



arkansas
total care™

4th Quarter Updates

Provider Webinar

December 1, 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.
- All Current Procedural Terminology (CPT) are copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation (FARS/DFARS) Restrictions apply to government use. The AMA assumes no liability for data contained or not contained herein.

Agenda



- Provider Updates
- Electronic Visit Verification (EVV)
- Healthcare Effectiveness Data & Information Set (HEDIS)
- Prior Authorizations (Turning Point & NIA)
- Important Reminders & Tips
- Contact Information
- Q&A

Join Our Email List Today



arkansas
total care™

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 *

Email *

Phone Number *

Group Name *

Group NPI

Tax ID

Submit

Login To Your Account

Access your secure provider information any time.

Login Now

Acronyms



Acronym	Definition
ARTC	Arkansas Total Care
NIA	National Imaging Associates
NPI	National Provider Identification
PASSE	Provider–Led Arkansas Shared Savings Entity

Provider Updates

Atypical Credentialing Requirements



- After further review of the state's atypical provider type 95 requirements, Arkansas Total Care has determined we will no longer require the atypical application to be completed and submitted for non-licensed, atypical provider type 95 practitioners.
- All licensed practitioners will need to continue submitting the appropriate completed MD/DO or Allied application. For non-licensed practitioners, provider groups can use the "ARTC Personal Care Roster Template" located on the Provider Resources page of our website under the Provider Credentialing header to make adds, terms and/or updates. To submit adds, terms and/or updates, email the completed roster to our Credentialing team at **arkcredentialing@Centene.com**.
- If you have questions, please feel free to contact Provider Services, the Credentialing team at the email above, or your Provider Relations representative.

COVID-19 Information & Updates



Home Find a Doctor Contact

Contrast ☐ On ☐ Off a a a language -

	FOR MEMBERS	FOR PROVIDERS	CONTACT US
FOR PROVIDERS		Provider Coronavirus	
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	
Coronavirus Information for Providers		Coronavirus Information for Providers	
Provider Financial Support & Resources		Provider Financial Support & Resources	

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered coronavirus. In most cases, treatment options, how the virus works, and the risk assessment, treatment options and members, and we want you to be aware of this time of heightened concern.

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 develop symptoms for several days after exposure.
- Instruct symptomatic patients to wear a mask and avoid close contact with others.
- 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.
- 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
- **When billing a telehealth service, you must bill with location 02 and must include modifier GT.**

Cultural Competency Training Available



Cultural Competency Trainings are available via webinar.

View upcoming schedule:

https://www.arkansastotalcare.com/providers/provider_webinars.html

Topics will include:

- Health Communication
- Health Literacy
- Auxiliary Aids and Interpreter Services
- How to become culturally competent
- Changing attitudes
- Ensuring compliance

ARTC Clinical Policies



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

arkansas total care.

Home Find a Doctor Contact

Contrast ☐ On ☒ Off a a a language ▾

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
2019 Novel Coronavirus testing (PDF)	CP.MP.183	3/16/2020
AbobotulinumtoxinA (Dysport) (PDF)	CP.PHAR.230	6/1/2020



Clinical Policies – October 1, 2020



Policy Title	Policy Number	Effective Date
Bone-Anchored Hearing Aid	CP.MP.93	10/1/20
Factor VIII (Human Recombinant)	CP.PHAR.215	10/1/20
Inotuzumab Ozogamicin (Besponsa)	CP.PHAR.359	10/1/20
Intradiscal Steroid Injections	CP.MP.167	10/1/20
Mechanical Stretch Devices	CP.MP.144	10/1/20
Naltrexone (Vivitrol)	CP.PHAR.96	10/1/20
Nerve Blocks for Pain Management	CP.MP.170	10/1/20
Outpatient Testing for Drugs of Abuse	CP.MP.50	10/1/20
Posterior Nerve Stimulation for Voiding Dysfunction	CP.MP.133	10/1/20
Ranibizumab (Lucentis)	CP.PHAR.186	10/1/20
Sacroilac Joint Interventions for Pain Management	CP.MP.166	10/1/20
Sclerotherapy	CP.MP.146	10/1/20
Selective Nerve Root Blocks and Transoraminial Epidura	CP.MP.165	10/1/20
Thymus Transplantation	CP.MP.189	10/1/20

