



Second Quarter 2024 Provider Webinar

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



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Agenda



- ▶ Provider Relations Territories
- ▶ Appointment Availability and Wait Times
- ▶ Request for Reconsiderations or Claim Disputes
- ▶ Clinical & Payment Policies
- ▶ Clinical Coverage/Medical Policy Updates
- ▶ Benefit Inquiry
- ▶ Vision Updates
- ▶ Quality Improvement Updates
- ▶ Cultural Competency Training
- ▶ Fraud, Waste, & Abuse
- ▶ Provider Demographic Accuracy
- ▶ Contact Information

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Arkansas Total Care:

▶ 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"/>	
<input type="submit" value="Submit"/>	

Login To Your Account

Access your secure provider information any time.

Acronyms



Acronym	Definition
Arkansas Total Care	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

Appointment Availability and Wait Times

Appointment Availability and Wait Times



Arkansas Total Care follows the accessibility and appointment wait time requirements set forth by applicable regulatory and accrediting agencies. Arkansas Total Care monitors participating provider compliance with these standards at least annually and will use the results of appointment standards monitoring to ensure adequate appointment availability and access to care, and to reduce inappropriate emergency room utilization.

Appointment access audits:

- ▶ Arkansas Total Care may conduct appointment accessibility surveys telephonically and/or on-site or ad hoc for complaint/grievance investigation to determine appointment availability based on requirements outlined in the provider manual and state contract for each line of business.
- ▶ Arkansas Total Care may survey their top five specialties to ensure that specialty access standards are being met. The state may determine which specialties are to be audited, and the health plan should comply with those requirements.
- ▶ Arkansas Total Care may assess all PCPs and providers in each geographic region and randomly audit to ensure that the below services are available.

Appointment Availability and Wait Times Cont'd



The table below depicts appointment availability for members:

Service Type	Time Frame
Emergency care — medical, behavioral health, substance abuse	24 hours a day, seven days a week
Behavioral health service, developmental disability service, mobile crisis service, mobile crisis response	24 hours a day, seven days a week
Urgent care — medical, behavioral health, substance abuse	Within 24 hours
Primary care — routine, non-urgent symptoms	Within 21 calendar days
Behavioral health, substance abuse care — routine, non-urgent, non-emergency	Within 21 calendar days
Prenatal care	Within 14 calendar days
Primary care access to after-hours care	Office number answered 24/7 by answering service or instructions on how to reach a physician
Preventive visit/well visit	Within 30 calendar days
Specialty care — non-urgent	Within 60 calendar days
HCBS — identified as necessary to project the health and safety of the member	Within 90 calendars of completion of the PCSP

Requests for Reconsideration or Claim Disputes

Request for Reconsiderations



A provider disagrees with the original claim outcome (payment amount, denial reason, etc.).

Reconsiderations may be submitted using one of the following ways:

- ▶ Calling the provider services department
- ▶ Provider Portal
- ▶ Using the Request for Reconsideration form found on our website (preferred method)
- ▶ 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 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. 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

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 +

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
Abaloparotide (Tymlos)(PDF)	CP.PHAR.345	March 1, 2022

Clinical Coverage/Medical Policy Updates

Clinical Coverage/Medical Policy Updates



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FOR MEMBERS ▼

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CONTACT US

FOR PROVIDERS

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

Clinical Coverage/Medical Policy Updates

Turning Point Prior Authorization

Provider News +

Clinical Coverage/Medical Policy Updates

Arkansas Total Care updates select clinical policies each month. This page reflects clinical and medical policy changes. We review all policies annually.

Please refer to this page for recent policy updates. Please reach out to your Provider Relations representative if you have any questions.

Policy Updates: Effective January 1, 2024 -

[CP.MP.101 Donor Lymphocyte Infusion \(PDF\)](#)

[ARTC.UM.19 Personal Care Policy \(PDF\)](#)

[CP.MP.70 Proton and Neutron Beam Therapies \(PDF\)](#)

[CP.MP.91 Obstetrical Home Care Programs \(PDF\)](#)

[CP.MP.142 Urinary Incontinence Devices and Treatments \(PDF\)](#)

[CP.MP.145 Electric Tumor Treating Fields \(Optune\) \(PDF\)](#)

[CP.MP.151 Transcatheter Closure of Patent Foramen Ovale \(PDF\)](#)

[CP.MP.168 Biofeedback \(PDF\)](#)

[CP.MP.174 Selective Dorsal Rhizotomy for Spasticity in Cerebral Palsy \(PDF\)](#)

[CP.MP.180 Implantable Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea \(PDF\)](#)

New Personal Care Policy Effective January 1, 2024



Effective January 1, 2024

The Arkansas Total Care.UM.19 Personal Care Services Authorization policy outlines Arkansas Total Care's allowances for personal care services provided by a personal aide in a member's home and/or community. Arkansas Total Care will authorize reasonable and medically necessary personal care services for members so long as the services exist within the parameters set forth by the policy and the Arkansas Department of Human Services (DHS).

