



1st Quarter Provider Webinar

March 9, 2021

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

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Agenda

- Credentialing
- Behavioral Health
- Electronic Visit Verification (EVV)
- Provider Updates
- Clinical & Payment Policy Updates
- Important Tips and Reminders
- Contact Information
- Q & A

Join Our Email List Today

- Receive current updates:
 - Arkansas Total Care:
 - ✓ <https://www.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
BHOP	Behavioral Health Outpatient
DME	Durable Medical Equipment
EVV	Electronic Visit Verification
FAQ	Frequently Asked Question
FWA	Fraud, Waste, and Abuse
HCBS	Home and Community Based Services
MNC	Medical Necessity Criteria
NIA	National Imaging Associates
NMSS	Non-Medical Support Services
NPI	National Provider Identification
PASSE	Provider–Led Arkansas Shared Savings Entity
SIU	Special Investigations Unit



Credentialing

Atypical Credentialing Requirements



- Providers identified as atypical or those submitting atypical practitioners via roster must submit a completed Arkansas Total Care Atypical & HCBS Provider Application:
 - A PDF version can be found on the Provider Resources page and must be submitted by March 31, 2021
 - If we do not receive completed applications by March 31, 2021, providers may be considered out of network for any dates of service after March 31, 2021
- Non-licensed practitioners and provider groups can use the ARTC Personal Care and Non-Licensed Atypical Roster template
- Providers can locate applications and forms on the website under the Provider Resources page:
 - www.arkansastotalcare.com/providers/resources.html
- To submit adds, terms and/or updates, email the completed roster to our Credentialing team at ArkCredentialing@Centene.com

Atypical Practitioner Roster FAQs



Question	Answer
Which practitioners should be submitted on the roster?	Non-licensed atypical practitioners who have been issued a provider type 95 Medicaid ID.
When I have new providers to add to the roster, should I only submit the new providers, or submit the entire roster each month?	Once a complete roster has been submitted, future submissions should only include additions, terminations, or updates. If we need a new complete roster, that request will come from the Credentialing Team.
What if I have already submitted applications for some of these atypical practitioners?	You do not have to resubmit atypical practitioners on a roster if you have already completed an application. They will be loaded without having to complete the credentialing process.
What is the attestation listed on the Individual Adds tab of the roster?	This is a confirmation by your group that you have completed all appropriate checks required by the state (background, maltreatment lists, etc.) We must have this information in order to load your practitioners by roster instead of credentialing.

Atypical Practitioner Roster FAQs



Question	Answer
What practice address should be listed on the Individual Adds tab of the roster?	This address should match your provider locations. We do not need the home address of your members or the person providing services to the members.
How do I notify Arkansas Total Care if one of my non-licensed practitioners becomes licensed?	The practitioner will need to complete an Allied Application and submit it to arkcredentialing@centene.com .
How do I submit my roster?	Rosters should be submitted in Excel format via email to arkcredentialing@centene.com . All other formats will be returned (Word, PDF, etc.).
What information should I enter on each of the tabs on the roster?	The Provider Info tab is for your group information such as locations, billing and hours. The Individual Adds tab is where you enter information for all of your non-licensed, atypical practitioners. The Individual Terms tab is used to indicate terminations of any practitioner no longer associated with your group.

- For additional questions regarding credentialing, please contact the Credentialing Department directly at arkcredentialing@centene.com or 1-844-263-2437 and leave a message. You will hear back from a credentialing specialist within 48 hours.



Behavioral Health Services

Non-Medical Support Services Policy

- The policy outlines the change in how medically necessary criteria (MNC) was used to guide authorization review to non-medical support services being reviewed from using Medical Necessity guidelines / recommendations
- Policies are located on the website under the Clinical Policies section at:
 - www.arkansastotalcare.com/providers/resources/clinical-payment-policies.html

Policy Title	Policy Number	Effective Date
Behavioral Health Covered Benefits and Services (PDF)	CC.BH.UM.28	2/15/21 – NEW
Behavioral Health Covered Benefits and Services – Attachment F (PDF)	CC.BH.UM.28 Attachment F	2/15/21 - NEW