Clinical Policies – November 1, 2020



Policy Title	Policy Number	Effective Date
Allogenic Hematopoietic Cell Transplants for Sickle Cell	CP.MP.108	11/1/20
Balloon Sinus Ostial Dilation	CP.MP.119	11/1/20
Durable Medical Equipment (DME)	CP.MP.107	11/1/20
Fertility Preservation	CP.MP.130	11/1/20
Lysis of Epidural Lesions	CP.MP.116	11/1/20
Pediatric Liver Transplant	CP.MP.120	11/1/20

Clinical Policies – December 1, 2020



Policy Title	Policy Number	Effective Date
Anti-Inhibitor Coagulant Complex, Human (Feiba)	CP.PHAR.217	12/1/20
Etelcalcetide (Parsabiv)	CP.PHAR.379	12/1/20
Factor IX (Human, Recombinant)	CP.PHAR.218	12/1/20
Factor XIII, Human (Corifact)	CP.PHAR.221	12/1/20
Factor XIII A-Subunit, Recombinant (Tretten)	CP.PHAR.222	12/1/20
Mecaserman (Increlex)	CP.PHAR.150	12/1/20
Natalizumab (Tysabri)	CP.PHAR.259	12/1/20
Onasemnogene abeparvovec (Zolgensma)	CP.PHAR.421	12/1/20
Romiplostim (Nplate)	CP.PHAR.179	12/1/20
Teprotumumab (Tepezza)	CP.PHAR.465	12/1/20

Payment Policies – 4th Quarter, 2020



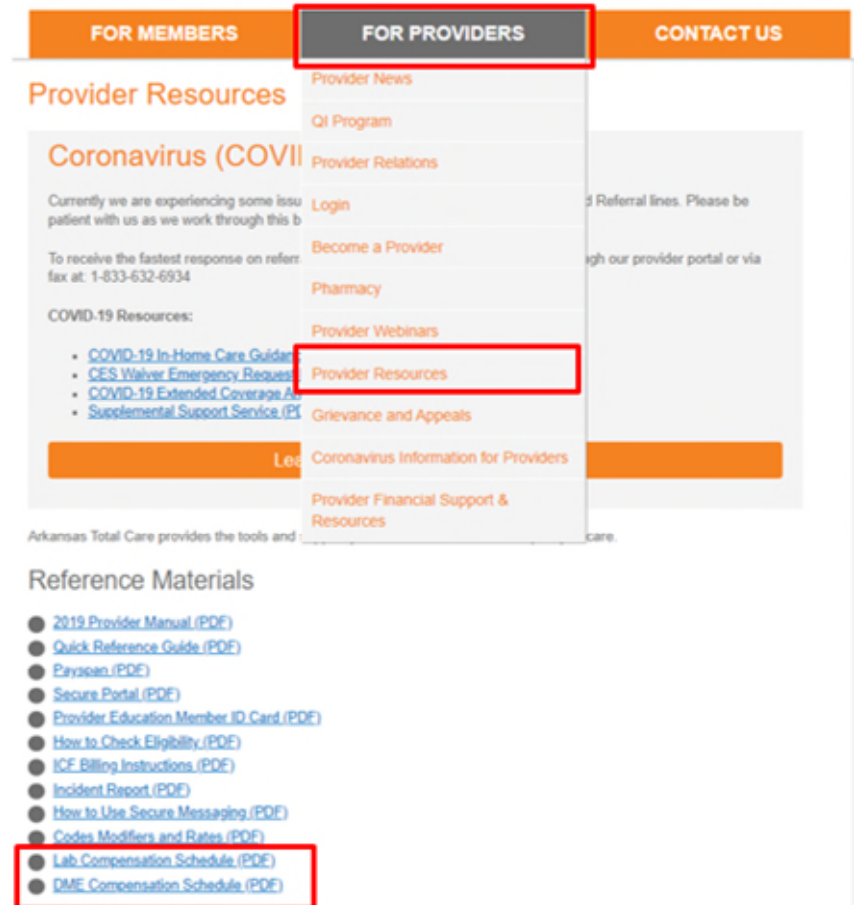
Policy Title	Policy Number	Effective Date
Diagnosis of Vaginitis	CP.MP.97	10/1/20
Evoked Potentials	CP.MP.134	11/1/20

DME & Lab Compensation Schedule



Notice to Providers dated 10/1/2020

- The effective date for the updated Compensation Schedules is **1/1/2021**
- If you have any questions please contact our Contracting Team at **ArkansasContracting@Centene.com**



