is not located in our system, then the dispute will be considered a reconsideration.
- ▶ A claim dispute/appeal must be submitted on the claim dispute form located under the Provider Resources tab of [ArkansasTotalCare.com](https://www.arkansastotalcare.com). The form must be completed in its entirety.

The completed form may be mailed to the following address:

**Arkansas Total Care
Attn: Claim Dispute
P.O. Box 8020
Farmington, MO 63640-8020**

A claim dispute/appeal will be resolved within 30 calendar days. The provider who filed the dispute/appeal will receive a written letter detailing the decision to overturn or uphold the original decision.

Clinical & Payment Policies





Home Find a Doctor Contact

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FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Cultural Competency Training Attestation

Provider Relations

Login

Become a Provider

Provider Financial Support & Resources

Provider Training +

Pharmacy

Provider Webinars

Provider Resources -

Clinical & Payment Policies

Pre-Auth Check

Coding Tip Sheets And Forms

Provider News +

QI Program +

Clinical & Payment Policies

Arkansas Total Care Policies

To easily search for a policy, use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number or effective date.

WHAT ARE CLINICAL POLICIES? +

WHAT ARE PAYMENT POLICIES? +

Arkansas Total Care Policies

ARTC CLINICAL POLICIES -



POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
25-hydroxyvitamin D Testing in Children and Adolescents (PDF)	CP.MP.157	January 1, 2022
Abaloparatide (Tymlos) (PDF)	CP.PHAR.345	March 1, 2022

New Criteria Guidelines

Updated Criteria Guidelines



- ▶ Arkansas Total Care has upgraded our criteria guidelines. InterQual 2022 criteria set has been upgraded to the InterQual 2023 criteria set.
- ▶ InterQual 2023 is effective starting September 1, 2023.
- ▶ To learn more about InterQual 2023, visit our website at [ArkansasTotalCare.com](https://www.ArkansasTotalCare.com).

340B Program Medical Billing



340B Program Medical Billing



Modifiers to Use for Drugs Purchased Outside of Program

In April, Arkansas Medicaid implemented a change that mandated the use of 340B modifiers (JG or TB) for all 340B eligible non-pharmacy claim lines. If you participate in the 340B program, please be aware **that you may use the following modifiers for drugs that are not purchased through the program:**

Modifier U7 = Orphan Drugs

Modifier U7 UA = Other physician-administered drugs

If you have questions about this program, or about the information in this email, please reach out to our Provider Relations team.

Thank you for everything you do to help Arkansas live better.

Policy Updates

Recently we sent a notification to providers about policy updates effective **June 1, 2023**. The below changes were made to align with current guidance from the Centers for Medicare & Medicaid Services (CMS). They are not health plan policy updates.

Inappropriate Primary Diagnosis

- ▶ Denies or limits diagnosis codes based on coding guidelines supported by CMS and ICD-10. Claims will be denied when billed with unacceptable primary/principal diagnosis, manifestation diagnosis, and sequela diagnosis in outpatient or inpatient facilities.

Supportive Living Clinical Policy



Arkansas Total Care is amending our Supportive Living Criteria policy.

- ▶ POLICY ID: ARTC.CC.20 can be viewed on our website.
 - **These changes went into effect August 14, 2023.**

ArkansasTotalCare.com/providers/resources/clinical-payment-policies.html

*New or amended policies are indicated by a “NEW” designation next to the effective date.

NEW Waiver Manual

New Waiver Manual



The new Arkansas Total Care waiver manual is now available on the public website.