Behavioral Health Outpatient (BHOP) Coding



- Psychotherapy times are for face-to-face services with the patient and/or family member
- Patient must be present for all or some of the service
- Reporting guidelines:
 - Choose the code closest to the actual time
 - Do not report psychotherapy of less than 16 minutes duration
 - Duration of a course of psychotherapy must be individualized for each patient
 - The psychotherapy code is chosen on the basis of the time spent providing psychotherapy, not inclusive of paperwork time without the member present:
 - ✓ Code 90832 (or + 90833): 16 to 37 minutes,
 - ✓ Code 90834 (or + 90836): 38 to 52 minutes, or
 - ✓ Code 90837 (or + 90838): 53 minutes or longer
- Upcoding occurs when a healthcare provider submits codes for more serious diagnosis or more intensive/costly procedures than the provider actually diagnosed or performed.

- When evaluating all BHOP services both by units utilized and paid claims, the predominant code being utilized is for 90837, which is the longer duration therapy code
- Data indicates that there are a significant volume of providers using the 90837 code exclusively:
 - ARTC population - 90837 is being used for approximately 75% of all BHOP visits
 - Generally we would expect to see more variety in the codes utilized for BHOP services (90837, 90834, 90832)
- Any billing practices that appear as an outlier as part of claims-based audits will be referred for Quality Assurance review and potential chart audits for adherence to the above billing guidelines

- Discharge planning is an important part of a member's recovery process. It begins at admission and should be addressed at all points in the treatment process
- It is expected that appointments are made within 7 days of a hospital admission
- The admission and assessment phase should include collaborative information gathering that drives discharge planning
- Helpful information to gather at assessment for discharge planning purposes includes current providers for whole person health care:
 - Primary care and health care specialists
 - AA and NA support groups
 - Substance use providers
 - Community or Natural Supports and their roles in the member's care
- Care coordination that occurs throughout the treatment episode allows communication regarding the discharge plan to occur
- Be sure to include other providers, supports persons and the member in establishing a plan for care after discharge

- Final plan should include as many of these components that are needed to support the member's independence:
 - Self-care instructions that are developed collaboratively between the provider and the member:
 - ✓ Reminders and cues developed in treatment such as: coping skills, problem solving skills, daily self-care activities, etc.
 - Appointments with other providers should be outlined:
 - ✓ If the member needs continued medication management as their only service, the provider needs to ensure that they continue to have access to medications and have a scheduled appointment with the medication providers
 - Discharge plan should describe how to return for care if it is needed
 - Discharge plan should be documented in the member's permanent medical record
 - Copies should be given to the member, support persons and service providers

Behavioral Health Readmissions



- Readmission is defined as an episode when a patient who had been discharged from a hospital is admitted again within a specified time interval (ex. 7, 30 or 90 days)
- Readmission rates have increasingly been used as an outcome measure in health services research and as a quality benchmark for health systems
- Having a solid discharge plan in place that the member understands is helpful in preventing readmissions

Electronic Visit Verification (EVV)

Personal Care Practitioner Management



- Providers must have valid Arkansas Medicaid Provider IDs
- Providers must send 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

HHAeXchange

- HHAeXchange is hosting weekly Lunch and Learns for providers to review specific modules within HHAX (e.g. patient management, billing etc...)
- To register for specific sessions, go to www.hhaexchange.com/ar
 - Provider Info Center > Training Tab > Upcoming Webinars



The screenshot shows the HHAeXchange website interface. At the top left is the HHAeXchange logo. To the right are 'Login' and 'Request a Demo' buttons. Below the logo is a navigation menu with 'Who We Help', 'Provider Platform', 'Payer Platform', 'Resources', and 'About'. A tagline reads: 'single source of truth in connecting payers, providers, and patients through our intuitive web-based platform, enabling unparalleled communication, transparency, and visibility.' Below this is a secondary navigation menu with 'OVERVIEW', 'INFO SESSIONS', 'TRAINING' (highlighted), 'FORMS', 'EDI PROCESS', and 'FAQs'. The main content area features a section titled 'UPCOMING WEBINARS' with a link 'Please [Click Here](#) for Additional Training Webinars'. Below that is a section titled 'PROVIDER SYSTEM USER TRAINING' with a paragraph: 'Provider System User Training will be provided via the HHAeXchange Learning Management System (LMS). Providers will have to log on the Learning Management System to complete their training to understand the use of the HHAeXchange Provider Portal along with its functionalities. This training is required to ensure you have a clear understanding of the functionalities available to you in the HHAeXchange Provider Portal. The courses include a variety of videos, documents, and tests to help ensure you have a clear understanding of the different aspects of the Provider Portal to use for your EVV benefits.' A 'Let's Chat!' button is located in the bottom right corner of the page.