It is the provider's responsibility to ensure that all information submitted is an accurate and current representation of the member's needs. Instances in which information is not current or accurate could lead to investigation of potential fraud, waste, or abuse. Providers should review and adhere to the DHS Personal Care Provider Manual. The manual is available online at [HumanServices.Arkansas.gov](https://www.human-services.gov). Refer to Section 222.100 for important information on personal aide selection, training, and continuing education.

To view Arkansas Total Care.UM.19 and other health plan policies, visit [ArkansasTotalCare.com](https://www.ArkansasTotalCare.com).

NIA/RadMD Policy Updates

Arkansas Total Care is amending or implementing new policies, which can be viewed on our website. These changes will go into effect March 1, 2024.



To view our policies for cardiac procedures, CT/CTA/CCTA, MRI, MRA, and Pet Scans:

- ▶ Visit RadMD.com

- ▶ Navigate to the Resources tab and select Clinical Guidelines & Other Resources

OR

- ▶ Log in to your account



If you have questions, please call 1-866-282-6280 (TTY: 711) or email Providers@ArkansasTotalCare.com.

Supportive Living Services Policy Updates



- ▶ Effective March 1, 2024, Arkansas Total Care will no longer use H2016 U3 UQ, but will utilize H2016 U5 for level 5 one-on-one as well as shared staffing supportive living services.

Therapeutic Communities Authorization Requests



- ▶ Beginning February 1, 2024, providers that offer Therapeutic Communities under the 1915(i) State Plan for Home- and Community-Based Services (HCBS) will need to make sure the reviews are only submitted for prior authorization via the Outpatient Treatment Review (OTR) form.
- ▶ If you are requesting Therapeutic Communities Level 1, please place the UC modifier on the OTR.
- ▶ If you are requesting Therapeutic Communities Level 2, please leave the modifier box blank. This will assist our Utilization Management team in distinguishing between the two levels.
- ▶ Please do not change the way the service is billed. This is for prior authorization requests only.

Level 1 example:

AUTHORIZATION REQUEST
*Primary Procedure Code

H	0	0	1	9	U	C
---	---	---	---	---	---	---

(CPT/HCPCS) (Modifier)

Level 2 example:

AUTHORIZATION REQUEST
*Primary Procedure Code

H	0	0	1	9		
---	---	---	---	---	--	--

(CPT/HCPCS) (Modifier)

Benefit Inquiry Request

Benefit Inquiry Form



arkansas total care. Contrast On Off a a a language-

FOR MEMBERS	FOR PROVIDERS	CONTACT US
<p>FOR PROVIDERS</p> <ul style="list-style-type: none"> 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 Clinical Coverage/Medical Policy 	<p>Provider Resource</p> <p>Coronavirus (COV)</p> <p>We are currently experiencing some with us as we work through this bus</p> <p>To receive the fastest response on n fax at: 1-833-632-6934</p> <p>COVID-19 Resources:</p> <ul style="list-style-type: none"> COVID-19 In-Home Care Gui CES Waiver Emergency Requ COVID-19 Extended Coverag Supplemental Support Servic <p>Arkansas Total Care provides the tools</p> <p>Reference Materials</p>	<ul style="list-style-type: none"> 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 <p>Referral lines. Please be patient</p> <p>ough our provider portal or via</p>

Medical Management

- [Pre-Auth Needed?](#)
- [Prior Authorization 2019 Guidelines \(PDF\)](#)
- [How To Secure Prior Authorization \(PDF\)](#)
- [How To Submit Prior Authorization \(PDF\)](#)
- [Inpatient Prior Authorization Fax Form \(PDF\)](#)
- [Outpatient Prior Authorization Fax Form \(PDF\)](#)
- [Behavioral Health PA Guidelines \(PDF\)](#)
- [Waiver Treatment Plan Template Fillable Form \(PDF\)](#)
- [CES Waiver Emergency Request Form \(PDF\)](#)
- [Waiver Services Authorization Form \(PDF\)](#)
- [POA Inpatient Requirements \(PDF\)](#)
- [Permission for Property Modification Letter \(PDF\)](#)
- [Personal Care Services Request Form and Service Plan \(PDF\)](#)
- [Benefit Inquiry Form \(PDF\)](#)

Benefit Inquiry Request



Per the Arkansas State Prior Authorization Transparency Act effective December 2023 Arkansas Total Care is providing physicians and other healthcare providers the option to request a benefit inquiry.

