

Arkansas Total Care Provider Newsletter

Spring, 2021

Supports in Place for COVID-19

Fulfilling our mission to help Arkansas live better requires that we grow and evolve in response to public health risks in our community. The arrival and spread of COVID-19 brought changes, challenges and uncertainty for many, and we acted quickly to mitigate this threat in partnership with other major insurers according to government and expert guidance. To streamline access to testing, we have extended coverage to cover COVID-19 testing and screening services for our Medicaid members through April 21, 2021.

We have updated the General Guidance for COVID-19 Testing, Screening, and Treatment Services, the New Telehealth Policies Expand Coverage for Healthcare Services, and the Supplemental Support Services sections posted on the [COVID-19 section](#) of our provider website. These documents cover protocols and billing codes for COVID-19 testing, antigen testing and high-throughput technology testing, as well as specimen transfers, screening and treatment services, and reimbursement rates for all provider types.

We continue to monitor the spread of COVID-19 throughout the state and will update policies and procedures as needed. Updates to existing COVID-19 policies are posted on our website and are accompanied by an email notification. If you have not registered for our provider emails, visit ArkansasTotalCare.com/Providers and fill out the online form to join our mailing list.

Updated Credentialing Forms Available on our Website

The Arkansas Total Care Credentialing team has updated our credentialing forms online to reflect institutional changes as well as changes made by the Arkansas State Medical Board (ASMB). Our policies and procedures require that each provider reapply for participation in the NovaSys Health network every three years. NovaSys Health is the contracting entity for Arkansas Total Care, and credentialing forms are branded as NovaSys to reflect that relationship. Participation in the NovaSys Health Network and the accompanying credentialing process are necessary in order to participate in the Arkansas Total Care network. The recredentialing process allows each provider the opportunity to update their credentialing file with current verified information and provides a mechanism for the credentialing committee to review each provider's credentials and performance. These forms are available on our [Provider Resources](#) page under the Provider Credentialing heading. If you have questions about these forms or would like more information, please contact our provider relations team at 1-866-282-6280 (TTY: 711), or email Providers@ArkansasTotalCare.com.

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Provider Rights & Responsibilities

As a provider, you have certain rights and responsibilities as part of your ongoing partnership with Arkansas Total Care. These rights and responsibilities help ensure that all of our members receive equitable care from you, and they set the standard for how members and health plan staff interact with you to achieve our members' best health. The below list details some of the rights and responsibilities you have as our provider, but it is not comprehensive. For the full list, please consult your 2021 provider manual. Your Arkansas Total Care provider relations representative is always happy to talk with you if you have any questions or concerns.

You have the **right** to:

- Be treated with dignity and respect by patients and healthcare workers.
- Receive accurate and complete information and medical histories when caring for our members.
- Have your patients act in a way that supports the care given to other patients, and that helps keep the doctor's office, hospital or other facility running smoothly.
- Expect other in-network providers to act as partners in our members' treatment plans.
- Expect our members to follow their healthcare instructions and directions, such as taking the right amount of medication at the right times.
- Have access to information about Arkansas Total Care's quality improvement programs, including program goals, processes and outcomes that relate to member care and services.
- Collaborate with other healthcare professionals who are involved in the care of our members.
- Not be excluded, penalized or terminated from participating with Arkansas Total Care for having developed or accumulated a substantial number of patients with high-cost medical conditions.

You have the **responsibility** to:

- Help or advocate for our members to make decisions within your scope of practice about relevant and/or medically necessary care and treatment.
- Not discriminate against members on the basis of race; color; national origin; language proficiency; religion; age; health status; existence of a preexisting mental or physical disability/condition, including pregnancy and/or hospitalization; or the expectation for frequent or high-cost care.
- Maintain the confidentiality of members' personal health information (PHI), including medical records and histories, and to adhere to state and federal laws and regulations regarding confidentiality.
- Provide clear and complete information to members — in a language they can understand — about their health condition and treatment, regardless of cost or benefit coverage, and to allow member participation in the decision-making process.
- Allow a member who refuses or requests to stop treatment the right to do so, as long as the member understands that, by refusing or stopping treatment, the condition may worsen or be fatal.
- Follow all state and federal laws and regulations as they relate to patient care and rights.
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- Participate in Arkansas Total Care data collection initiatives, such as HEDIS® or other contractual/regulatory programs.
- Invite member participation in understanding any medical or behavioral health problems that the member may have, and develop mutually agreed upon treatment goals, to the extent possible.



