



arkansas  
total care™

## 3rd Quarter Updates

*Provider Webinar*

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September 9, 2020

# 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.**

# 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 but is not a legal document.
- Although every reasonable effort has been made to ensure 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



- Provider updates
- Prior authorization
- Claim filing tips/updates
- Important reminders & tips
- Contact information
- Q&A

# Join Our Email List Today



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You can join our  
email list on our  
provider resources  
page.  
**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
ARTC	Arkansas Total Care
NIA	National Imaging Associates
NPI	National Provider Identification
PASSE	Provider–Led Arkansas Shared Savings Entity

# Provider Services Call Center



- First line of communication
  - Arkansas Total Care Provider Services Call Center
  - **1-866-282-6280 (TDD/TTY: 711)**
- Prior Service Representatives can assist with questions regarding:
  - Eligibility
  - Authorizations
  - Claims
  - Payment inquiries
- Representatives are available Monday through Friday, 8 am to 5 pm (CST)

# Provider Inquiries



- After speaking with a Provider Relations Representative, you will receive a **reference number** which will be used to track that status of your inquiry.
- If you need to contact your assigned representative, please have the following information available:
  - **Reference number** assigned by Provider Services Call Center
  - Provider's Name
  - Tax ID
  - National Provider Identifier (NPI)
  - Summary of the issue
  - Claim number(s) *if applicable*



# Where to Find Us



FOR MEMBERS

FOR PROVIDERS

CONTACT US

## FOR PROVIDERS

Provider News

QI Program

Provider Relations

Login

Become a Provider

Pharmacy

Provider Webinars

Provider Resources

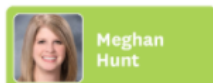
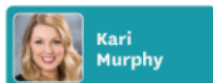
Grievance and Appeals

Coronavirus Information for Providers

Provider Financial Support & Resources

## Provider Relations

### Arkansas Total Care Provider Relations Associate Territories





# Provider Updates

# COVID-19 Information & Updates



Home Find a Doctor Contact

Contrast  On  Off a a language -

	FOR MEMBERS	FOR PROVIDERS	CONTACT US
<b>FOR PROVIDERS</b>		<b>Provider Coronavirus</b>	
Provider News		Provider News	
QI Program +		QI Program	
Provider Relations		Provider Relations	
Login		Login	
Become a Provider		Become a Provider	
Pharmacy		Pharmacy	
Provider Webinars		Provider Webinars	
Provider Resources +		Provider Resources	
Grievance and Appeals		Grievance and Appeals	
<b>Coronavirus Information for Providers</b>		<b>Coronavirus Information for Providers</b>	
Provider Financial Support & Resources		Provider Financial Support & Resources	

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Before the COVID-19 outbreak, coronaviruses were known to cause illnesses ranging from the common cold to the severe respiratory syndrome known as SARS. COVID-19 is a new coronavirus that causes the illness COVID-19. The disease is caused by a virus that has not been previously identified in humans. The disease is caused by a virus that has not been previously identified in humans. The disease is caused by a virus that has not been previously identified in humans.

**Guidance:**

- Know the warning signs of COVID-19. Symptoms include fever, cough, and shortness of breath. Some individuals have muscle aches. Some individuals have a sore throat. Some individuals have a loss of taste or smell. Some individuals have a loss of smell. Some individuals have a loss of taste or smell.
- However, be aware that infected individuals may not have symptoms for several days after exposure.
- Instruct symptomatic patients to wear a mask and avoid close contact with others. The door should be closed.
- Health care personnel encountering symptomatic patients should wear appropriate personal protective equipment (PPE), including eye protection and gloves.
- Refer to the [CDC's criteria](#) for a patient under investigation or a patient under investigation.
- Monitor and manage ill and exposed healthcare personnel.
- Safely triage and manage patients with respiratory illness, including COVID-19. Explore alternatives to face-to-face triage and visits as possible, and manage mildly ill COVID-19 cases at home, if possible.

**Take Action:**

- Be alert for patients who meet the criteria for persons under investigation and know how to coordinate laboratory testing.
- Review your infection prevention and control policies and [CDC's recommendations](#) for healthcare facilities for COVID-19.
- Know how to report a potential COVID-19 case or exposure to facility infection control leads and public health officials. Contact your local and/or state health department to notify necessary health officials in the event of a patient under investigation for COVID-19.
- Refer to the [Centers for Disease Control and Prevention \(CDC\)](#) and the [World Health Organization](#) for the most up-to-date recommendations about COVID-19, including signs and symptoms, diagnostic testing, and treatment information.

