



Welcome to Arkansas Total Care

Agenda

OVERVIEW

- ▶ Who We Are

WHAT YOU NEED TO KNOW

- ▶ Key Contact Information
- ▶ Provider Toolkit and Manual
- ▶ Provider Relations
- ▶ Public Website and Secure Portal
- ▶ Verification of Eligibility, Benefits, and Cost Shares
- ▶ Specialty Referrals
- ▶ Prior Authorization
- ▶ Claims, Billing, and Payments
- ▶ Complaints, Grievances, and Appeals
- ▶ Specialty Companies and Vendors

Q & A



Overview

Who We Are



- ▶ Arkansas Total Care is a Provider-Led Arkansas Shared Savings Entity (PASSE), a partnership between an insurance payer, a provider group, and a specialty services provider. We serve participants in the Arkansas Medicaid program as a Managed Care Organization.
- ▶ PASSEs were developed in Arkansas to provide more extensive care coordination to high-needs intellectual/developmentally disabled (IDD) persons and persons with behavioral health (BH) needs. Arkansas Total Care empowers our members to achieve their health goals through care coordination, goal setting, and connecting members to community resources.

OUR PURPOSE

Helping Arkansas Live Better

CORPORATE PHILOSOPHY

Transforming the health of the community
one person at a time

OUR MISSION

Better health outcomes at lower costs

OUR BRAND PILLARS

Focus on individuals + Active Local Involvement + Whole Health

OUR BELIEFS

- We believe in treating the whole person, not just the physical body.
- We believe we have a responsibility to remove barriers and make it simple to get well, stay well and be well.
- We believe local partnerships enables meaningful, accessible healthcare.
- We believe treating people with kindness, respect and dignity empowers healthy decisions.
- We believe healthier individuals create more vibrant families and communities.

What You Need to Know



Key Contact Information

Arkansas Total Care



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



Web
ArkansasTotalCare.com



Portal
Provider.ArkansasTotalCare.com



Provider Relations Territories



To find your provider relations territory, follow these steps:

1. Visit ArkansasTotalCare.com
2. From the For Providers menu, select Provider Relations.
3. There you will find a map of the territories and the contact information for the representative of those territories.

There has been an update to the Provider Relations Territory Map as we continue to add new team members! If your county falls into the unassigned area, you will continue to use the Providers@ArkansasTotalCare.com email until your assigned representative is announced.

The screenshot shows the Arkansas Total Care website interface. At the top right, there are links for 'Contrast', 'On', 'Off', 'a a a', and 'language'. Below this is a navigation bar with three main sections: 'FOR MEMBERS', 'FOR PROVIDERS', and 'CONTACT US'. Under the 'FOR PROVIDERS' section, a dropdown menu is open, listing various options: 'Training Attestation', 'Provider Relations' (highlighted with a red circle), 'Login', 'Become a Provider', 'Provider Financial Support & Resources', 'Provider Training', 'Pharmacy', 'Provider Webinars', 'Provider Resources', 'Provider News', 'QI Program', 'Grievance and Appeals', and 'Coronavirus Information for Providers'. To the right of the menu, the 'For Providers' page content is visible, featuring a 'Login' section with instructions for registered and non-registered providers, a 'Join Our Network' section with a 'Join Our Network' button, and a 'Provider Quick Links' section with three icons: a checkmark for 'PRE-AUTH CHECK', a person icon for 'SUBMIT CLAIM/CHECK CLAIM STATUS', and an 'Rx' icon for 'PREFERRED DRUG LIST'. At the bottom of the page, a footer states: 'Arkansas Total Care offers health insurance programs that fit the unique needs of our members.'

After you have completed the credentialing process, you will receive a provider toolkit. Our toolkit contains useful information for getting started as an Arkansas Total Care provider.

While we'll cover some of that information in this presentation, your toolkit has additional information including:

- ▶ Credentialing Approval Letter
- ▶ Secure Portal Setup
- ▶ Electronic Funds Transfer Setup (Payspan)
- ▶ Prior Authorization Guide
- ▶ Quick Reference Guide

The Provider Manual



The Provider Manual is your comprehensive guide to doing business with Arkansas Total Care.