What is a benefit inquiry?

An inquiry by an Arkansas-licensed healthcare provider to a utilization review entity related to medical necessity, coverage, or payment for prospective healthcare services, including prescription drugs, for an enrolled member of a healthcare plan of the applicable healthcare insurer for services or prescription drugs which are not subject to prior authorization requirements of the utilization review entity.

When to request a benefit inquiry?

An in-network or out-of-network healthcare provider may submit a benefit inquiry to a healthcare insurer or utilization review entity for a healthcare service not yet provided to determine whether or not the healthcare service meets medical necessity and all other requirements for payment under a health benefit plan if the healthcare service were to be provided to a specific subscriber.

What is the difference between a prior authorization request and a benefit inquiry?

A benefit inquiry is only applicable to services or prescription drugs which are not subject to prior authorization requirements. A prior authorization must be obtained by physicians and other health care providers from a health plan before a specific service is delivered to the patient to qualify for payment coverage.

Where can I find a benefit inquiry form?

The request form can be found on the health plan's site located in provider resources under Medical Management.

ArkansasTotalCare.com/providers/resources.html

What is the turnaround time for a benefit inquiry?

A healthcare insurer shall respond to a benefit inquiry authorized within 10 business days of receipt of information required to make a decision.

How will I receive final determination?

Responses to a benefit inquiry shall be provided in the same form and manner as responses to requests for prior authorization.

Vision Updates

Vision Updates



Effective January 1, 2024:

- ▶ Arkansas Total Care manages medical eye care services.
- ▶ Envolve Vision manages routine eye care services and full scope of licensure optometric services for our members.

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

Q2 Quality Information and Updates

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)



LOB: Medicaid

- ▶ Members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
- ▶ A blood glucose test or
- ▶ A HbA1c test
- ▶ Performed during the measurement year

Talking Points

- ▶ Ensure member (and/or caregiver) is aware of the risk of diabetes and symptoms of new onset of diabetes while taking antipsychotic medication.
- ▶ Remind members that the lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health.
- ▶ Ensure patients schedule the appropriate lab screenings

LOB: Medicaid

- ▶ The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria — two rates are reported:
 - Received Statin Therapy: Members who were dispensed at least one statin medication of any intensity during the measurement year
 - Statin Adherence 80%: Members who remained on a statin medication of any intensity for at least 80% of the treatment period

Talking Points

- ▶ Educate members on importance of filling all medications in a timely manner
- ▶ Remind members the importance of taking all medications as directed by provider
- ▶ Encourage use of 90-day prescriptions or mail order pharmacy when applicable to help with timely refills
- ▶ Enroll members in available coaching programs
- ▶ Focus on member engagement and CM to increase medication adherence, removing barriers to care, and enhancing self-management skills

Statin Therapy for Patients with Diabetes (SPD)

LOB: Medicaid

- ▶ The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria — two rates are reported:
 - Received Statin Therapy: Members who were dispensed at least one statin medication of any intensity during the measurement year
 - Statin Adherence 80%: Members who remained on a statin medication of any intensity for at least 80% of the treatment period

Talking Points

- ▶ Educate members on importance of filling all medications in a timely manner
- ▶ Remind members the importance of taking all medications as directed by provider
- ▶ Encourage use of 90-day prescriptions or mail order pharmacy when applicable to help with timely refills
- ▶ Enroll members in available coaching programs
- ▶ Focus on member engagement and CM to increase medication adherence, removing barriers to care, and enhancing self-management skills

Statin Therapy for Patients with Cardiovascular Disease (SPC)



LOB: Medicaid

- ▶ Males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria — two rates are reported:
 - Received Statin Therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year
 - Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

Talking Points

- ▶ Educate members on importance of filling all medications in a timely manner
- ▶ Remind members the importance of taking all medications as directed by provider
- ▶ Encourage use of 90-day prescriptions or mail order pharmacy when applicable to help with timely refills
- ▶ Enroll members in available coaching programs
- ▶ Focus on member engagement and CM to increase medication adherence, removing barriers to care, and enhancing self-management skills