Fraud, Waste & Abuse



- ARTC takes the detection, investigation, and prosecution of fraud and abuse very seriously and has a FWA program that complies with the federal and state laws
- Centene's Special Investigation Unit (SIU) performs back end audits which may result in taking appropriate action against those who commit waste, abuse and fraud
- ARTC, in conjunction with its parent company, Centene, operates a waste, abuse, and fraud unit
- ARTC routinely conducts audits to ensure compliance with billing regulations
- The Centene Special Investigation Unit (SIU) performs retrospective audits, which, in some cases, may result in taking actions against providers who commit waste, abuse, and/or fraud

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 WAF 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

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV)



- Section 12006(a) of the 21st 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
 - the location of the service provided
 - information about the service provider
- All personal care providers must enroll in AR Medicaid by applying for a practitioner ID number (PIN)

Personal Care Authorizations



- Arkansas Total Care (ARTC) requires authorization for personal care services.
- Prior Authorization requests may be submitted via one of the following ways:
 - Secure Web Portal: provider.arkansastotalcare.com
 - Phone: 866-282-6280 (TDD/TTY: 711)
 - Fax: 833-249-2342
 - Authorization Request Form must be submitted
- ***We encourage providers to validate and verify that authorization information is accurate with correct units, service codes and dates that are expected.***

Personal Care Practitioner Management



- Providers must have valid Arkansas Medicaid Provider IDs.
- Providers must have their roster to Arkansas Total Care in order to correctly configure in HHAX.
 - Send roster to arkcredentialing@centene.com
- Inaccurate or missing provider information may result in **delayed payment.**

Personal Care Billing



Billing Process

- Invoice batching reduces manual effort to submit claims
- Prebill scrubbing and authorization compliance reduces claim denials and ensures timely payment
- All billing must be done via HHAX and be tied to EVV
 - 12/4/20 – Providers must use the HHAX system for verification and claims submission. Claims not billed through HHAX will be denied.

Contact Information



- HHAX Provider Info Center: www.hhaexchange.com/ar
- HHAX Support
 - support@hhaexchange.com
 - 855-400-4429
- For plan specific questions, please contact Arkansas Total Care at 866-282-6280.

HEDIS

New & Revised Measures (2020)



Acronym	HEDIS Measure	Status	Type of Measure
CRE	Cardiac Rehabilitation	New	Admin only
KED	Kidney Health Evaluation for Patients with Diabetes	New	Admin only
OSW	Osteoporosis Screening in Older Women	New	Admin only
W30	Well-Child Visits in the First 30 Months of Life	Revised-previously W15	Admin with year round medical record review
WCV	Child and Adolescent Well-Care Visits	Revised-previously W34 & AWC	Admin with year round medical record review

Retired Measures (2020-2021)



Acronym	HEDIS Measure	Timeline
ABA	Adult BMI Assessment	2020
MMA	Medication Management for People with Asthma	2020
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	2021
MRP	Medication Reconciliation Post Discharge	2020 (Still collected in TRC measure)
OTO	Osteoporosis Testing in Older Women	2020
CAP	Children and Adolescents' Access to Primary Care Practitioners	2020
BCR	Board Certification	2020

Telehealth Services



- Telehealth refers to a broad collection of electronic and telecommunications technologies that support delivery of health care services from distant locations. Forms of telehealth include Telemedicine, Virtual Check-Ins, E-Visits, and Telephone visits, among others.
- Telemedicine is the practice of medicine using technology to deliver care at a distance. A practitioner in one location (distant site) uses telecommunications to deliver care to a patient at another location (originating site).

These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

- Services that can be provided via telemedicine include, among others, office/outpatient visits, annual wellness visits, emergency department or initial inpatient consultations, ESRD- related services, individual and group diabetes self-management training, and individual psychotherapy.
- Practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers, and registered dietitians.

Telehealth Services



- HEDIS Measures can be impacted and closed by telehealth visits. Examples* of these measures include:
 - Care for Older Adults (COA)
 - Transitions of Care (TRC)
 - Adults' Access to Preventive/Ambulatory Health Services (AAP)
 - Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
 - Prenatal and Postpartum Care (PPC)
 - Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)
 - Controlling High Blood Pressure (CBP)
 - Statin Use in Persons with Cardiovascular Disease (SPC)
 - Follow Up Care for Children Prescribed ADHD Medication (ADD)
- Please follow up with the HEDIS team for more information.