Provider Accessibility Initiative

Arkansas Total Care implements practices and policies that respect the dignity of all people. Choosing a care provider is personal, and we have a responsibility to ensure members have access to all information relevant to making their best care decisions. In November 2020, we launched our Provider Accessibility Initiative (PAI) to collect information from our providers on the accessibility of their practice locations and make that information available to our members through our online Find-A-Provider tool.

Using the most up-to-date state and federal Americans with Disabilities Act (ADA) requirements, our contracting team has assembled a survey to learn more about how your practice locations align with these accessibility standards. The survey provides ample space to detail any structural features of your facility that may present problems to accessibility, and reviews items like adequate handicapped parking spaces, exterior routes into the facility, signage, elevators, and scheduling assistance for those who need it. This survey is the first step in a larger initiative to increase accessibility to care, and your participation will help inform our efforts as

well as provide invaluable information for our members. The PAI Provider Self-Reporting Form can be submitted via email and is available on our Arkansas Total Care website by navigating to the [Provider Resources](#) page and scrolling down to the “Forms” header.

FirstNet®: Expanding Your Online Presence

As more Arkansans look to procure goods and services online to practice social distancing and stop the spread of COVID-19, telehealth presents a dynamic alternative to many in-person health appointments. Arkansas Total Care and AT&T have collaborated to expand provider access to FirstNet, the nationwide public safety broadband network for first responders and healthcare professionals. If your practice would like to expand telehealth offerings but has difficulty maintaining a secure broadband connection, FirstNet may give you the flexibility to expand these services. For practices that qualify, FirstNet can provide greater value than most commercially available products.

If you are interested in learning more about FirstNet, contact your provider relations representative by calling 1-866-282-6280 (TTY: 711), or email Providers@ArkansasTotalCare.com for more information.





Upcoming Provider Webinars

Our provider relations team hosts webinars throughout the year to connect with clinical and administrative staff, provide an opportunity to learn about health plan news and policy updates, and detail tools and programs available from Arkansas Total Care. In addition to our ongoing quarterly webinars, we host topical talks on things like our Provider Portal features, our Continuity of Care incentive program, cultural competency and disability sensitivity, and provider analytics. After each session, providers have an opportunity to ask questions, discuss barriers and provide feedback.

With multiple dates and sessions available for most of our webinars, there are many opportunities for providers and staff to attend. Refer to the schedule and course description below for Quarters 2 & 3 2021 course offerings, and visit our [Provider Webinars](#) page to register.* If you missed a webinar or would like to reference material that was covered, visit our Provider Webinars page to access the slide decks from previous webinars. New webinar slide decks are posted online approximately one week after the webinar date.

*The dates, times and course offerings are subject to change — please refer to our [webinars page](#) for the most up-to-date course offerings and schedule.

2021 Quarters 2 & 3 Webinars

**Arkansas Total Care
Quarter 2 Updates**
Four sessions available
June 3, 2021 — 10 a.m.
June 24, 2021 — 2 p.m.
September 14 — 10 a.m.
September 23 — 2 p.m.

**Arkansas Total Care New Provider
Orientation**
Two Sessions Available
April 8, 2021 — 2 p.m.
July 22, 2021 — 10 a.m.

Arkansas Total Care Web Wizard
Two Sessions Available
June 17, 2021 — 10 a.m.
September 2, 2021 — 2 p.m.

Cultural Competency Training
Five sessions available
April 1, 2021 — 2 p.m.
May 11, 2021 — 10 a.m.
June 9, 2021 — 10 a.m.
July 8, 2021 — 10 a.m.
August 5, 2021 — 2 p.m.