# COVID-19 Information & Updates



- Arkansas Total Care plans to utilize Supplemental Services effective March 23, 2020 for as long as the emergency order is in place.
- Provider billing guidance for COVID-19 testing, screening and treatment services can be found at:  
[arkansastotalcare.com/providers/coronavirus-information.html](https://arkansastotalcare.com/providers/coronavirus-information.html)
- **When billing a telehealth service, you must bill with location 02 and must include modifier GT.**

# Electronic Visit Verification (EVV)



- Section 12006(a) of the 21<sup>st</sup> Century Cures Act mandates that states implement EVV for all Medicaid personal care services (PCS) that require an in-home visit by a provider.
- EVV is a process that uses electronic means to verify care provider visits for personal care services.
- The information collected during visits includes:
  - The date of service provided
  - The start time and end time for service provided
  - The type of health care service performed
  - Information about the service provider
- All personal care providers must enroll in AR Medicaid by applying for practitioner ID number (PIN).
- Personal care providers must enroll no later than 9/30/2020. If you are a provider that is required to be part of EVV, there is no opt-out option.
- HHAeXchange is the vendor for ARTC:
  - Portal Access: <https://hhaexchange.com/ar/> (Coming Soon)
  - EDI Support: [edisupport@hhaexchange.com](mailto:edisupport@hhaexchange.com)

# Credentialing



- Providers who were initially loaded into the ARTC PASSE network during the initial implementation and contracting period will now need to credential.
  - *This is for those who have not already completed credentialing or are not credentialed with Arkansas Health & Wellness for the Ambetter or Allwell products.*
- Credentialing completed by the state was valid for a limited period and the state has extended the expiration date to 12/31/2020.
- Credentialing notifications were mailed on 8/18/2020.
- Credentialing applications must be returned by 10/31/2020.
- Applications are located on the website at:  
[arkansastotalcare.com/providers/resources.html](https://arkansastotalcare.com/providers/resources.html)
- If you have questions, you may submit them via email at [arkcredentialing@centene.com](mailto:arkcredentialing@centene.com) or call 1-844-263-2437.

# NPI Requirement



- In accordance with the National Provider Identification (NPI) Final Rule, Arkansas Total Care requires all practitioners to have an NPI and for all practitioners billed as the rendering provider on electronic and paper claims transactions to include their NPI on the claim transaction when billing.
- Per the NPI Final Rule definition of healthcare, Behavioral Assistance, Therapeutic Behavioral Services and Applied Behavioral Analysis all fall under the scope of healthcare, and providers rendering these services must have an NPI.
- ARTC sent a letter and email communication detailing this billing change to those providers affected by this change.

# ARTC Clinical Policies



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

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Home Find a Doctor Contact

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**FOR MEMBERS** **FOR PROVIDERS** **CONTACT US**

**FOR PROVIDERS**

- Provider News
- QI Program +
- Provider Relations
- Login
- Become a Provider
- Pharmacy
- Provider Webinars
- Provider Resources -**
  - Clinical & Payment Policies**
  - Pre-Auth Check
  - Coding Tip Sheets And Forms

## Clinical & Payment Policies

*WHAT ARE CLINICAL POLICIES?* +

*WHAT ARE PAYMENT POLICIES?* +

### Arkansas Total Care Policies

*ARTC CLINICAL POLICIES* -

POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
<a href="#">2019 Novel Coronavirus testing.(PDF)</a>	CP.MP.183	3/16/2020
<a href="#">AbobotulinumtoxinA.(Dysport).(PDF)</a>	CP.PHAR.230	6/1/2020



# Clinical Policies



- Effective 8/1/2020
  - Radiofrequency Ablation of Uterine Fibroids
  - Ramucirumab (Cyramza)
- Effective 9/1/2020
  - Cosmetic Reconstructive Surgery
- Effective 10/1/2020
  - Mechanical Stretch Devices
  - Thymus Transplantation



# Prior Authorizations



- Arkansas Total Care launched an innovative Surgical Quality and Safety Management Program with TurningPoint Healthcare Solutions, LLC, which became effective 1/1/2020
- TurningPoint is responsible for processing prior authorizations requests for medical necessity and appropriate length of stay for Musculoskeletal Surgical procedures
- Physicians began submitting requests to TurningPoint for prior authorization on 12/1/19 for dates of service on or after 1/1/2020

