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Secure Provider Portal

Prior Authorization



Housekeeping

- Please mute your phone
- Please don't put this call on hold – we'll all hear the hold music

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 - Arkansas Health & Wellness:
arhealthwellness.com/providers/resources.html
 - Arkansas Total Care:
<https://www.arkansastotalcare.com/providers.html>
- Choose the network you wish to receive information

Provider Resources

Arkansas Health & Wellness provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- For Ambetter information, please visit our [Ambetter website](#).
- For Allwell information, please visit our [Allwell website](#).

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

Name *

Position/Title *

Email *

Phone Number *

Group Name *

Group NPI *

Tax ID *

Network*

☐ Ambetter

☐ Allwell

Submit

Agenda

- Introduction
- Prior Authorization Determination
- Check Eligibility
- Prior Authorizations
- Q&A



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Acronyms

Acronym	Description
ARTC	Arkansas Total Care
CPT	Current Procedural Terminology
HCPC	Healthcare Common Procedure Code
IVR	Interactive Voice Response
NIA	National Imaging Associates

Prior Authorization Determination

Procedures Requiring Prior Authorization

- Identify what service(s) require a prior authorization before the service is provided:
 - Inpatient Admissions – All elective/scheduled admissions
 - Outpatient Procedures/Services/Equipment
 - ✓ Not all outpatient services require an authorization
 - Prior authorization is required for out-of-network services, except:
 - ✓ Emergency care
 - ✓ Urgently needed care when the network provider is not available (usually due to out-of-area)
 - ✓ Kidney dialysis at Medicare-certified dialysis center when temporarily out of the service area
- Special note: Prior authorization is not required for out-of-network services if a member has Ambetter

*A listing can be found on the website but it is not an all-inclusive list

Other Prior Authorization Types

- Only non-emergent high tech radiology procedures performed in an outpatient setting require an authorization with NIA
- Complex imaging, MRA, MRI, PET and CT scans need to be verified by NIA via website at <https://www1.radmd.com/radmd-home.aspx>
- To initiate a request for an authorization or to check the status of an authorization, please contact NIA via website at **www.RadMD.com**

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

Pre-Auth Check

Are services being performed in the Emergency Department or Urgent Care Center, or are the services for dialysis or hospice?

☐ Yes ☒ No

Types of Services	YES	NO
IS THE MEMBER BEING ADMITTED TO AN INPATIENT FACILITY?	<input type="radio"/>	<input checked="" type="radio"/>
ARE SERVICES OTHER THAN LAB, RADIOLOGY, DOMICILLIARY VISITS OR DME BEING RENDERED IN THE HOME?	<input type="radio"/>	<input checked="" type="radio"/>
ARE ANESTHESIA SERVICES BEING RENDERED FOR PAIN MANAGEMENT, DENTAL SURGERY, OR SERVICES IN THE OFFICE RENDERD BY A NON-PARTICIPATING PROVIDER?	<input type="radio"/>	<input checked="" type="radio"/>
IS THE MEMBER RECEIVING GENDER REASSIGNMENT SERVICES?	<input type="radio"/>	<input checked="" type="radio"/>

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

G0378

Check

C
Conditional

G0378 - HOSPITAL OBSERVATION SERVICE /HOUR

Pre-authorization is required for all non participating providers. For participating providers, authorization is required after 48 hours of Observation.

Use the Pre-Auth Needed tool to determine if a prior authorization is needed

Prior Authorization Submission

- If a service requires authorization, submit via one of the following ways:

Health Plan	Secure Web Portal	Phone	Fax	Behavioral Health Fax
Allwell	Providers.ARHealthWellness.com	1-855-565-9518	1-833-562-7172	1-866-279-1358
Ambetter	Providers.ARHealthWellness.com	1-877-617-0390	1-866-884-9580	1-866-884-9580
ARTC	Providers.ArkansasTotalCare.com	1-866-282-6280	1-833-249-2342	1-833-249-2342

- After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line
- All forms are located on each health plan's website
- Notification of authorization will be returned via phone, fax or web

Prior Authorization Submission - Reminders



- Failure to obtain an authorization may result in administrative claim denials
- Providers cannot bill a member for services for which they fail to obtain a timely authorization

Prior Authorization:

Ways to view and create a prior authorization

Review Member's Authorization



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Back to Authorizations

When viewing a member's authorizations, the list will display the last 18 months, regardless of the submitting provider.