*Example list is not all-inclusive

CPT® Category II Codes



- **What are they?**

CPT Category II codes are reporting codes that relay important information to the health plan. This information can close quality care gaps related to specific health outcome measures.

- **Why are they Important?**

CPT Category II codes should be submitted in conjunction with CPT or other codes used for billing and will decrease the need for record abstraction and chart reviews, minimizing your administrative burden.

- **How to bill CPT Category II codes:**

CPT Category II codes are billed in the procedure code field, just as CPT Category I codes are billed. CPT Category II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT Category II codes are billed with a \$0.00 or \$0.01 billable charge amount.

- **How can CPT Category II codes be used to close quality gaps in care on specific HEDIS measures?**

CPT Category II codes can relay important information related to health outcome measures such as:

- ACE/ARB Therapy Controlling blood pressure
- Comprehensive diabetes care
- Care of Older Adults
- Medication Reconciliation
- Prenatal and Postpartum Care

CPT® Category II Codes



Quality Measure	Indicator or Description	CPT Category II codes
Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy	ACE/ARB Therapy	4010F
Controlling High Blood Pressure	Blood Pressure Readings	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Comprehensive Diabetes Care	A1C Results	3044F, 3046F, 3051F, 3052F
	Eye Exam	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
	Nephropathy Screening	3060F, 3061F, 3062F, 3066F, 4010F
Care of Older Adults	Advanced Care Planning	1123F, 1124F, 1157F, 1158F
	Functional Status Assessment	1170F
	Medication Review	1111F, 1159F, 1160F
	Pain Screening	1125F, 1126F
Medication Reconciliation after Discharge	Medication Reconciliation	1111F
Prenatal and Postpartum Care	Prenatal Visit	0500F, 0501F, 0502F
	Postpartum Visit	0503F

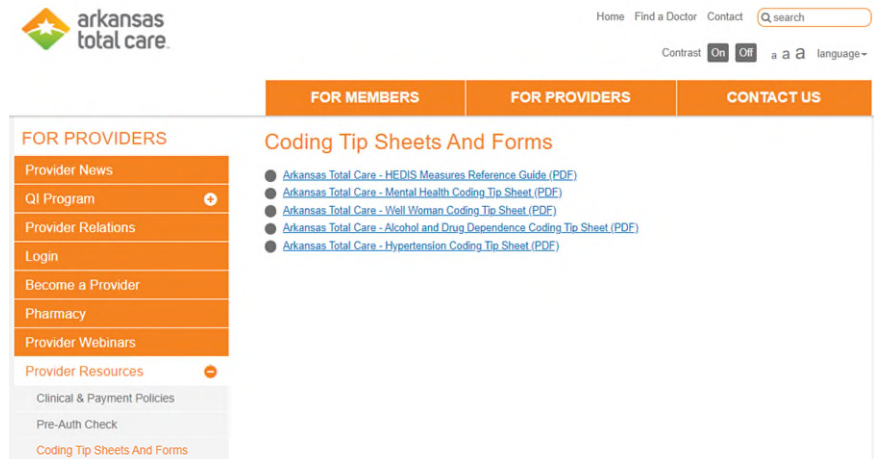
Quality Improvement HEDIS Team



- Tip Sheets can be found on the provider websites:

https://www.arkansastotalcare.com/providers/resources/CODING_TIP_SHEETS_AND_FORMS.html

- For further information on HEDIS gap closure, resources, special reporting, or any other HEDIS needs please reach out to the HEDIS team.
- Secure Email: **QI_AR_HEDIS@CENTENE.COM**
- Secure Fax: 800-716-2380



Medical Record Requests



- Medical record requests are sent to providers that includes a member list identifying assigned measures and the minimum necessary information needed.
- Data collection methods include: fax, email, secure provider portal, onsite for larger requests, remote EMR system access, and electronic data interchange via a secure site (SFTP).
- Due to the data collection time frame, a five- to seven-day turnaround is appreciated.
- We recommend uploading records to our secure site to allow for optimal tracking of information submitted. The records you provide during this process help us validate the quality of care provided to our members.
- We appreciate your cooperation and timeliness in submitting the requested medical record information.