## MUSCULOSKELETAL

### Orthopedic Surgical Procedures

*Including all associated partial, total, and revision surgeries*

- ✓ Knee Arthroplasty
- ✓ Unicompartamental/Bicompartamental Knee Replacement
- ✓ Hip Arthroplasty
- ✓ Shoulder Arthroplasty
- ✓ Elbow Arthroplasty
- ✓ Ankle Arthroplasty
- ✓ Wrist Arthroplasty
- ✓ Acromioplasty and Rotator Cuff Repair
- ✓ Anterior Cruciate Ligament Repair
- ✓ Knee Arthroscopy
- ✓ Hip Resurfacing
- ✓ Meniscal Repair
- ✓ Hip Arthroscopy
- ✓ Femoroacetabular Arthroscopy
- ✓ Ankle Fusion
- ✓ Shoulder Fusion
- ✓ Wrist Fusion
- ✓ Osteochondral Defect Repair

### Spinal Surgical Procedures

*Including all associated partial, total, and revision surgeries*

- ✓ Spinal Fusion Surgeries
  - ✓ Cervical
  - ✓ Lumbar
  - ✓ Thoracic
  - ✓ Sacral
  - ✓ Scoliosis
- ✓ Disc Replacement
- ✓ Laminectomy/Discectomy
- ✓ Kyphoplasty/Vertebroplasty
- ✓ Sacroiliac Joint Fusion
- ✓ Implantable Pain Pumps
- ✓ Spinal Cord Neurostimulator
- ✓ Spinal Decompression

#### Clinical Categories:

- **Orthopedics**
- **Spine**

#### Clinical Coding:

- **Clinical coding is available by request by calling TurningPoint at 855-275-4500 or through your Provider Relations Specialist. Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted.**

Clinical policies and processes are easily accessible to providers via several access points.



### Authorization Submission:

- **Web:** <https://myturningpoint-healthcare.com>
- **Fax:** 501-588-0994
- **Phone:** 501-263-8850 | 866-619-7054

### Provider Resources:

- Program PowerPoint presentation
- Frequently Asked Questions (FAQ) document
- TurningPoint Provider Manual
- Instructional Webinars
- TurningPoint medical professionals on-call 24 hours a day, 7 days a week



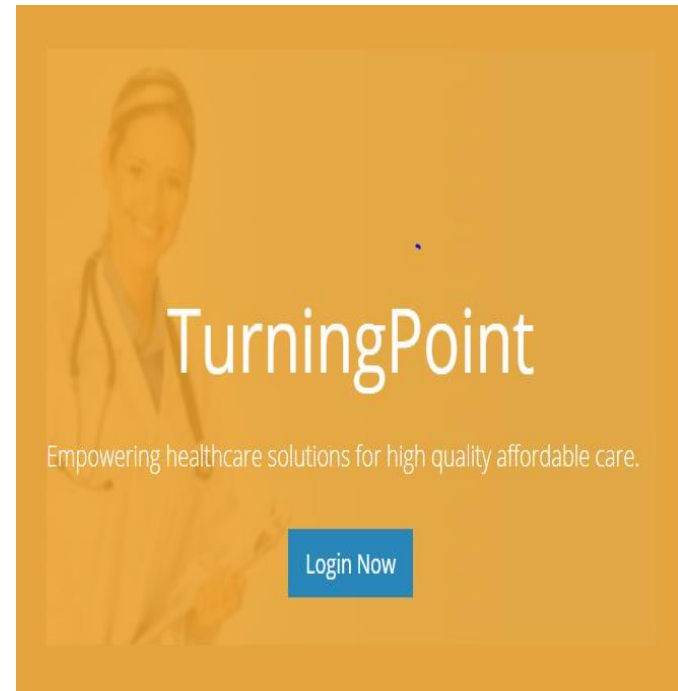
## TurningPoint Provider Portal Access

- Portal users must be registered before submitting requests
- All providers will receive a notification of staff registered for portal access
- Portal demonstrations can be set-up for your practice upon request

*NOTE: To become a registered user of TurningPoint's Web Portal, please contact their Provider Relations Team:*

*Phone: 866-422-0800*

*Email: [providersupport@turningpoint-healthcare.com](mailto:providersupport@turningpoint-healthcare.com)*