High-Intensity Statin Medications

Description	Prescriptions	Medication Lists
High-intensity statin therapy	Atorvastatin 40-80mg	Atorvastatin High-Intensity Medications List
High-intensity statin therapy	Amlodipine-Atorvastatin 40-80mg	Amlodipine-Atorvastatin High-Intensity Medications List
High-intensity statin therapy	Rosuvastatin 20-40mg	Rosuvastatin High-Intensity Medications List
High-intensity statin therapy	Simvastatin 80mg	Simvastatin High-Intensity Medications List
High-intensity statin therapy	Ezetimibe-Simvastatin 80mg	Ezetimibe-Simvastatin High-Intensity Medications List

Moderate-Intensity Statin Medications

Description	Prescriptions	Medication Lists
Moderate-intensity statin therapy	Atorvastatin 10-20mg	Atorvastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Amlodipine-Atorvastatin 10-20mg	Amlodipine-Atorvastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Rosuvastatin 5-10mg	Rosuvastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Simvastatin 20-40mg	Simvastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Ezetimibe-Simvastatin 20-40mg	Ezetimibe-Simvastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Pravastatin 40-80mg	Pravastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Lovastatin 40mg	Lovastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Fluvastatin 40-80mg	Fluvastatin Moderate-Intensity Medications List
Moderate-intensity statin therapy	Pitavastatin 1-4mg	Pitavastatin Moderate-Intensity Medications List

Low-Intensity Statin Medications

Description	Prescriptions	Medication Lists
Low-intensity statin therapy	Ezetimibe-Simvastatin 10mg	Ezetimibe-Simvastatin Low-Intensity Medications List
Low-intensity statin therapy	Fluvastatin 20mg	Fluvastatin Low-Intensity Medications List
Low-intensity statin therapy	Lovastatin 10-20mg	Lovastatin Low-Intensity Medications List
Low-intensity statin therapy	Pravastatin 10-20mg	Pravastatin Low-Intensity Medications List
Low-intensity statin therapy	Simvastatin 5-10mg	Simvastatin Low-Intensity Medications List

Arkansas Total Care Coding Tip Sheets & Forms

HbA1c result codes

Controlled — <8.0%: Submit CPT[®] II code lab values

Poor Control — >9.0%: Submit CPT II code lab values

CPT 83036

CPT II 3044F, 3046F, 3051F, 3052F

Arkansas Total Care Provider Log In

English ▼



Log In

Username (Email)

LOG IN

[Create New Account](#)