Contact Information

- HHAX Provider Info Center:
 - www.hhaexchange.com/ar
- HHAX Support
 - Support@hhaexchange.com
 - 1-855-400-4429
- For plan specific questions, please contact Arkansas Total Care at 1-866-282-6280 (TTY: 711)



Provider Updates

2021 Provider Waiver Manual

- New Waiver Provider Manual will be available soon under the Provider Resources tab:
 - www.arkansastotalcare.com
- Make sure you are signed up for our electronic listing to receive all notifications

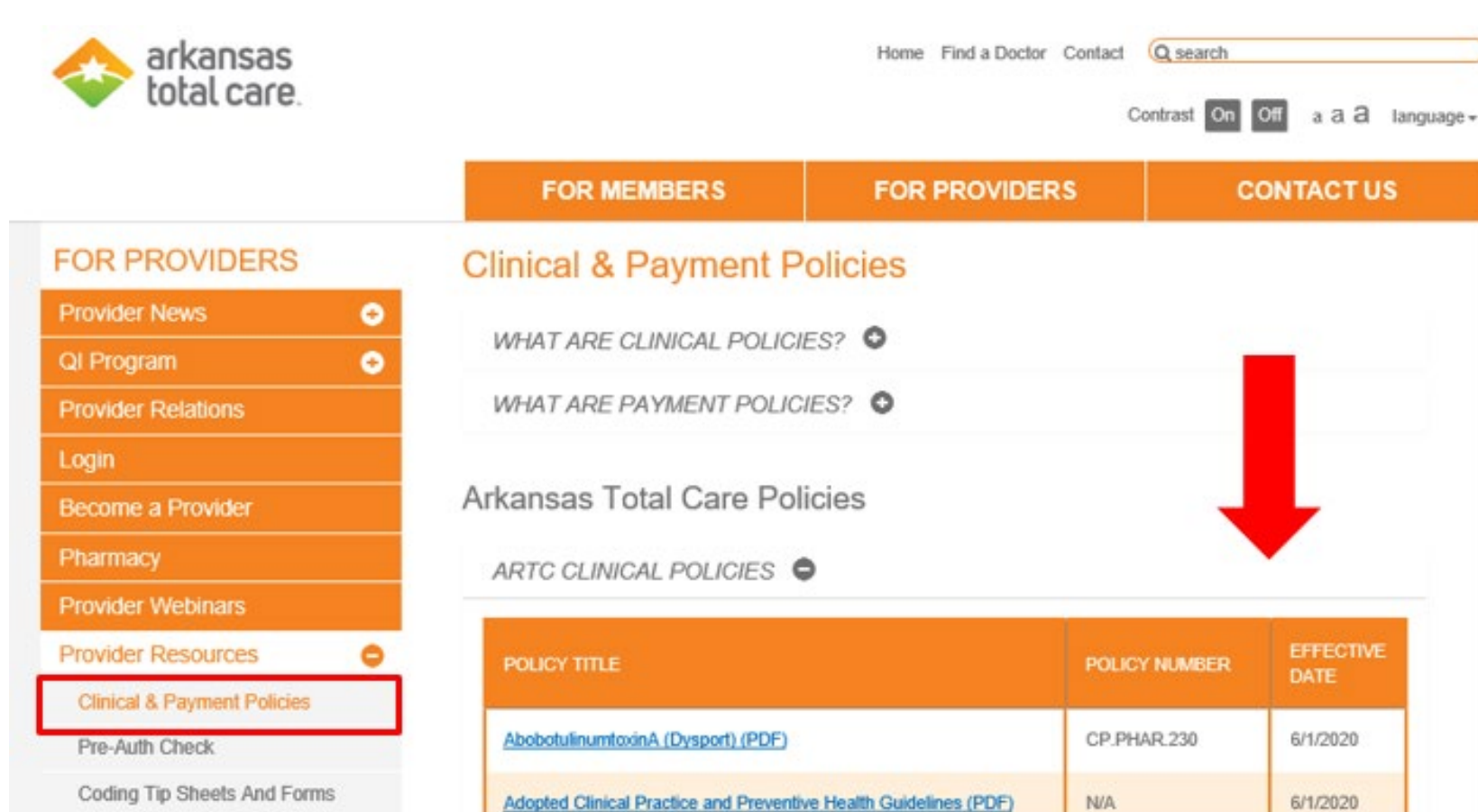


Cultural Competency Training Available

- This course teaches providers and their staff how to interact with and provide care to members while being mindful of cultural differences.
- All providers must complete training annually
- ARTC provides monthly webinars:
 - To register visit our website at:
 - ✓ www.arkansastotalcare.com/providers/provider_webinars.html
- Topics include:
 - Health Communication
 - Health Literacy
 - Auxiliary Aids and Interpreter Services
 - How to become culturally competent
 - Changing attitudes
 - Ensuring compliance

ARTC Clinical Policies

Located at <https://www.arkansastotalcare.com/providers/resources/clinical-payment-policies.html>



The screenshot shows the Arkansas Total Care website interface. At the top left is the logo. At the top right are navigation links: Home, Find a Doctor, Contact, and a search bar. Below these are contrast settings (On/Off) and language options. The main navigation bar has three tabs: FOR MEMBERS, FOR PROVIDERS, and CONTACT US. The FOR PROVIDERS tab is active, showing a sidebar menu with items like Provider News, QI Program, Provider Relations, Login, Become a Provider, Pharmacy, Provider Webinars, Provider