# NIA's Prior Authorization Program



Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

<b>Procedures Requiring Authorization:</b>	<b>Excluded from Program (Procedures performed in the following settings):</b>
<ul style="list-style-type: none"><li>• CT/CTA</li><li>• CCTA</li><li>• MRI/MRA</li><li>• PET Scan</li><li>• Myocardial Perfusion Imaging</li><li>• MUGA Scan</li><li>• Stress Echocardiography</li><li>• Echocardiography</li></ul>	<ul style="list-style-type: none"><li>• Hospital Inpatient</li><li>• Observation</li><li>• Emergency Room</li><li>• Urgent Care</li><li>• Surgery Center</li></ul>




# NIA to Ordering Provider: Request for Additional Clinical Information



- A fax is sent to provider detailing what clinical information is needed along with a Fax Coversheet.
- We stress the need to provide the clinical information as quickly as possible, so we can make a determination.
- Determination timeframe begins after receipt of clinical information.
- Failure to receive requested clinical information may result in non-certification.

CC\_TRACKING\_NUMBER      FAXC


  
**ABDOMEN - PELVIS CT**  
**PLEASE FAX THIS FORM TO: 1-800-784-6864**      Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		

We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

Study Requested was: Abdomen - Pelvis CT  
 For documentation, **ALWAYS PROVIDE:**

1. The most recent office visit note
2. Any office visit note since initial presentation of the complaint/problem requiring imaging
3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below:  
 FAX QUESTIONS\_ADDL  
 aslfdldifquestions

- Abdominal pain evaluation:**  
 Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities, prior treatment/consultation, if any).
- Abnormal finding on examination, imaging or laboratory test:**  
 Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging
- Suspicion of cancer:**  
 Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy
- History of cancer:**  
 Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.
- Pre-operative evaluation:**  
 Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.
- Post-operative evaluation:**





# NIA's Notification of Determination



## Approval Notification

- Ordering Provider – Fax
- Member - Written

## Denial Notification

- Ordering Provider – Fax
- Member - Written

## Authorization Validity Period

Authorizations will be valid 30 days from date of request.

## Appeal Instructions

In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.



# NIA's Urgent Authorization Process



## Urgent Authorization Process

If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review at 1-866-500-7685



# Ordering Provider: Getting Started on RadMD.com



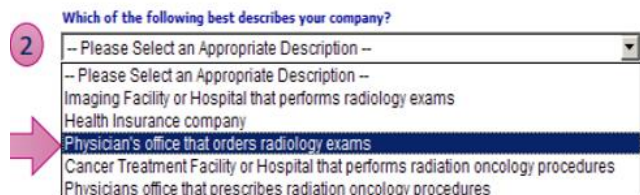
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physicians office that orders procedures”.
3. Fill out the application and click the “Submit” button.
  - You must include your email address in order for our Webmaster to respond to you with your NIA-approved user name and password.

**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

A screenshot of the "New Account User Information" form. The form is divided into two columns: "New Account User Information" and "Your Direct Report". The "New Account User Information" column contains fields for "Choose a User ID:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Confirm Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:", and "Zip:". The "Your Direct Report" column contains a note: "The manager or supervisor responsible for terminating your access. This cannot be yourself." and fields for "First Name:", "Last Name:", "Phone:", and "Email:". A "Submit" button is located at the bottom left of the form.

# Rendering Provider: Getting Started on RadMD.com



## IMPORTANT

- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Fill out the application and click the “Submit” button.
  - You must include your email address in order for our Webmaster to respond to you with your NIA-approved user name and password.

**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

If you have multiple staff members entering authorizations and want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.

A screenshot of the RadMD Sign In page. The page has a green header with "RadMD Sign In" and "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site". Below the header are two buttons: "Sign In" and "New User". A pink arrow points to the "New User" button, labeled with a circled "1". Below the buttons is a section titled "Track an Authorization" with a text input field for "Authorization Tracking Number" and a "Go" button. A pink arrow points down from this section to a dropdown menu, labeled with a circled "2". The dropdown menu is open, showing options: "Physician's office that orders procedures", "Facility/office where procedures are performed" (highlighted in blue), "Health Insurance company", "Cancer Treatment Facility or Hospital that performs radiation oncology procedures", and "Physicians office that prescribes radiation oncology procedures". Below the dropdown is a registration form with two columns: "New Account/ User Information" and "Your Direct Report". The "New Account/ User Information" column has fields for "Choose a User ID:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:" (with a dropdown menu), and "Zip:". The "Your Direct Report" column has a text area for "The manager or supervisor responsible for terminating your access. This cannot be yourself." and fields for "First Name:", "Last Name:", "Phone:", and "Email:". A pink arrow points to the "Submit" button at the bottom right of the form, labeled with a circled "3". The NIA logo and "A Magellan Health Company" text are at the bottom right of the page.