The Manual includes a wide array of important information relevant to providers, including:

- ▶ Network information
- ▶ Billing guidelines
- ▶ Claims information
- ▶ Regulatory information
- ▶ Key contact list
- ▶ Quality initiatives
- ▶ And much more!



The Provider Manual can be found in the Provider section of the Arkansas Total Care website at **ArkansasTotalCare.com**.

Provider Services



The Arkansas Total Care Provider Services department is available to respond quickly and efficiently to all provider inquiries or requests, including:

- ▶ Member Eligibility/Benefits
- ▶ Claim Status
- ▶ Prior Authorization Request
- ▶ Network Verification
- ▶ Appeal Status
- ▶ Check Stop Pay or Check Reissues
- ▶ Negative Balance Report Request
- ▶ Provider Demographic Change Request



By calling Arkansas Total Care Provider Services at **1-866-282-6280**, providers will be able to access real-time assistance for all their service needs.

Provider Relations



- ▶ As an **Arkansas Total Care** provider, you will have a dedicated Provider Relations Specialist available to assist you.
- ▶ Our Provider Relations Specialists serve as the primary liaisons between our health plan and provider network.
- ▶ Your Provider Relations Specialist is here to help with things like:
 - Inquiries related to administrative policies, procedures, and operational issues
 - Performance pattern monitoring
 - Secure Portal registration and training
 - Provider education
 - Financial analysis
 - EHR utilization
 - Demographic information updates
 - Escalation assistance

The Arkansas Total Care Public Website



ArkansasTotalCare.com

Home Find a Doctor Contact

Contrast On Off language-

FOR MEMBERS

FOR PROVIDERS

CONTACT US

Arkansas
Total Care
Helping Arkansas
Live Better



The Arkansas Total Care Public Website



What is on the public website?

- ▶ The Provider and Billing Manual
- ▶ Quick Reference Guides
- ▶ Important Forms (Claim Dispute Form, Prior Authorization Fax forms, etc.)
- ▶ The Pre-Auth Check Tool
- ▶ Clinical and Payment Policies
- ▶ The Pharmacy Preferred Drug Listing
- ▶ And much more!

The screenshot shows the Arkansas Total Care website interface. At the top right, there are navigation links for Home, Find a Doctor, and Contact, along with a search bar containing the text "Enter Keyword" and a "Search" button. Below the navigation is a "Contrast" control with "On" and "Off" buttons, and a language selector showing "a a language".

The main navigation bar has three tabs: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". The "FOR PROVIDERS" tab is active, displaying a sidebar menu with the following items: Training Attestation, Provider Relations, Login, Become a Provider (+), Provider Financial Support & Resources, Provider Training (+), Pharmacy (+), Provider Webinars, Provider Resources (-), Coding Tip Sheets And Forms, Clinical & Payment Policies, Pre-Auth Check (highlighted in orange), Clinical Coverage/Medical Policy Updates, and Turning Point Prior Authorization.

The main content area is titled "Pre-Auth Check". It contains the following text: "Use our tool to see if a pre-authorization is needed. It's quick and easy. If an authorization is needed, you can access our login to submit online. For the best experience, please use the Pre-Auth Tool in Chrome, Firefox, or Internet Explorer 10 and above."

A yellow disclaimer box states: "DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response"

Below the disclaimer are several links: "Vision Services need to be verified by Envolve Vision.", "Dental Services are provided through Delta Dental or MCNA. Please verify.", "Complex imaging, MRA, MRI, PET, and CT scans need to be verified by NIA", and "Prior Authorizations for Musculoskeletal Procedures should be verified by TurningPoint".

Further down, it says: "Non-participating providers must submit Prior Authorization for all services." followed by a link: "For non-participating providers, Join our Network."