Resources, Clinical & Payment Policies (highlighted with a red box), Pre-Auth Check, and Coding Tip Sheets And Forms. The main content area displays 'Clinical & Payment Policies' with expandable sections for 'WHAT ARE CLINICAL POLICIES?' and 'WHAT ARE PAYMENT POLICIES?'. Below this is the 'Arkansas Total Care Policies' section, which includes a sub-section 'ARTC CLINICAL POLICIES' and a table of policies. A large red arrow points from the 'WHAT ARE PAYMENT POLICIES?' section down to the 'ARTC CLINICAL POLICIES' section.

POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
AbobotulinumtoxinA (Dysport) (PDF)	CP.PHAR.230	6/1/2020
Adopted Clinical Practice and Preventive Health Guidelines (PDF)	N/A	6/1/2020

Clinical Policies - Updates



Policy Title	Policy Number	Effective Date
Allogenic Hematopoietic Cell Transplants for Sickle Cell	CP.MP.108	1/1/2021
Implantable Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	CP.MP.180	1/1/2021
Inhaled Nitric Oxide	CP.MP.87	1/1/2021
Oxygen Use and Concentrators	CP.MP.190	1/1/2021
Total Artificial Heart	CP.MP.127	1/1/2021
Transcatheter closure of patent foramen ovale	CP.MP.151	1/1/2021
Fixed Wing Air Transportation	CP.MP.175	2/1/2021
Gender reassignment surgery	CP.MP.95	2/1/2021
Home Birth	CP.MP.136	2/1/2021
Intensity Modulated Radiation Therapy	CP.MP.69	2/1/2021
Nerve Blocks for Pain Management	CP.MP.170	2/1/2021
Trigger Point Injections for Pain Management	CP.MP.169	2/1/2021
Vagus Nerve Stimulation for Epilepsy	CP.MP.12	2/1/2021
Eribulin mesylate (Halaven)	CP.PHAR.318	3/1/2021
Home Phototherapy for Neonatal Hyperbilirubinemia	CP.MP.150	3/1/2021
Outpatient Testing for Drugs of Abuse	CP.MP.50	3/15/2021
Pegvaliase-pqpz (Palynziq)	CP.PHAR.140	3/1/2021