# When to Contact NIA



## Providers:

### **Ordering Providers:**

- To initiate a request for an authorization, please contact NIA via website, [www.RadMD.com](http://www.RadMD.com) or via toll-free number 1-877-617-0390.
- To check status of an authorization, please contact NIA via website, [www.RadMD.com](http://www.RadMD.com), or Interactive Voice Response (IVR) System at 1-877-617-0390.

### **Rendering Providers:**

- To check the status of an authorization, please contact NIA via website, [www.RadMD.com](http://www.RadMD.com), or Interactive Voice Response (IVR) System at 1-877-617-0390.

### **Ordering Providers and Rendering Providers:**

- For assistance or technical support for RadMD, please contact RadMD Help Desk via email at [RadMDSupport@magellanhealth.com](mailto:RadMDSupport@magellanhealth.com) or call 1-800-327-0641.
- For any provider education requests or questions specific to NIA and the Medical Specialty Solutions Program, providers may contact Leta Genasci, Provider Relations Manager at [ligenasci@magellanhealth.com](mailto:ligenasci@magellanhealth.com) or 1-800-450-7281 ext. 75518.





# Claim Filing Tips/Updates

# Correct Claim



Back to Claims **Claim Details** Click **Correct Claim** to correct a finalized claim.

Claim: #S000MPE00000: PAID

+ Copy Claim / Correct Claim

Claim Accepted In Process Paid

**Member**  
 Member Name: Jan Doe  
 Member ID: U00000000000  
 Member DOB: 03/21/1990

**Provider**  
 Ref/Acct No.: RHMC00000  
 Servicing Provider: RIVER HELP ME CENTER  
 Servicing NPI: 04/08/2019  
 Billed Amount: \$2,378.00

The Secure Provider Portal allows you to correct any piece of information, except the provider data associated with the claim.

**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		PAID	AA,92

# Copy Claim



Back to Claim

Click **Copy Claim** to create an exact copy of this claim.

Copying a claim allows you to edit all sections before submitting it.

Claim # 200000. PAID

+ Copy Claim    Correct Claim

✓ Claim Accepted    
 ✓ In Process    
 ✓ Paid

It is considered a new claim submission and will be processed as a 1<sup>st</sup> time claim.

Member		Provider		Claim	
Member Name:	Jan Doe	Ref/Acct No.:	RHMC00000	DOS Range:	04/03/2019 - 04/03/2019
Member ID:	U0000000000	Servicing Provider:	RIVER HELP ME CENTER	Received Date:	04/08/2019
Member DOB:	03/21/1990	Servicing NPI:		Billed Amount:	\$2,378.00

Service Lines											
Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		PAID	AA,92



# Reconsider Claim



Back to home **Claim Details**

Click Reconsider Claim to submit the claim for reconsideration with applicable attachments.

Claim: #S000MPE00000: PAID

+ Copy Claim   Correct Claim   Reconsider Claim

Claim Accepted   In Process   Paid

Member	Provider	Claim
Member Name: <b>Jan Doe</b>	Ref/Acct No.: <b>RHMC00000</b>	DOS Range: <b>04/03/2019 - 04/03/2019</b>
Member ID: <b>U0000000000</b>	Servicing Provider: <b>RIVER HELP ME CENTER</b>	Received Date: <b>04/08/2019</b>
Member DOB: <b>03/21/1990</b>	Servicing NPI:	Billed Amount: <b>\$2,378.00</b>

**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,088.87	04/15/2019		PAID	AA,92

# Reconsider Claim



Back to home Claim Details

Claim: #S000MPE00000: PAID

+ Copy Claim Correct Claim Reconsider Claim

### Reconsider Claim

Claim No: S000MPE00000

For reconsiderations only. Not for appeals/Claim disputes  
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.  
Any submission on this form will be treated as a reconsideration.  
Please refer to your Provider Manual.

Reconsideration Type  
Select Reconsideration Type...

Cancel Submit Reconsideration

Member

Member Name: Jan Doe  
Member ID: U0000000000  
Member DOB: 03/21/1990

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		PAID	AA,92

Select your Reconsideration Type, then click Submit Reconsideration.



# Important Tips and Reminders

# Provider Webinars



Home Contact

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CONTACT US

## FOR PROVIDERS

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Pharmacy

Provider Webinars

Provider Resources



Provider News

Grievance and Appeals

PASSE Town Hall Webinar

## Provider Webinars

This Provider Webinar Series offers the providers and their office staff the opportunity to learn from subject matter experts. Participants can ask questions about current topics and best practices. Registration is free and each webinar will be approximately one hour in length.