Authorizations

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	IP190	02/04/2020	12/31/9999	E87.6	INPATIENT	Medical
APPROVE	IP179	10/29/2019	11/01/2019	I50.9	INPATIENT	Medical
APPROVE	IP167	07/19/2019	07/22/2019	L03.115	INPATIENT	Medical
APPROVE	OP16	07/09/2019	09/06/2019	Z48.01	OUTPATIENT	Home Health
PARTIAL_APPROVE	IP162	06/08/2019	06/25/2019	L03.90	INPATIENT	Medical
APPROVE	IP161	05/21/2019	05/24/2019	L03.90	INPATIENT	Medical
APPROVE	IP158	04/24/2019	04/29/2019	I50.9	INPATIENT	Medical

Create a New Authorization

Click an Auth NBR to view the authorization details.

Click **Create a New Authorization**, to submit a web authorization request for the member.

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

Authorization Details



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Overview

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Notes

Auth Status: APPROVE

Auth Nbr: OP18[REDACTED]

Service: Outpatient Surgery

Provider of Service(s):

[Diagnosis Code\(s\):](#) S83.512A

Explanation: Pay

Auth Type: OUTPATIENT

From Date: 02/19/2020

To Date: 03/19/2020

[Procedure Code\(s\):](#) 29888

Notes & Attachments: [View](#)

Line Item	Service Type	Start Date	End Date	Units Required	Units Approved	Servicing Provider	Location	Status	Medical Necessity	De
1	Outpatient Surgery	02/19/2020	03/19/2020	2	2		Unspecified	APPROVE	Met as requested	01/
2	Outpatient Surgery	02/19/2020	03/19/2020	2	2		Unspecified	APPROVE	Met as requested	01/

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Authorization Summary



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Viewing Eligibility For :

Back to Eligibility Check Jar

A summary of the authorization displays in the header.

Auth Status: APPROVE ←
Auth Nbr: IP0058376611
Admit Date: 11/17/2012
Provider of Service(s): METROSOUTH MEDICAL CENTER

Auth Type: INPATIENT ←
Service: Medical
Discharge Date: 11/20/2012

Line Item	Service type	From Date	To Date	Stay Level	Location	Status	Medical Necessity	Decision Date
1	Medical	11/17/2012	11/20/2012	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	11/21/2012 ←

The line item details for the authorization provides even more information.

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New Authorization Request

Select “Create a New Authorization”

[Back to Eligibility Check](#)

Overview

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Authorizations

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE		01/01/2015	09/30/2015	V68.81	OUTPATIENT	Personal Care Worker
APPROVE		05/22/2014	08/21/2014	343.9	OUTPATIENT	DME
APPROVE		01/01/2014	12/31/2014	V68.81	OUTPATIENT	Personal Care Worker

[Create a New Authorization](#)

Viewing All Authorizations



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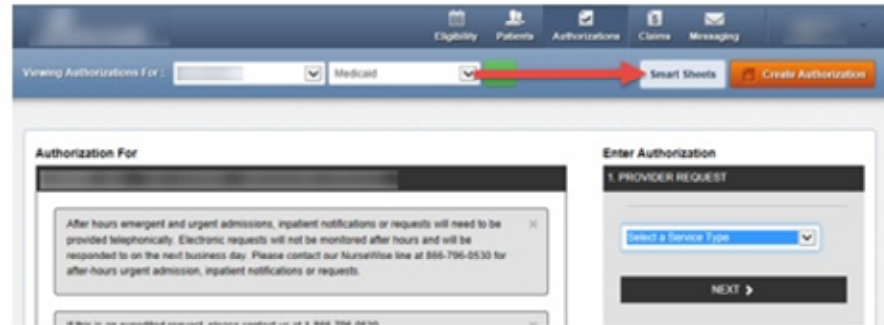
Displays authorizations submitted under TIN, for the last 90 days, regardless how they were submitted.

Click an authorization number to view authorization details.