HIPAA & HEDIS



- Under the HIPAA Privacy Rule, release of information for the purpose of HEDIS data collection is permitted and does not require patient consent or authorization.
- Disclosure is permitted as part of quality assessment and improvement activities.
- All of the health plans' contracted providers' records are protected under this act.
- Member PHI that we collect is maintained in accordance with all federal and state laws.
- HEDIS data is reported collectively.
 - Rates represent aggregate data.
 - No individual identifiers are included.

Secure Email: **QI_AR_HEDIS@CENTENE.COM**

Prior Authorizations

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



- Post Service Review Process – Turning Point has developed a form that will allow providers to submit authorization coding changes based on a procedure change during surgery.
- Post service reviews will be performed if the additional procedure codes are subject to prior authorization and fall within the TurningPoint Scope of Services.
- This form and all pertinent supporting documentation should be emailed to: **centeneumappeals@turningpoint-healthcare.com**
- Your submission will be reviewed and a recommendation will be provided to the health plan for a final determination.

NIA's Prior Authorization Program



Effective March 1, 2019: Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

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



NIA Provider Tools



- Toll free authorization and information number: 1-866-500-7685
- Available 7:00 a.m. – 7:00 p.m. CST
 - Interactive Voice Response (IVR) System for authorization tracking
- RadMD Website – Available 24/7 (except during maintenance)
 - Request authorization and view authorization status
 - Upload additional clinical information
 - View Clinical Guidelines, Frequently Asked Questions (FAQs) and other educational documents



When to Contact NIA



Providers:

Ordering Providers:

- To initiate a request for an authorization, please contact NIA via website, 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, 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, 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 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 or 1-800-450-7281 ext. 75518.



Important Tips and Reminders

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 as soon as possible.
- Applications are located on the website at:
arkansastotalcare.com/providers/resources.html
- If you have questions, you may submit them via email at arkcredentialing@centene.com or call 1-844-263-2437.
- *Providers that do not have approved Credentialing on file may experience claim denials*

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.

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 header includes the logo, navigation links (Home, Find a Doctor, Contact), a search bar, and contrast/language settings. Below the header are three main navigation tabs: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". The "FOR PROVIDERS" tab is active, showing a sidebar menu with options like "Provider News", "QI Program", "Provider Relations", "Login", "Become a Provider", "Pharmacy", "Provider Webinars", "Provider Resources", "Clinical & Payment Policies", "Pre-Auth Check", and "Coding Tip Sheets And Forms". The "Coding Tip Sheets And Forms" option is highlighted with a red box. The main content area displays the title "Coding Tip Sheets And Forms" and 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)".

Provider Webinars



Home Contact

Contrast ☐ On ☐ Off a a a language▼

FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Login

Become a Provider

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
Q4 Provider Updates (encore)	12/8/20	3:00pm
Encore presentation of today's webinar		
Cultural Competency And Disability Sensitivity Training	12/17/20	2:00pm
The purpose of this webinar is to train providers how to service the member's health care needs in a culturally competent manner.		
Behavioral Health Covered Benefits and Services Policy Update	TBD	TBD
To outline a list and general guidelines for the covered mental health benefits and services offered to members.		

Clinical Laboratory Improvement Amendments (CLIA)



- The CLIA number is required on the claim in all instances in which a CLIA waived or CLIA certified laboratory service is performed
- CLIA certification number billed was either missing or invalid:
 - CLIA number should be populated in Box 23 on a paper CMS 1500 claim
 - CLIA numbers are 10 digits with letter “D” in third position
 - CLIA number should be populated in Box 23b on the Secure Web Portal
 - CLIA number electronically goes in Loop: 2300, Segment: REF02, REF01=X4

CLIA Facts



- There are five levels of CLIA Certification:
 - Certification of Wavier (COW)
 - Certification of Provider Performed Microscopy (PPM) procedures
 - Certificate of Registration
 - Certificate of Compliance (COC)
 - Certificate of Accreditation (COA)
- Providers are required to have the appropriate level of CLIA certification for the test that they are performing.
- CLIA Waived Test are subject to CLIA requirements.
- A certificate of Waiver permits a provider to perform only CLIA waived tests.

A screenshot of the CMS.gov website. The header includes the CMS.gov logo and navigation links: Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below the header is a search bar with the text "Learn about your healthcare options" and a "Search" button. A navigation bar contains links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance (highlighted), Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled "Clinical Laboratory Improvement Amendments (CLIA)" and includes a sidebar with links to various CLIA resources. The main text describes the CLIA program and its objectives.