A blue question box asks: "Would this be Emergency or Urgent Care, Dialysis, or are these family planning services billed with a contraceptive management diagnosis?"

Below the question are two radio buttons: "Yes" and "No".

At the bottom, there is a "Types of Services" section with a table structure showing "YES" and "NO" columns.

Arkansas Total Care Clinical Policies



To find clinical and payment policy updates, follow these steps:

1. Visit ArkansasTotalCare.com.
2. Select Provider Resources.
3. Select Clinical & Payment Policies.
4. There, you will find the latest policies and their effective dates.



Home Find a Doctor Contact

Contrast On Off a a a language

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 +
- Grievance and Appeals
- Coronavirus Information for Providers +

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
Abatacept (Orencia) (PDF)	CP.PHAR.241	
AbobotulinumtoxinA (Dysport) (PDF)	CP.PHAR.230	June 1, 2022 - NEW
Acupuncture (PDF)	CP.MP.92	October 1, 2021

Secure Provider Portal



Registration is free and easy!

A registration video and PDF are available to assist you.

Contact your Provider Relations Specialist if you have questions.



Log In

Username (Email)

LOG IN

[Create New Account](#)



[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2022 Centene

What's on the Secure Provider Portal?

- ▶ Member Eligibility
- ▶ Health Records & Care Gaps
- ▶ Authorizations
- ▶ Claims Submissions & Claim Status
- ▶ Corrected Claims & Adjustments
- ▶ Payment History
- ▶ Monthly PCP Cost Reports
- ▶ Provider Analytics Reports (Coming Soon!)

Verification of Eligibility, Benefits and Cost Share



Member ID Card

SAMPLE CARD FRONT

Member Information (highlighted with magnifying glass):
 NAME: <JANE DOE>
 MEMBER ID#: XXXXXXXXXXXX

Product Name: arkansas total care

PASSE Logo: PASSE An Arkansas Medical Program

Pharmacy Information:
 RX: ENVOLVE PHARMACY SOLUTIONS
 1-800-460-8988
 RXBIN: 004336
 RXPCN: MCAIDADV
 RXGRP: RXS476
 PHARMACY HELP DESK: 1-855-266-2596

24/7 Nurse Advice Line Information:
 If you have an emergency, call 911 or go to the nearest emergency room (ER).
 If you are not sure if you need to go to the ER, call your PCP or Arkansas Total Care's 24/7 nurse advice line at 1-866-282-6280.

SAMPLE CARD BACK

Important Contact Information:
 IMPORTANT CONTACT INFORMATION: Member Services: 1-866-282-6280
 TTY/TDD: 711, 24/7 Nurse Advice Line: 1-866-282-6280, Vision: 1-844-280-6792

Medical Claims Address:
MEDICAL CLAIMS:
 EDI Payer for Medical Claims 68069
 Arkansas Total Care
 Attn: Claims
 P.O. Box 8020
 Farmington, MO 63640

Vision Claims Address:
VISION CLAIMS:
 EDI Payer for Vision Claims 56190
 Envolve Benefit Options
 Attn: Claims
 PO Box 7548
 Rocky Mount, NC 27804

Provider Services Information:
PROVIDERS:
 Provider Services: 1-866-282-6280
 IVR Eligibility Inquiry - Prior Auth:
 1-866-282-6280
 Vision: 1-844-280-6792

EDI/EFT/ERA please visit Provider Resources at ArkansasTotalCare.com

Please contact Provider Services for additional assistance by calling: 1-866-282-6280

ARTC18-H-058

* Possession of an ID Card is not a guarantee of eligibility and benefits

Verification of Eligibility, Benefits and Cost Share



Providers **MUST** verify member eligibility:

- ▶ Prior to rendering services
- ▶ On the date services are rendered

Panel status:

- ▶ PCPs should confirm that a member is assigned to their patient panel. This can be done via our Secure Provider Portal.
- ▶ PCPs can still administer services if the member is not on their panel and they wish to have member assigned to them for future care.