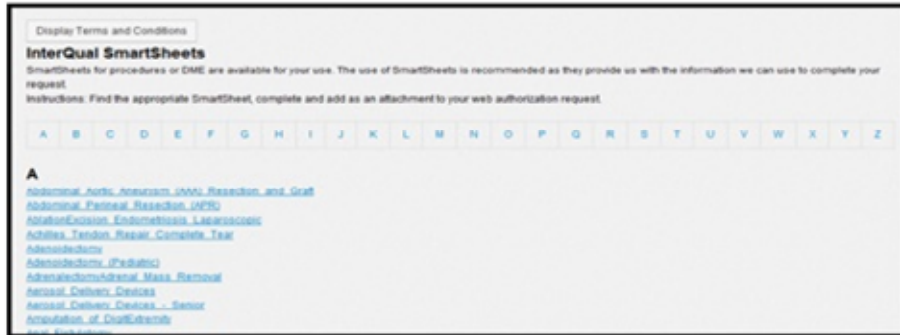
STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	IP186		05/12/2020	12/31/9999	M16.11	INPATIENT	Surgical
APPROVE	IP190		02/28/2020	12/31/9999	Z79.2	INPATIENT	Skilled Nursing
APPROVE	OP1E		02/27/2020	03/27/2020	M21.961	OUTPATIENT	Outpatient Surgery
APPROVE	OP1E		02/19/2020	03/21/2020	S83.512A	OUTPATIENT	Outpatient Surgery
APPROVE	IP187		02/17/2020	12/31/9999	R10.2	INPATIENT	Surgical
PEND	IP190		02/11/2020	12/31/9999	D57.00	INPATIENT	Medical
APPROVE	IP190		02/08/2020	12/31/9999	J18.9	INPATIENT	Medical
APPROVE	OP1E		02/07/2020	05/07/2020	E66.01	OUTPATIENT	Outpatient Services
APPROVE	IP190		02/07/2020	02/11/2020	J10.1	INPATIENT	Medical

Smart Sheets

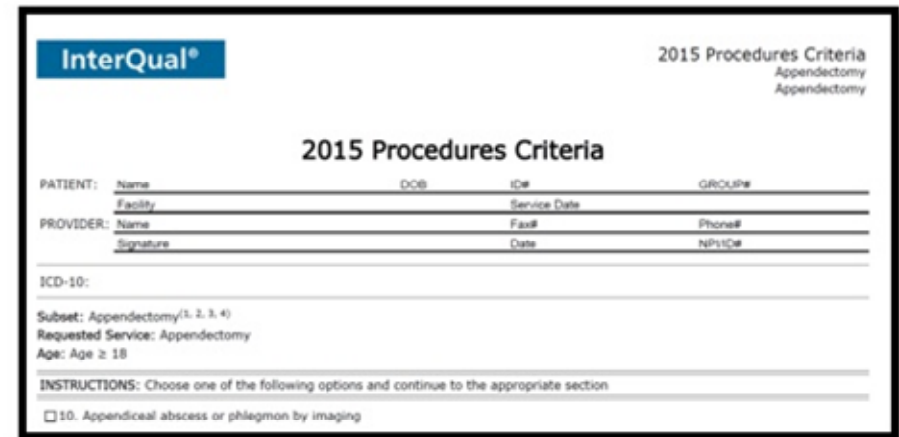
Smart sheets are from InterQual and help physicians know what criteria is needed for a prior authorization to be approved. Clicking on smart sheets will open a disclaimer, not pictured, then the list of available procedures. Click on the desired procedure and the document will appear. Providers can attach the completed form with the prior authorization request.



The screenshot shows the top navigation bar with links for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a 'Viewing Authorizations For' dropdown is set to 'Medicaid'. A red arrow points to the 'Smart Sheets' link in the navigation bar. To the right is a 'Create Authorization' button. The main content area shows an 'Authorization For' section with a disclaimer about after-hours requests and an 'Enter Authorization' section with a '1. PROVIDER REQUEST' step and a 'Select a Service Type' dropdown.