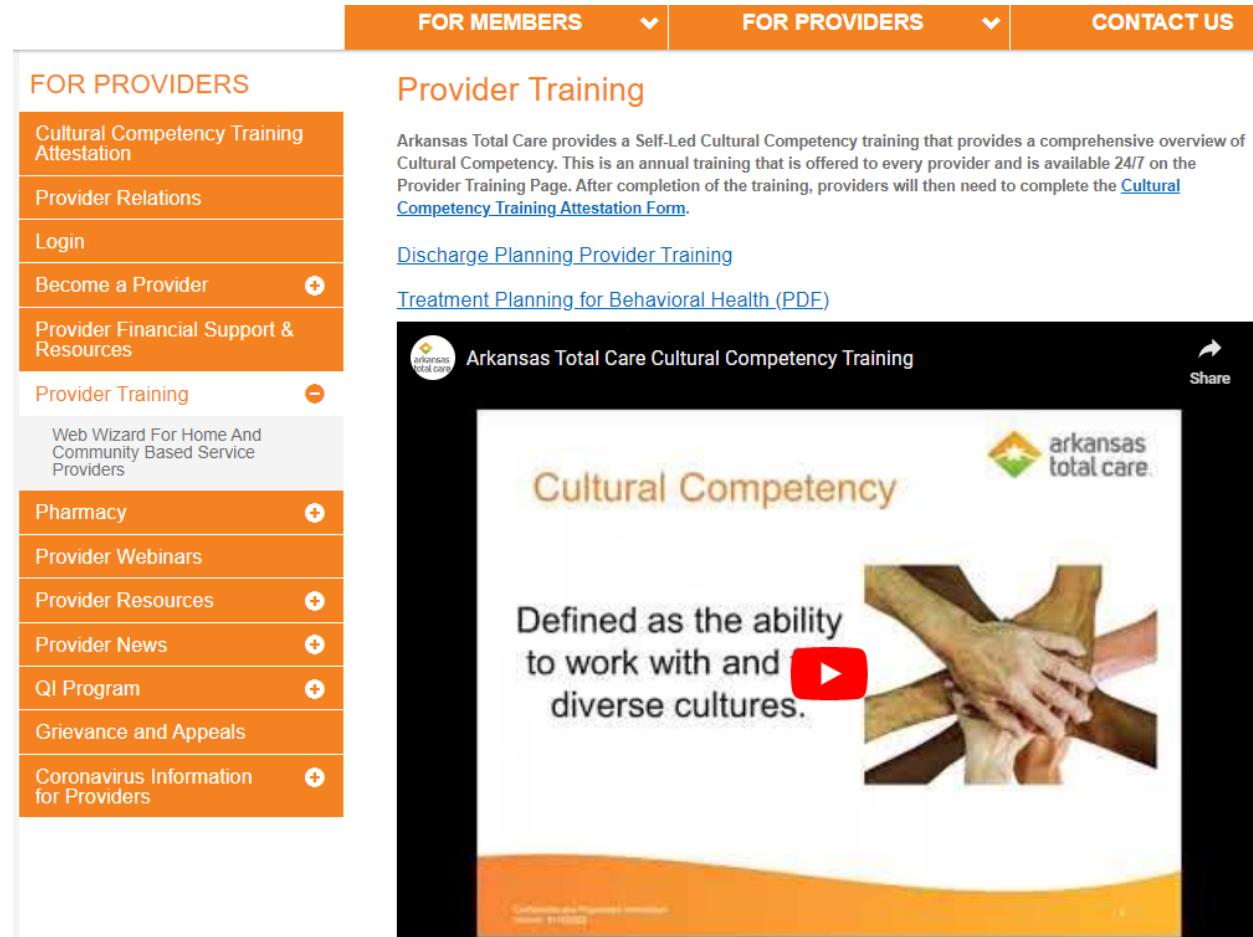


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Cultural Competency Trainings

Cultural Competency Trainings

- ▶ 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 shows the Arkansas Total Care website interface. At the top, there are three navigation tabs: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". The "FOR PROVIDERS" tab is active, displaying a sidebar menu with the following items: "FOR PROVIDERS", "Cultural Competency Training Attestation", "Provider Relations", "Login", "Become a Provider", "Provider Financial Support & Resources", "Provider Training", "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 "Provider Training" item is highlighted. The main content area shows the "Provider Training" section with a description: "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, there 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 text "Defined as the ability to work with and diverse cultures." and the Arkansas Total Care logo. The video player includes a play button and a share icon.

Cultural Competency Training Attestation



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
- 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, & Abuse

Fraud, Waste, & 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 fraud, waste, and abuse.

Fraud, Waste, & Abuse



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

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.

Need to Contact Us?

Key Contacts



Department	Phone/Website	Fax/Email
HHAeXchange Support	1-855-400-4429	HHA Client Support Portal
EDI Claims Assistance	1-800-225-2573 ext. 6075525	EDIBA@CENTENE.COM
Turning Point	501-263-8850/ 1-866-619-7054	501-588-0994
Evolut Advanced Imaging (MRI,CT, PET)	1-866-500-7685 RadMD.com	N/A
Engage Vision	1-844-280-6792 VisionBenefits.EngageHealth.com	N/A

Arkansas Total Care Provider Services Contact



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: 771)

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

Provider Service Representatives can assist with questions regarding:

- ▶ Eligibility
- ▶ Negative Balance reports
- ▶ Authorizations
- ▶ Appeals
- ▶ Claims
- ▶ Check re-issue
- ▶ Payment inquiries
- ▶ Secure Provider Portal password reset

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
 - National Provider Identifier (NPI)
 - Summary of the issue
 - Claim numbers (if applicable)

Provider Contracting



FOR MEMBERS FOR PROVIDERS CONTACT US

FOR PROVIDERS

- Login
- Become a Provider**
- Pharmacy
- Provider Webinars
- Provider Resources +
- Provider News
- Grievance and Appeals
- QI Program +

Become A Provider

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.

If you are interested in joining our network call toll free 1-844-631-6830 or fill out the form below.

As a Arkansas Total Care provider, you can rely on:

- 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
 - The ability to check member eligibility, authorization and claims status online
- Healthcare collateral for your patients (e.g., information about our benefits and services) at your office

Legal Practice Name or DBA * Specialty *

Practice Address *

To join our network, select **Become a Provider** from the **For Providers** tab on our [website](#). You must currently 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!