Verification of Eligibility and Benefits



Eligibility and benefits can be verified in three ways:

- ▶ The Arkansas Total Care Secure Portal: Provider.ArkansasTotalCare.com
- ▶ 24/7 Interactive Voice Response System
 - Enter the Member ID number and the month of service to check eligibility
- ▶ Contact Provider Services: 1-866-282-6280

Verification of Eligibility on The Portal



The screenshot shows the Arkansas Total Care portal interface. At the top, there is a navigation bar with the Arkansas Total Care logo and several menu items: Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a section for "Viewing Eligibility For:" with a dropdown menu for "TIN" and a dropdown menu for "Plan Type" set to "Arkansas Total Care". A green "GO" button is next to the Plan Type dropdown.

Eligibility Check

Date of Service: 01/07/2021 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy [Check Eligibility](#) [Print](#)

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
----------	-----------------	--------------	--------------	-----------	--------------

Specialty Referrals



When our members need to visit a specialist, know that:

- ▶ We educate them to seek care or consultation with their PCP first.
- ▶ When medically necessary care is needed beyond the scope of what a PCP provides, PCPs should initiate and coordinate the care members receive from specialist providers.

Paper referrals are not required for members to seek care with in-network specialists.

How to Secure Prior Authorization

Need prior authorization? It can be requested in the following ways:



Secure Web Portal:
Provider.ArkansasTotalCare.com

▶ This is the preferred and fastest method.



Phone:
1-866-282-6280



Fax:
1-833-249-2342

After normal business hours and on holidays, calls are directed to the plan's 24-hour Nurse Advice Line. Notification of authorization will be returned via phone, fax, or web.

Is Prior Authorization Needed?



- ▶ Use the Pre-Auth Check Tool to quickly determine if a service or procedure requires prior authorization.
- ▶ Available on the Provider Resources section of the Arkansas Total Care website at [ArkansasTotalCare.com](https://www.arkansasTotalCare.com)

Are Services being performed in the Emergency Department?
YES NO

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member having observation services?	<input type="radio"/>	<input checked="" type="radio"/>
Are anesthesia services being rendered for pain management or dental surgeries?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input checked="" type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

69436

N
No **69436 - TYMPANOSTOMY GEN ANES**
No authorization required.

Prior Authorization Requirements



Procedures/services that need prior authorization include*:

- ▶ Potentially cosmetic
- ▶ Experimental or investigational
- ▶ High-tech imaging (e.g., CT, MRI, PET)
- ▶ Infertility
- ▶ Pain management
- ▶ Obstetrical ultrasound
 - Two allowed in nine-month period; any additional will require prior authorization except those rendered by perinatologists.
 - For urgent/emergent ultrasounds, treat using best clinical judgment and this will be reviewed retrospectively.

**This list is not all-inclusive. Use the Pre-Auth Check Tool to check if a specific service or procedure requires prior authorization.*

Prior Authorization Requirements



Ancillary services that need prior authorization include*:

- ▶ Air ambulance transport (non-emergent fixed-wing airplane)
- ▶ Durable medical equipment (DME)
- ▶ Home healthcare services including home infusion, skilled nursing, and therapy:
 - Home health services
 - Private duty nursing
 - Adult medical day care
 - Hospice
 - Furnished medical supplies & DME

**This list is not all-inclusive. Use the Pre-Auth Check Tool to check if a specific service or procedure requires prior authorization.*

Prior Authorization Timeframes



Service Type	Time Frame
Scheduled admissions	Prior authorization is required a minimum of five business days before the scheduled admission date for residential admissions unless the member is stepping down directly from a higher level of care.
Elective outpatient services	Prior authorization is required a minimum of five business days before the elective outpatient service date.
Emergent inpatient admissions	Notification is required within 24 hours or by the next business day following a weekend or holiday.
Continued inpatient stay	Notification is required within 24 hours of the last approved day.
Maternity admissions	Notification within 24 hours or by the next business day following a weekend or holiday.
Clinical trials services	Prior authorization is required at least 30 days before receiving clinical trial services.