- ▶ This can be found under the Provider Resources section of the Arkansas Total Care website titled **“Provider Waiver Manual.”**

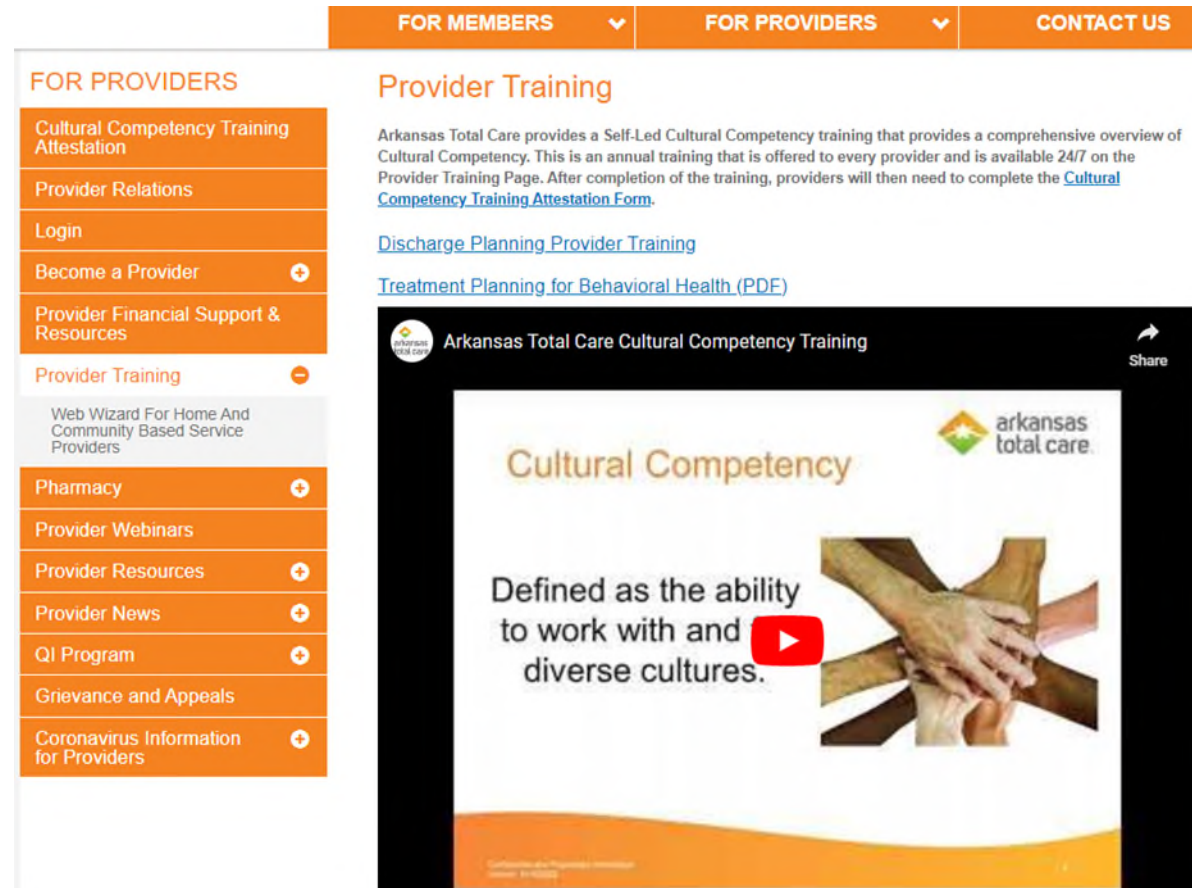
The screenshot shows the Arkansas Total Care website interface. At the top right, there are links for 'FOR MEMBERS', 'FOR PROVIDERS', and 'CONTACT US'. The 'FOR PROVIDERS' menu is expanded, showing a list of resources including Training Attestation, Provider Relations, Login, Become a Provider, Provider Financial Support & Resources, Provider Training, Pharmacy, Provider Webinars, Provider Resources (highlighted), Coding Tip Sheets And Forms, Clinical & Payment Policies, Pre-Auth Check, Clinical Coverage/Medical Policy Updates, Turning Point Prior Authorization, and Provider News. The 'Provider Resources' section is active, displaying a 'Coronavirus (COVID-19)' resource with a message about teledoc and referral line issues, contact information, and a list of COVID-19 resources including 'COVID-19 In-Home Care Guidance (PDF)', 'CES Waiver Emergency Request Form (PDF)', 'COVID-19 Extended Coverage Announcement (PDF)', and 'Supplemental Support Service (PDF)'. A 'Learn More About the Coronavirus.' link is also present.