### 2019 Q1 Provider Webinar

**When:** March 6th, 2019 at 10 AM and 3 PM (CST)

**Where:** Online session

**Summary:** This webinar covers a general overview of ARTC, the PASSE model, billing, our provider portal, and contact information.

### Web Wizard For Home And Community Based Service Providers

**When:** March 8th, 2019 at 3:00 PM-4:00 PM (CST)

**Where:** Online session

**Summary:** This webinar covers a general overview of Web Wizard.

Webinars \*

Web Wizard for HCBS Providers - March 8th - 3PM (CST)

Please choose which webinar(s) you would like to attend. Registration ends one hour before the scheduled class time.

First Name \*

Last Name \*

# Upcoming Webinars



Course	Date	Time
Q3 Provider Updates (encore)	9/16/2020	2:00 PM
Encore presentation of today's webinar		
Secure Portal - Claim Submission	10/6/2020	10:00 AM
This course will provide step-by-step instructions on how to create and submit a claim. Attendees will also learn how to edit and correct a claims and submit batch files and much more. This webinar is recommended to staff who are responsible for the submission and correction of claims		
Secure Portal - Prior Authorization	10/8/2020	10:00 AM
	10/14/2020	2:00 PM
This course will provide step-by-step instructions on how to create and submit your prior authorizations via the Secure Provider Portal. This webinar is recommended to staff who request prior authorizations through Medical Management		

# Coding Tip Sheets and Forms



Coding tip sheets are located on the website under “Provider Resources”.

A screenshot of the Arkansas Total Care website. The top navigation bar includes the logo, "Home", "Find a Doctor", "Contact", and a search box. Below the navigation bar are three main sections: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". The "FOR PROVIDERS" section is expanded, showing a list of links: "Provider News", "QI Program", "Provider Relations", "Login", "Become a Provider", "Pharmacy", "Provider Webinars", "Provider Resources", "Clinical &amp; Payment Policies", "Pre-Auth Check", and "Coding Tip Sheets And Forms". The "Coding Tip Sheets And Forms" link is highlighted with a red box. To the right of the navigation menu, the heading "Coding Tip Sheets And Forms" is displayed, followed by a list of five PDF links: "Arkansas Total Care - HEDIS Measures Reference Guide (PDF)", "Arkansas Total Care - Mental Health Coding Tip Sheet (PDF)", "Arkansas Total Care - Well Woman Coding Tip Sheet (PDF)", "Arkansas Total Care - Alcohol and Drug Dependence Coding Tip Sheet (PDF)", and "Arkansas Total Care - Hypertension Coding Tip Sheet (PDF)".



# Contact Information



# Arkansas Total Care Provider Services

Phone: 1-866-282-6280

Website: [arkansastotalcare.com](http://arkansastotalcare.com)

Email inquires to:  
[providers@arkansastotalcare.com](mailto:providers@arkansastotalcare.com)



# Contracting Department



Phone Number: 1-844-631-6830

Hours of Operations: 8am – 4:30pm (CST)

Press 1  
(if you  
know  
your  
parties  
ext.)

Press 2  
(Ambetter)

Press 3  
(Allwell)

Press 4  
(ARTC)

Press 5  
(to  
repeat)

Provider Contracting Email Address:  
[ArkansasContracting@centene.com](mailto:ArkansasContracting@centene.com)

Regular contracting inquiries and contract requests

# Provider Contracting



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.

	FOR MEMBERS	FOR PROVIDERS	CONTACT US
<b>FOR PROVIDERS</b>		<b>Become A Provider</b>	
Login		<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"><li>● 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</li><li>● Initial and ongoing provider education through orientations, office visits, training and updates</li><li>● A dedicated claims team to ensure prompt payment</li><li>● Minimal referral requirements and limited prior authorizations</li><li>● A dedicated provider relations team to keep you informed and maintain support in person, by email or by phone</li><li>● The ability to check member eligibility, authorization and claims status online</li></ul> <p>Healthcare collateral for your patients (e.g., information about our benefits and services) and educational displays for your office</p>	
Become a Provider		<p>Legal Practice Name or DBA *</p> <input type="text"/>	
Pharmacy		<p>Specialty *</p> <input type="text"/>	
Provider Webinars			
Provider Resources +			
Provider News			
Grievance and Appeals			
QI Program +			



Please use the Q&A feature  
to enter your questions.



Thank you for joining us!