Utilization Determination Timeframes



Type	Timeframe*
Prospective/Urgent	One business day
Prospective/Non-Urgent	Two business days
Concurrent/Urgent	One business day

**Turnaround time (timeframe) is based on receipt of all necessary information.*

Correct Coding For Prior Authorization



Prior authorization will be granted at the CPT® code level

- ▶ If a claim is submitted that contains CPT codes that were not authorized, the services will be denied.
- ▶ If additional procedures are performed during the procedure, the provider must contact the health plan to update the authorization in order to avoid a claim denial.
 - It is recommended that this be done within 72 hours of the procedure. However, it must be done prior to claim submission or the claim will deny.

What is a clean claim?

- ▶ A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation, or particular circumstance requiring special treatment that prevents timely payment

Are there any exceptions?

- ▶ A claim for which fraud is suspected
- ▶ A claim for which a third-party resource should be responsible

How to Submit a Claim



The timely filing deadline for initial claims is 365 days from the date of service or date of primary payment when Arkansas Total Care is secondary.

Claims may be submitted in three ways:

The Secure Provider Portal:

- ▶ Provider.ArkansasTotalCare.com

Electronic Clearinghouse:

- ▶ Payor ID 68069

Mail:

Arkansas Total Care

Attn: Claims

P.O. Box 8020

Farmington, MO 63640-8020

EVV (electronic visit verification) uses electronic means to verify provider visits for personal or home healthcare services. The information collected during such visits includes:

- ▶ The date of service
- ▶ The start time and end times for service provided
- ▶ The type of healthcare service performed
- ▶ The location of the service provided
- ▶ Information about the service provider

EVV offers a modern way for providers to record their visits by location, time, and tasks. Visits can be logged using an app on the caregiver's cell phone, or over the member's landline phone. Arkansas Total Care works with HHAeXchange to process EVV submissions. To avoid claim denials, any visits for the services above must be submitted through an EVV system. You can submit these visits via HHAeXchange or a chosen third-party EVV system that aggregates with HHAeXchange.

Providers must have valid Arkansas Medicaid Provider IDs to submit visits. Providers must send their rosters to Arkansas Total Care to correctly configure in the HHAeXchange system. Note that inaccurate or missing provider information may result in delayed payment. Rosters should be emailed to ArkCredentialing@centene.com.

Claim Reconsiderations And Disputes



Claim reconsiderations:

- ▶ For reconsideration requests, providers can use the Reconsider Claim button on the Claim Details screen within the provider portal.
- ▶ For written requests from a provider about a disagreement in the manner in which a claim was processed, the Claim Dispute form should be utilized.
- ▶ Claim reconsiderations must be submitted within 180 days of the Explanation of Payment.
- ▶ Mail claim reconsiderations to:
Arkansas Total Care
P.O. Box 8020
Farmington, MO 63640-5000

Claim Disputes

- ▶ Must be submitted within 180 days of the Explanation of Payment
- ▶ A Claim Dispute form can be found on our website at [ArkansasTotalCare.com](https://www.ArkansasTotalCare.com)
- ▶ Mail completed Claim Dispute form to:
Arkansas Total Care
P.O. Box 8020
Farmington, MO 63640-5000

Complaints, Grievances, and Appeals



Member Grievance and Appeal Process:

To ensure Arkansas Total Care members' rights are protected, all Arkansas Total Care members are entitled to a complaint/grievance and appeal process. The procedures for filing a complaint/grievance or appeal are outlined in the Arkansas Total Care member handbook. Additionally, information regarding the complaint/grievance and appeal process can be found on our website or by calling Arkansas Total Care at 1-866-282-6280.

If a member is displeased with any aspect of services rendered, they should contact our member services department at 1-866-282-6280. A representative will assist them.

If the member continues to be dissatisfied, they may file a formal complaint/grievance. Our member services department is available to assist with this process. Information regarding this process is available at ArkansasTotalCare.com.