Cultural Competency Training



Cultural Competency Training

- ▶ This course allows providers to receive information on how to service the member's healthcare needs in a culturally competent manner
- ▶ Arkansas Total Care now provides self-led trainings for providers to complete at their leisure.



The screenshot displays the Arkansas Total Care website interface. At the top, there are navigation tabs for "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". The "FOR PROVIDERS" tab is active, showing a sidebar menu with various options: Cultural Competency Training Attestation, Provider Relations, Login, Become a Provider, Provider Financial Support & Resources, Provider Training (highlighted), Web Wizard For Home And Community Based Service Providers, Pharmacy, Provider Webinars, Provider Resources, Provider News, QI Program, Grievance and Appeals, and Coronavirus Information for Providers. The main content area is titled "Provider Training" and contains the following text: "Arkansas Total Care provides a Self-Led Cultural Competency training that provides a comprehensive overview of Cultural Competency. This is an annual training that is offered to every provider and is available 24/7 on the Provider Training Page. After completion of the training, providers will then need to complete the [Cultural Competency Training Attestation Form](#)." Below this text are links for "Discharge Planning Provider Training" and "Treatment Planning for Behavioral Health (PDF)". A video player is embedded, showing a slide titled "Cultural Competency" with the Arkansas Total Care logo and the text "Defined as the ability to work with and diverse cultures." The video player includes a play button and a share icon.

Cultural Competency Training Attestation



Home Find a Doctor Contact

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FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Cultural Competency Training Attestation

Provider Relations

Login

Become a Provider

Provider Financial Support & Resources

Provider Training

Pharmacy

Provider Webinars

Provider Resources

Provider News

QI Program

Grievance and Appeals

Coronavirus Information for Providers

Cultural Competency Training Attestation

Cultural Competency Trainings needs to be completely every year. Providers who have completed the Cultural Competency Trainings can complete the form below.

Practice Name *

TIN *

Practitioner Name *

Practice Phone Number *

What type of training did you attend? *

- Attended an ARTC presented webinar
- Attended another Cultural Competency training

The year attestation completed *

Check Box for attestation*

- Attest

Electronic Signature *

Fraud, Waste, and Abuse



Fraud, Waste, and Abuse



- ▶ Arkansas Total Care takes the detection, investigation, and prosecution of fraud, waste, and abuse (FWA) very seriously and has a FWA program that complies with the federal and state laws.
- ▶ Arkansas Total Care routinely conducts audits to ensure compliance with billing regulations.
- ▶ The Centene Special Investigation Unit (SIU) performs retrospective audits, which may result in taking actions against providers who commit FWA.

Fraud, Waste, and Abuse Cont'd



These actions may include but are not limited to:

- ▶ Remedial education and/or training to prevent the billing irregularity
- ▶ More stringent utilization review
- ▶ Recoupment of previously paid monies
- ▶ Termination of provider agreement or other contractual arrangement
- ▶ Civil and/or criminal prosecution
- ▶ Any other remedies available to rectify

Some of the most common FWA submissions seen are:

- ▶ Unbundling of codes
- ▶ Excessive use of units
- ▶ Up-coding services
- ▶ Misuse of benefits
- ▶ Add-on codes without primary CPT
- ▶ Claims for services not rendered
- ▶ Diagnosis and/or procedure code not consistent with the member's age and/or gender
- ▶ Use of exclusion codes

If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call our anonymous and confidential hotline at 1-866-685-8664.

Provider Demographic Accuracy



Provider Demographic Accuracy



Help us ensure the information provided to Arkansas Total Care members for your service location is up to date.

- ▶ This can be through credentialing, rosters, provider data change forms, and third-party vendor requests, such as LexisNexis.
- ▶ Maintaining correct clinic information ensures our members are able to locate the providers they need through the Arkansas Total Care provider directory posted online.
- ▶ Changes can be submitted through the Secure Provider Portal or by submitting a provider data change form to ArkCredentialing@centene.com
- ▶ Changes can include, but are not limited to:
 - Adding or removing a location
 - Updating your phone number
 - Removing inactive practitioners
- ▶ We are required to report directory accuracy to the state.