Home | About CMS | Newsroom | FAQs | Archive | Share | Help | Print

CMS.gov
Centers for Medicare & Medicaid Services

Learn about [your healthcare options](#)

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center **Regulations & Guidance** Research, Statistics, Data & Systems Outreach & Education

Home > Regulations and Guidance > Clinical Laboratory Improvement Amendments (CLIA) > Clinical Laboratory Improvement Amendments (CLIA)

Clinical Laboratory Improvement Amendments (CLIA)

[How to Apply for a CLIA Certificate, Including International Laboratories](#)

[State Agency & Regional Office CLIA Contacts](#)

[Accreditation Organizations Exempt States](#)

[Categorization of Tests](#)

[Certificate of Waiver Laboratory Project](#)

[Certification Boards for Laboratory Directors of High Complexity Testing](#)

[CLIA Brochures](#)

[CLIA Regulations and Federal Register Documents](#)

[CLIA Related Hearing Decisions and Compliance Topics](#)

Clinical Laboratory Improvement Amendments (CLIA)

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). In total, CLIA covers approximately 251,000 laboratory entities. The Division of Laboratory Services, within the Survey and Certification Group, under the Center for Clinical Standards and Quality (CCSQ) has the responsibility for implementing the CLIA Program.

The objective of the CLIA program is to ensure quality laboratory testing. Although all clinical laboratories must be properly certified to receive Medicare or Medicaid payments, CLIA has no direct Medicare or Medicaid program responsibilities.

For the following information, refer to the downloads/links listed below:

- For additional information about a particular laboratory, contact the appropriate State Agency or Regional Office CLIA contact (refer to State Agency or Regional Office CLIA link found on the left-hand navigation pane);
- Information about what is CMS' authority regarding Laboratory Developed Tests (LDTs) and how does it differ from FDA's authority is found in the downloads section in the file called "LDT and CLIA FAQs";
- CMS Blog - FDA & CMS Form Task Force on LDT Quality Requirements;
- Information on research testing and CLIA is found in the file called "Research Testing and CLIA";
- Information about direct access testing (DAT) and the CLIA regulations is included in the Direct Access Testing download;
- OIG reports relating to CLIA;
- Guidance for Coordination of CLIA Activities Among CMS Central Office, CMS Regional Offices, State Agencies (including State with Licensure Requirements), Accreditation Organizations and States with CMS

Contact Information

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*

Provider Relations



Locate your assigned Provider Relations Representative at:
https://www.arkansastotalcare.com/providers/provider_relations.html

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

Doug Kabrey

Kari Murphy

Meghan Hunt

Patrice Eackles

Tanya Redden

Valinda Perkins

A map of Arkansas with its counties color-coded by region: Northwest (blue), West (orange), Central (purple), East (yellow), and South (green). The map shows the following counties: Benton, Carroll, Boone, Marion, Baxter, Fulton, Randolph, Clay, Washington, Madison, Newton, Searcy, Izard, Sharp, Lawrence, Greene, Craighead, Mississippi, Crawford, Franklin, Johnson, Van Buren, Cleburne, Independence, Jackson, Poinsett, Sebastian, Logan, Conway, Faulkner, White, Woodruff, Cross, Crittenden, Scott, Yell, Perry, Polk, Montgomery, Garland, Saline, Lincoln, Prairie, Monroe, Lee, Phillips, Polk, Montgomery, Garland, Saline, Lincoln, Prairie, Monroe, Lee, Phillips, Howard, Pike, Hot Spring, Grant, Jefferson, Arkansas, DeWitt, Ashley, Clark, Dallas, Cleveland, Lincoln, Desha, Little River, Hempstead, Nevada, Osage, Calhoun, Bradley, Drew, Miller, Columbia, Union, Lafayette, and Ashby.

Provider Services

Phone: 1-866-282-6280

Website: arkansastotalcare.com

Email inquires to:
providers@arkansastotalcare.com

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

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

Regular contracting inquiries and contract requests



Credentialing Department

Phone: 1-844-263-2437

Fax: 1-844-357-7890

Email: arkcredentialing@centene.com

QUESTIONS?

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

OR

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

providers@arhealthwellness.com



Thank you for joining us!