Payment Policies - Updates



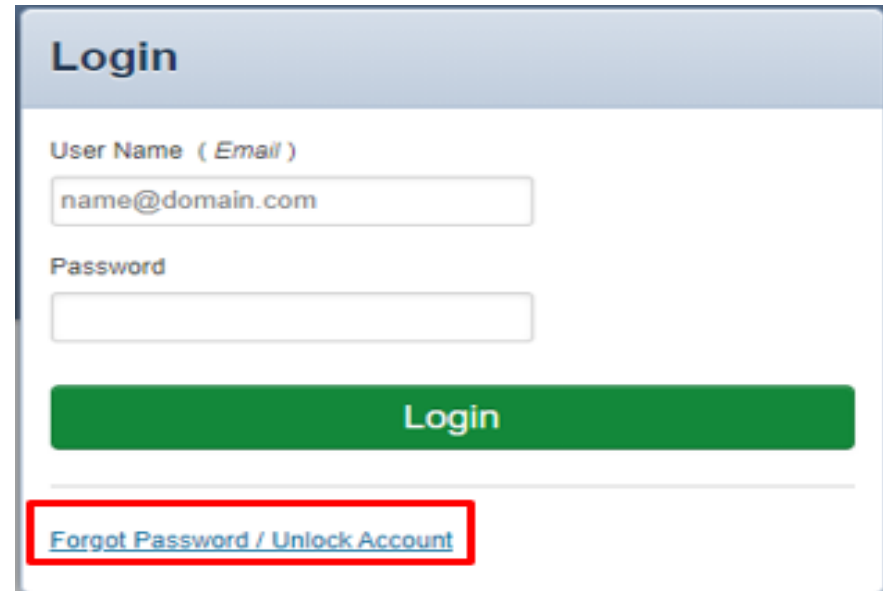
Policy Title	Policy Number	Effective Date
DNA Analysis of Stool	CP.MP.125	1/1/2021
FeNo Testing	CP.MP.103	1/1/2021
Acupuncture	CP.MP.92	2/1/2021
Low-Frequency Ultrasound Wound Therapy	CP.MP.139	2/1/2021
Neurofeedback for Behavioral Health Disorders	CP.BH.300	2/1/2021
Transcranial Magnetic Stimulation	CP.BH.200	2/1/2021
Bariatric Surgery	CP.MP.37	3/1/2021
Proton and Neutron Beam Therapy	CP.MP.70	4/1/2021
Assistive Reproductive Technology	CP.MP.55	5/1/2021
Diaphragmatic/Phrenic Nerve Stimulation	CP.MP.203	5/1/2021
Durable Medical Equipment (DME)	CP.MP.107	5/1/2021
OB Home Health Programs	CP.MP.91	5/1/2021
Pediatric Heart Transplant	CP.MP.138	5/1/2021
Skilled Nursing Facility Leveling	CP.MP.206	5/1/2021



Important Tips and Reminders

Provider Portal Password

- Remember to log into your account at least once every 30 days to keep your account active
- Passwords expire after 90 days of no use
- Ways to reset your password:
 - Click on the Forgot Password/Unlock Account link
 - Contact your Account Manager
 - Contact Provider Services:
 - ✓ 1-866-282-6280 (TTY: 711)