Key Contacts

Key Contacts



Department	Phone/Website	Fax/Email
HHAeXchange Support	1-855-400-4429	HHA Client Support Portal
Engolve Pharmacy Services Prior Authorization	1-866-399-0928 Pharmacy.EngolveHealth.com	1-866-399-0929
TurningPoint	501-263-8850/1-866-619-7054	501-588-0994
NIA Advanced Imaging (MRI, CT, PET)	1-866-500-7685 RadMD.com	N/A
Engolve Vision	1-844-280-6792 VisionBenefits.EngolveHealth.com	N/A
EDI Claims Assistance	1-800-225-2573 ext. 6075525	EDIBA@centene.com

Needing to Contact Us?

Arkansas Total Care Provider Services



Phone: 1-866-282-6280



Website: ArkansasTotalCare.com

Provider Services Call Center



First line of communication

Arkansas Total Care
Provider Services Call Center

- ▶ 1-866-282-6280 (TTY: 711)

**Representatives are available
Monday through Friday from 8 a.m.
to 5 p.m. CT**

Provider Services Representatives can assist with questions regarding:

- ▶ Eligibility
- ▶ Authorizations
- ▶ Claims
- ▶ Payment inquiries
- ▶ Negative Balance reports
- ▶ Appeals
- ▶ Check re-issue
- ▶ Secure Provider Portal password reset
- ▶ Representatives are available Monday through Friday from 8 a.m. to 5 p.m. CT

Provider Inquiries



- ▶ After speaking with a Provider Services Representative, you will receive a reference number, which will be used to track the status of your inquiry.
- ▶ If you need to contact your assigned Provider Relations Representative, you must have the following when submitting an email inquiry:
 - Reference number assigned by the Provider Services Center
 - Provider name
 - Tax ID Number (TIN)
 - National Provider Identifier (NPI)
 - Summary of the issue
 - Claim numbers (if applicable)

	FOR MEMBERS	FOR PROVIDERS	CONTACT US
FOR PROVIDERS		<h2>Become A Provider</h2> <p>Thank you for your interest in participating with Arkansas Total Care. We are excited for the chance to work with you to provide high-quality care.</p> <p>If you are interested in joining our network call toll free 1-844-631-6830 or fill out the form below.</p> <p>As a Arkansas Total Care provider, you can rely on:</p> <ul style="list-style-type: none">● A comprehensive approach to care for your patients through disease management programs, healthy behavior incentives and 24-hour toll-free access to bi-lingual registered nurses● Initial and ongoing provider education through orientations, office visits, training and updates● A dedicated claims team to ensure prompt payment● Minimal referral requirements and limited prior authorizations● A dedicated provider relations team to keep you informed and maintain support in person, by email or phone● The ability to check member eligibility, authorization and claims status online <p>Healthcare collateral for your patients (e.g., information about our benefits and services) and e-prescribing from your office</p> <p>Legal Practice Name or DBA * <input type="text"/></p> <p>Specialty * <input type="text"/></p> <p>Practice Address * <input type="text"/></p>	
Login			
Become a Provider			
Pharmacy			
Provider Webinars			
Provider Resources +			
Provider News			
Grievance and Appeals			
QI Program +			

To join our network, select Become a Provider from the For Providers tab on our website. You must be a participating Arkansas Medicaid provider.

Contracting Department



Phone Number: 1-844-631-6830

Hours of Operation: 8 a.m.–4:30 p.m. CT



If you know your party's extension



Ambetter



Wellcare by Allwell



Arkansas Total Care



To repeat prompts



Provider Contracting Email Address: ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Credentialing



Credentialing Department

Phone: 1-844-263-2437

Fax: 1-844-357-7890



Provider Credentialing Email:

ArkCredentialing@centene.com

Questions?



Please submit any questions by using the Q&A feature in Zoom

OR



Send an email with “Provider Webinar” in the subject line to:

Providers@ArkansasTotalCare.com



Thank you for joining us!