Arkansas Department of Human Services Now Accepting Applications for New Provider Type

The Arkansas Department of Human Services (DHS) announced in December 2020 that they have approved the Community Support Systems Provider Type — a new Medicaid provider type that allows licensed enrolled Medicaid providers to render an assortment of home- and community-based services. These providers can render services to Medicaid clients with high behavioral health needs, developmental disabilities or a combination of both. By approving this new provider type, the DHS hopes to remove some of the silos that exist in service delivery between home and community-based programs. Arkansas Total Care PASSE members who have tiered either II or III can receive services from this provider type.

Services that can be rendered and billed under the Community Support Systems Provider Type are, according to the DHS:

- Behavioral assistance
- Adult rehab day
- Peer support,
- Family support partners
- Supportive life skills development
- Child and youth support
- Supportive employment
- Supportive housing
- Mobile crisis
- Therapeutic communities
- Community reintegration (as defined in the 1915(i)s under the PASSE program and the ABHSCI program)
- Supportive living
- Supported employment
- Respite
- Adaptive equipment
- Community transition services
- Consultation
- Crisis intervention
- Environmental modifications
- Supplemental supports
- Specialized medical supplies (as defined in the 1915(c) Community and Employment Supports under the PASSE program)

To apply, access the online [Community Support Systems Provider \(PDF\)](#) application at the DHS [Community Services Licensure and Certification](#) page. Once the application is accepted and the license has been granted, providers can apply to enroll in Medicaid under the new provider type

Sign Up for Provider Emails

One of the best ways to keep in touch with us is to sign up for our provider mails. We routinely send out important updates and health plan news through email in addition to post, to ensure you have access to this information as quickly as possible. Topics include updates to our clinical and payment policies, provider education opportunities, seasonal initiatives such as how to protect members against the flu, and temporary policies and procedures to address pressing community health concerns. To sign up for emails, visit our [provider website](#) and fill out the form below.



Health Literacy Resources for Providers

Low health literacy presents a significant barrier to improving patient health. Patients with low health literacy may have difficulty finding care, taking prescriptions as advised, and finding educational information about diagnosed conditions or health risks.¹ The relationship between a patient and a provider is a critical component of the patient's understanding of their health, as well as how the patient navigates health choices to meet their goals. As a provider, you and your staff have a unique opportunity to guide a patient's understanding of the state of their health, medications and treatment plans.

The Centers for Disease Control and Prevention (CDC) has cataloged a number of [health literacy resources](#) for providers and their staff. These resources include a guide for improving health literacy among older adults, information about national health education standards, and a link to the U.S. Department of Health and Human Services' (HHS) health literacy web pages. Similarly, the National Institutes of Health (NIH) website features a [Clear Communication](#) page with tips on how to present information directly, such as using plain language, writing clearly and simply, and things to keep in mind when communicating across cultural differences.

¹ [Agency for Healthcare Research and Quality \(AHRQ\) "Health Literacy Interventions and Outcomes: An Updated Systematic Review" \(PDF\)](#)

Five Core Measures to Keep in Mind to Improve Patient Outcomes

While COVID-19 continues to impact operations for many providers and their staff, it is important to focus on prevention when possible. Preventing the occurrence of major health incidents reduces the need for intensive intervention and can improve patient outcomes.

- 1** Continue to focus on prevention to minimize health incidents, stress on the patient and related costs.
- 2** Properly diagnose and treat conditions (whether consulting patients in-office or via telemedicine).
- 3** Identify and bridge gaps in care for all members.
- 4** Monitor progress and areas of concern and keep detailed records of both.
- 5** Use quality measurements and tools, like HEDIS, to evaluate services and healthcare plans.

While the COVID-19 pandemic continues to slow and shift operations for many providers, it is more crucial than ever to improve health outcomes for our members.

For additional information on HEDIS measures, contact our quality team at QI_AR_HEDIS@centene.com.