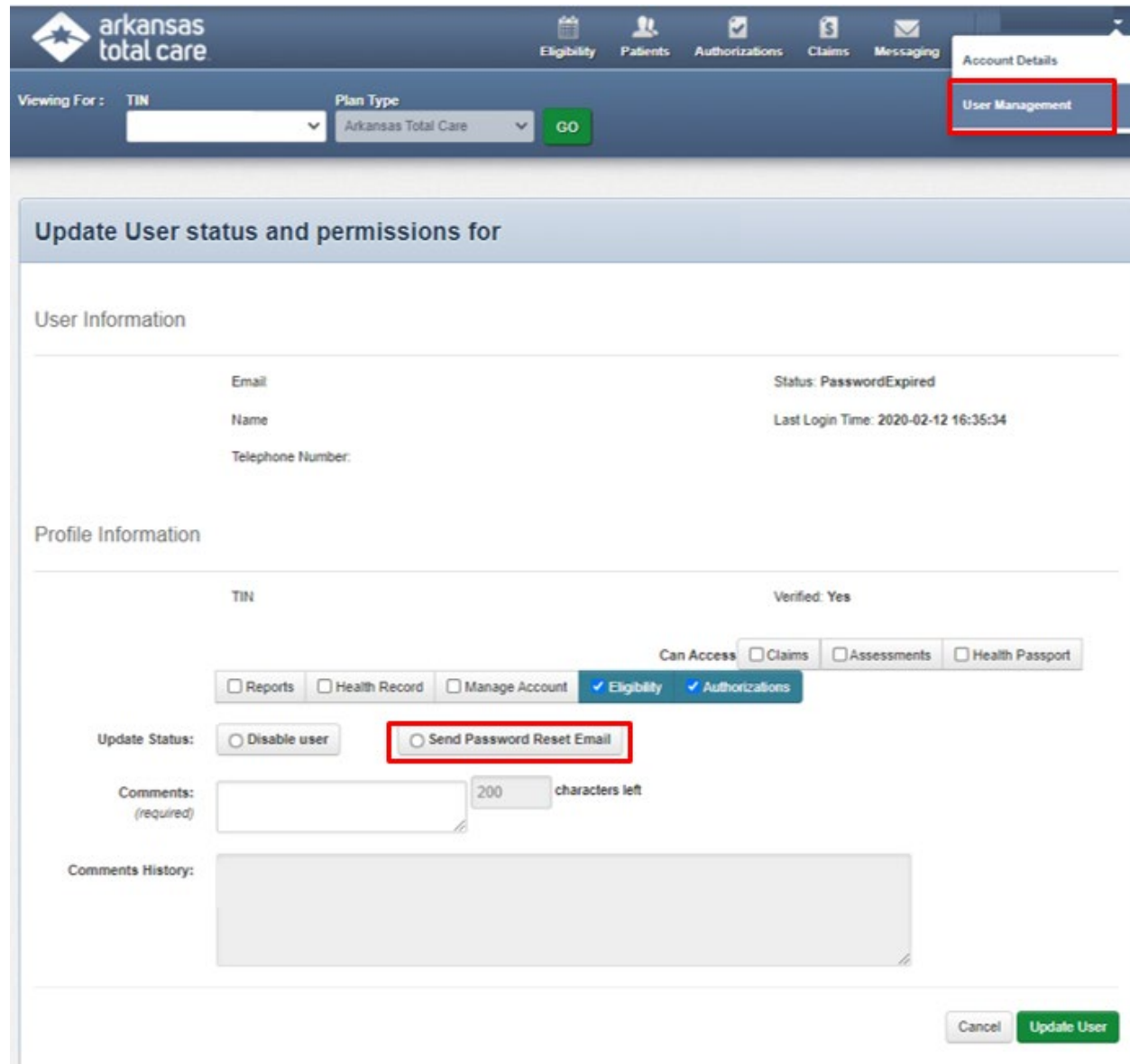


The screenshot shows a login form with the following elements:

- Login** (Section Header)
- User Name (Email)** label above a text input field containing "name@domain.com".
- Password** label above a text input field.
- A green **Login** button.
- A red-bordered link at the bottom: [Forgot Password / Unlock Account](#).

Provider Portal Password

Account Managers can access the User Management Section within the Portal to send a Password Reset email



The screenshot shows the Arkansas Total Care Provider Portal interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. A dropdown menu is open, showing 'Account Details' and 'User Management', with 'User Management' highlighted by a red box. Below the navigation bar, there are filters for 'Viewing For : TIN' and 'Plan Type' (Arkansas Total Care), with a 'GO' button. The main content area is titled 'Update User status and permissions for'. It contains two sections: 'User Information' and 'Profile Information'. The 'User Information' section shows fields for Email, Name, and Telephone Number, along with 'Status: PasswordExpired' and 'Last Login Time: 2020-02-12 16:35:34'. The 'Profile Information' section shows 'TIN' and 'Verified: Yes'. Below this, there are checkboxes for 'Can Access' (Claims, Assessments, Health Passport) and 'Reports', 'Health Record', 'Manage Account', 'Eligibility', and 'Authorizations'. The 'Update Status' section has radio buttons for 'Disable user' and 'Send Password Reset Email', with the latter highlighted by a red box. There is also a 'Comments (required)' field with a 200-character limit and a 'Comments History' section. At the bottom right, there are 'Cancel' and 'Update User' buttons.