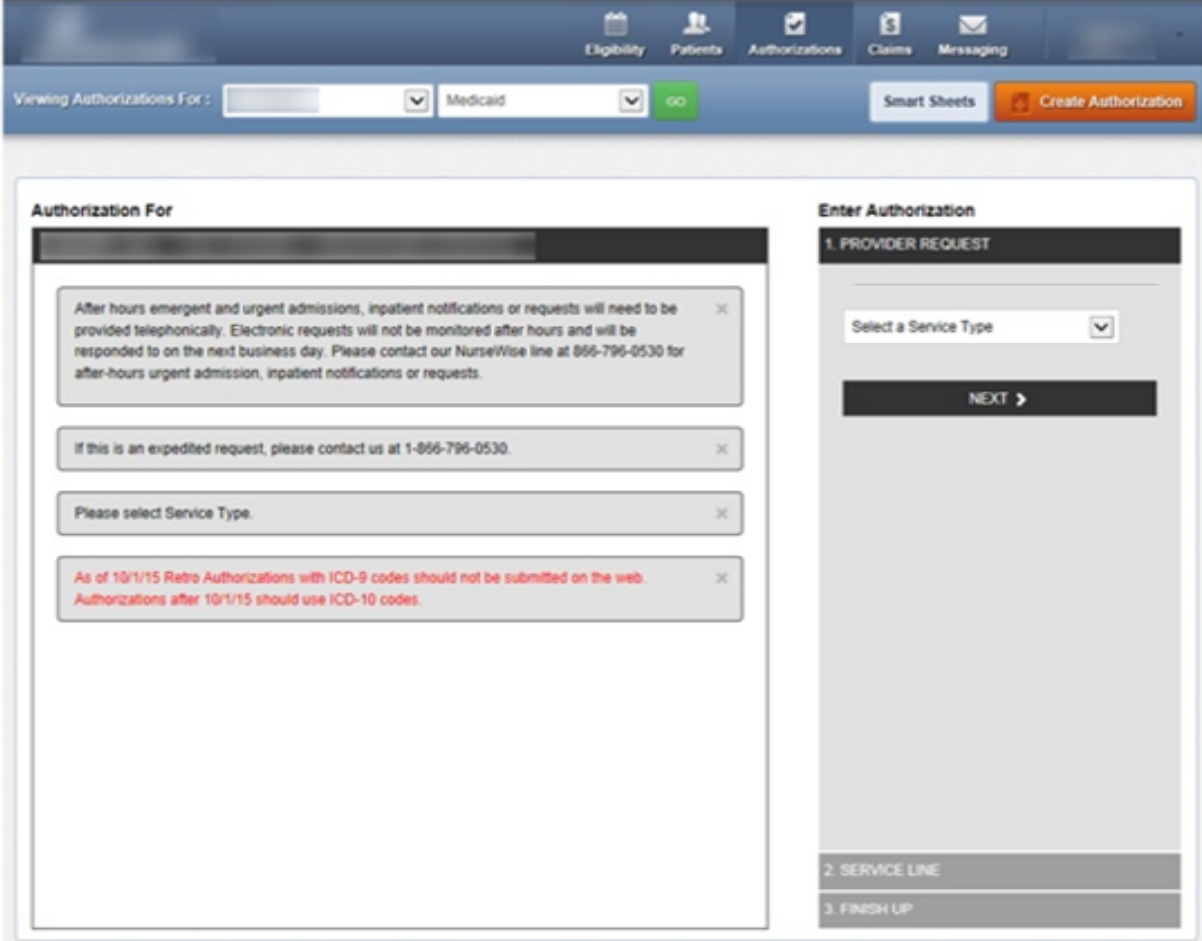
The screenshot shows the 'InterQual SmartSheets' disclaimer. It includes a 'Display Terms and Conditions' button and text stating that SmartSheets are available for use and recommended for providing information for authorization requests. Below the text is a grid of letters A through Z, with 'A' selected. Under 'A', a list of procedures is visible, including 'Abdominal Aortic Aneurysm (AAA) Resection and Graft' and 'Abdominal Perineal Resection (APR)'.



The screenshot shows the 'InterQual 2015 Procedures Criteria' form for 'Appendectomy'. The form includes fields for Patient (Name, DOB, ID#, GROUP#), Facility, Service Date, and Provider (Name, Fax#, Phone#, Signature, Date, NP/PA#). It also includes ICD-10 codes, a Subset (Appendectomy/1, 2, 3, 4), Requested Service (Appendectomy), and Age (Age ≥ 18). The form includes instructions to choose one of the following options and continue to the appropriate section, with a checkbox for '10. Appendiceal abscess or phlegmon by imaging'.