- ▶ A member may designate in writing to Arkansas Total Care that an authorized representative is acting on their behalf regarding the complaint/grievance and appeal process.
- ▶ If an appeal results in an adverse determination, the grievances and appeals department must notify the appellant that a request for a fair hearing must be filed with the appropriate office within 30 calendar days of receipt of resolution of the appeal.

Complaints, Grievances, and Appeals



Site reviews are performed at provider offices and facilities when the member complaint threshold is met. A site review evaluates the following:

- ▶ Physical accessibility
- ▶ Physical appearance
- ▶ Adequacy of waiting and examining room space
- ▶ Adequacy of medical/treatment record keeping

The mailing address for non-claim-related complaints/grievances and medical necessity appeals is as follows:

Arkansas Total Care
Attn: Grievances and Appeals
P.O. Box 25010
Little Rock, AR 72221

Members have the right to request to continue their benefits during an appeal or fair hearing if:

- ▶ The request is timely in accordance with 42 CFR 438.420.
- ▶ The appeal involves the termination, suspension, or reduction of previously authorized course of treatment.
- ▶ The services were ordered by an authorized provider.
- ▶ The period covered by the original authorization has not yet expired and the member or legal representative files for continuation in accordance with Arkansas Total Care policy.

Members may include a request to continue benefits in their appeal and fax it to 866-811-3255. If the final resolution of the appeal or hearing is adverse to the appellant, Arkansas Total Care may recover the cost of the continuation of benefits furnished during the appeal or fair hearing.

Other Helpful Information About Claims



Make Sure To Include The Taxonomy Code When an NPI is billed!

- ▶ Claims must be submitted with the rendering provider's taxonomy code.
- ▶ The claim will deny if the taxonomy code is not present.
- ▶ This is necessary in order to accurately adjudicate the claim.

Don't Forget The CLIA Number!

- ▶ If the claim contains CLIA-certified or CLIA-waived services, the CLIA number must be entered in Box 23 of a paper claim form or in the appropriate loop for EDI claims.
- ▶ Claims will be rejected if the CLIA number is not on the claim.

Claims Payments: Electronic Funds Transfer



Payspan: A faster, easier way to get paid

- ▶ Arkansas Total Care offers Payspan Health, a free solution that helps providers transition into electronic payments and automatic reconciliation.
- ▶ If you currently utilize Payspan, you will need to register specifically for Arkansas Total Care.

Set up your Payspan account:

- ▶ Visit PayspanHealth.com and click Register.
- ▶ You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

Active Treatment:

Active treatment is defined as a minimum of 40 treatment hours per week, not including classroom time, five of which are conducted by a licensed mental health professional (LMHP), with a minimum of one being in an individual setting rather than a group setting. Included in the five hours per week by a LMHP, there should be a minimum of two-family therapy sessions per month, as well as a weekly visit with the psychiatrist.

Incident Reporting:

All incidents should be reported to Arkansas Total Care in accordance with the standards outlined in the Arkansas Total Care Provider Manual. The DHS QA Incident Report form is available at [ArkansasTotalCare.com](https://www.arkansasTotalCare.com). List your facility in the HCBS Provider field at the bottom of the form.

Send completed forms via secure email to: Incident@ArkansasTotalCare.com.

Manage Vision Benefits



Arkansas Total Care manages medical eye services. Envolve Vision manages routine eye care services and full scope of licensure optometric services for our members. However, Arkansas Total Care is now responsible for the following functions for medical eye care services:

- ▶ Contracting and credentialing
- ▶ Claim processing and appeals
- ▶ Provider services
- ▶ Provider partnership management
- ▶ Provider web portal
- ▶ Provider education and resource materials (e.g., provider manual, training)
- ▶ Prior authorization, retrospective utilization review, and medical necessity appeals
- ▶ Provider complaints

If you have any questions about these changes, please reach out to our Provider Relations team at **Providers@ArkansasTotalCare.com** or call us at **1-866-282-6280 (TTY: 711)**. You can also contact your Provider Relations Representative.

Key Contacts



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