Fraud, Waste and 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

Fraud, Waste and Abuse – Con't

- 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

Provider Webinars

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 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.

Join Webinar

When a session is live, please click the button below to watch the presentation. If you are not able to hear audio from a computer, you can also call into the conference via phone:

Dial: 1.669.900.6833

Meeting ID: 812 869 114

Password: 707675

[Join Video Conference](#)

New Provider Orientation

Date/Time: 2/16/2021 - 2pm**Description:** This course will provide a virtual orientation for any new & existing providers. Topics include Overview of ARTC; Provider Participation Responsibilities; Prior Authorization Guidelines; Claims Submission and Billing Tips; Web Tools; Important Contact Information and much more.

Upcoming Webinars



Course Name & Description	Date	Time
<p>First Quarter Provider Updates</p> <p>This course will focus on updates and reminders surrounding Credentialing, Behavioral Health, EVV, Clinical Policies, and Payment Policies.</p>	3/18/2021	2:00pm
<p>Cultural Competency Training</p> <p>The purpose of this webinar is to educate providers to service the member's health care needs in a culturally competent manner.</p>	3/18/2021	10:00am
<p>Cultural Competency Training</p> <p>The purpose of this webinar is to educate providers to service the member's health care needs in a culturally competent manner.</p>	4/1/2021	2:00pm
<p>New Provider Orientation</p> <p>This course will provide a virtual orientation for any new & existing providers. Topics include Overview of ARTC; Provider Participation Responsibilities; Prior Authorization Guidelines; Claims Submission and Billing Tips; Web Tools; Important Contact Information and much more.</p>	4/8/2021	2:00pm
<p>Secure Portal</p> <p>This course will provide a detailed overview of the Secure Provider Portal and the features:</p> <ul style="list-style-type: none"> • Registration and Account Setup • Member Eligibility & Patient Listings • Health Records & Care Gaps • Prior Authorization • Claim Submission & Status • Corrected Claims & Adjustments 	4/20/2021	10:00am

Need to Contact Us?

Arkansas Total Care

Provider Services

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

Website: arkansastotalcare.com

Email inquiries to:

providers@arkansastotalcare.com

Provider Services Call Center



- **First line of communication**
 - Arkansas Total Care Provider Services Call Center
 - 1-866-282-6280 TTY: 771
- Provider Service Representatives can assist with questions regarding:
 - Eligibility
 - Authorizations
 - Claims
 - Payment inquiries
- Representatives are available Monday through Friday, 8 AM to 5 PM (Central Standard Time)

Provider Inquiries

- After speaking with a Provider Service Representative you will receive the following:
 - All inquiries are assigned 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 should have the following when calling or submitting an email inquiry:
 - Reference number assigned by the Provider Services Center
 - Provider's Name
 - Tax ID
 - National Provider Identifier (NPI)
 - Summary of the issue
 - Claim numbers (if applicable)

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 to contract with us.

	FOR MEMBERS	FOR PROVIDERS	CONTACT US
<p>FOR PROVIDERS</p> <ul style="list-style-type: none"> Login Become a Provider Pharmacy Provider Webinars Provider Resources  Provider News Grievance and Appeals QI Program  	<h2>Become A Provider</h2> <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"> ● 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 <p>Healthcare collateral for your patients (e.g., information about our benefits and services) and educational displays for your office</p> <p> <i>Legal Practice Name or DBA *</i> <input type="text"/> <i>Specialty *</i> <input type="text"/> </p> <p> <i>Practice Address *</i> <input type="text"/> </p>		

Contracting Department

Phone Number: 1-844-631-6830

Hours of Operation: 8 AM - 4:30 PM



Provider Contracting Email Address:

arkansascontracting@centene.com

Regular contracting inquiries and contract requests

Credentialing

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

providers@arkansastotalcare.com

**Thank you for
joining us!**