Authorization Form

- The authorizations form should not be used for emergency requests. Any emergency request should be called in for prior authorization.
- The prior authorization form is customized to each health plan, state guidelines and business rules.
- Providers cannot submit retro-prior authorizations through the website.



The screenshot displays the 'Authorization Form' interface. At the top, there is a navigation bar with tabs for 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below this, a 'Viewing Authorizations For:' section shows a dropdown menu set to 'Medicaid' and a 'GO' button. To the right are buttons for 'Smart Sheets' and 'Create Authorization'. The main content area is divided into two columns. The left column, titled 'Authorization For', contains four informational boxes with close buttons (X):

- After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-796-0530 for after-hours urgent admission, inpatient notifications or requests.
- If this is an expedited request, please contact us at 1-866-796-0530.
- Please select Service Type.
- As of 10/1/15 Retro Authorizations with ICD-9 codes should not be submitted on the web. Authorizations after 10/1/15 should use ICD-10 codes.

The right column, titled 'Enter Authorization', shows a progress bar with three steps: '1. PROVIDER REQUEST', '2. SERVICE LINE', and '3. FINISH UP'. The '1. PROVIDER REQUEST' step is active, featuring a 'Select a Service Type' dropdown menu and a 'NEXT >' button.

Create Authorization



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Web Authorization Request – Service Types



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Eligibility Patients Authorizations Claims Messaging

Viewing Patients For : TIN: [] Plan Type: Medicaid [GO] Smart Sheets Create Authorization

Service Types are determined by the Health Plan.

Authorization For: [] DOB: [] MEDICAID NBR: []

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

1. PROVIDER REQUEST

Select a Service Type

- Select a Service Type
- Behavioral Outpatient
- BH Med Management
- Community Based Services
- Electroconvulsive Therapy
- Intensive Outpatient Therapy
- Outpatient Therapy
- Psychiatric Evaluation
- Psychological Testing
- Medical Outpatient
- Biopharmacy
- Cochlear Implants & Surgery
- DME
- Drug Testing
- Experimental/Investigational
- Genetic Testing & Counseling
- Home Health
- Hospice
- Hyperbaric Oxygen Therapy
- Infertility

Tips to Remember

- Prior Authorizations are 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
- Authorizations can be updated but you cannot retro-authorize services:
 - The claim will deny for lack of authorization
 - If there are extenuating circumstances that led to the lack of authorization, the claim may be appealed.

Resources

- Access each Health Plan's website for the following references:
 - Provider Manual
 - Prior Authorization Quick Reference Guide
 - Clinical & Payment Policies:
 - ✓ Allwell:
 - <https://www.arhealthwellness.com/providers/resources/clinical-payment-policies.html>
 - ✓ Ambetter:
 - <https://ambetter.arhealthwellness.com/provider-resources/clinical-payment-policies.html>
 - ✓ ARTC:
 - <https://www.arkansastotalcare.com/providers/resources/clinical-payment-policies.html>

Need to Contact Us?

Education Requests

Would you like training for you and your staff?

You can submit your requests to:

providers@arhealthwellness.com

Arkansas Health & Wellness Credentialing

Phone Number: 1-844-263-2437

Fax: 1-844-357-7890

Provider Credentialing Email:
arkcredentialing@centene.com

Ambetter from Arkansas Health & Wellness

Provider Services

Phone Number: 1-877-617-0390

TTY: 1-877-617-0392

ambetter.arhealthwellness.com

Allwell from Arkansas Health & Wellness

Provider Services

Phone Number: 1-855-565-9518

TTY: 711

allwell.arhealthwellness.com

Arkansas Total Care

Provider Services

Phone: 1-866-282-6280

Website: arkansastotalcare.com

Email inquires to:
providers@arkansastotalcare.com

Arkansas Health and Wellness Contracting

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



Provider Contracting Email Address:

ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Questions?

Please submit any questions by using the Q&A feature or in an email with “**Provider Webinar**” in the subject line to **providers@arhealthwellness.com**.

Thank you!