Arkansas Total Care Case Management

Arkansas Total Care members have access to case management, a free program that provides one-on-one assistance to help members manage a chronic condition. All Arkansas Total Care case managers are registered nurses, licensed social workers or licensed professional counselors who are equipped to work with members to improve their health and help them better manage their condition.

A member's case manager can provide useful resources to help members learn more about their condition and how best to manage it. They are equipped to help members with a broad range of conditions, including but not limited to:

- Anxiety
- Asthma
- Cancer
- COPD
- Depression
- Diabetes
- Hypertension
- PTSD
- Substance abuse disorders

Members are assigned a case manager when their wellness assessment indicates that they may benefit from added coordination of care. Once a member is enrolled in the program, a case manager will talk with the member to discuss their condition, identify their goals and create a personalized care plan for managing their health.

A case manager will work alongside the member's primary care provider to ensure a clear line of communication and help the member understand what they can do to meet their health goal. The case manager will contact the member on a regular basis to check in on them and see how they are progressing in their care plan. If needed, the case manager may

provide extra resources or adapt the care plan so that the member can continue to progress in managing their condition and improving their overall health.



Case management is different from care coordination. Care coordinators serve as a member's primary point of contact with Arkansas Total Care and remain with the member for the duration of their coverage under Arkansas Total Care. Care coordinators help members meet as many health goals as they can. Conversely, case managers work with a member to manage a specific condition, such as hypertension or depression. Once the member's case has been closed, the case manager will not contact them again.



Quality Improvement Measures and HEDIS[®] Help Optimize Care

Leveraging HEDIS as a method to measure quality performance is more important than ever, given the changing healthcare landscape. Elissa Toder, Centene Corporation's staff VP for quality improvement strategy, works with her team to help providers implement quality measurements and tools to maintain high standards of care. Below is an excerpt from Elissa that reviews information about how HEDIS is used and the ways practitioners can leverage HEDIS guidelines to improve patient care.

How does HEDIS data help providers ensure quality care?

HEDIS is the accounting of services completed during a measurement year. This includes all services documented by a provider and reported to the National Committee for Quality Assurance (NCQA). HEDIS measures leverage evidence-based medicine and standards of care for both preventive and chronic care. These measures help providers focus on prevention, which can reduce the number of major health incidents among patients, and can keep healthcare costs down. HEDIS is the basis of your quality performance and determines the effectiveness of the quality of care provided to Arkansas Total Care members.

How does Arkansas Total Care support its providers with HEDIS and performance measurements?

Arkansas Total Care has several resources for providers that help them adhere to HEDIS guidelines. These resources include provider education (through a provider relations representative or a quality practice advisor), HEDIS tool kits, quick reference guides, quality analytics and member gaps in care reports. In addition to tools and resources, we partner with external organizations like NCQA, America's Health Insurance Plans (AHIP) and the Centers for Medicare & Medicaid Services (CMS) to advocate for and implement changes that benefit our members and providers. Arkansas Total Care has a team of quality HEDIS experts on staff to help providers implement strategies for closing a member's gap in care and provide education to the physician and their office staff.

To what degree will COVID-19 impact 2020 HEDIS reporting?

The healthcare industry's focus on HEDIS will continue, as these measures provide a framework for providers when caring for their patients. NCQA has added telemedicine options for some HEDIS measures. Adding telemedicine options removes some of the barriers to meeting these measures at a time when practitioners and patients are limiting exposure to others in light of COVID-19. Other HEDIS measures still rely on a physical interaction between the member and provider.

What action(s) should providers take to provide accurate and useful HEDIS data?

The better the billing information a provider gives us, the more comprehensive understanding we have of the patient's health situation. Good data lends itself to partnerships between providers and the health plan, and allows us to identify members who are having health issues and connect them to the right programs. Correct billing codes provide the data we need to assess member gaps in care and better track outcomes. I like to say, "Do it, document it, bill it." Do the services for the member, document everything in your medical record, bill every available code (payable or not) to the health plan. It is important for us to help a provider to understand their billing practices or build a strong relationship with their billing company. This information is priceless.