



Fourth Quarter 2021 Provider Updates

1/14/2022

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.**
- **This presentation will be posted to the Arkansas Total Care website in 5-7 business days**

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 assure 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) only are copyright 2021 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



- Behavioral Health OP coding
- HHA Exchange/EVV
- Waiver Manual
- Crisis Intervention
- Incident Reporting
- COVID-19
- Cultural Competency
- Clinical & Payment Policies
- Fraud, Waste & Abuse
- Important Reminders

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
DME	Durable Medical Equipment
EVV	Electronic Visit Verification
FAQ	Frequently Asked Question
FWA	Fraud, Waste, and Abuse
HCBS	Home and Community Based Services
NPI	National Provider Identification
PASSE	Provider–Led Arkansas Shared Savings Entity
SIU	Special Investigations Unit



Behavioral Health Outpatient Coding

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.

Behavioral Health Outpatient Coding



- 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



Depression Screenings

Major Depression Disorders & Screening Tips



Depression screening and follow-up for adolescents and adults (DSF-E)

Members 12 years and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care

Two rates are reported:

Depression screening:

Members with a documented result of a depression screening performed using an age-appropriate standardized instrument between January 1 and December 1 of the measurement period

Follow-up on positive screen:

Members who received follow-up care up to 30 days after the date of the positive screening

Clinical recommendation: The U.S. Preventive Services Task Force (USPSTF)¹ recommends screening for depression among adolescents 12–18 years and the general adult population, including pregnant and postpartum women. The USPSTF² also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

CPT® Codes

90791, 90792, 90832-90834, 90836-90839, 90846, 90849, 90853, 90870, 90887, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401-99402

HCPCS Codes

G2012, H0034, H0035, H2000, H2011- H2017, H2019, H2020, T1015-T1017, T2022

Follow-up on positive screen on same day or 30 days after the first positive screen:

- An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition;
- A behavioral health encounter, including assessment, therapy, collaborative care, or medication management;
- A dispensed antidepressant medication; OR
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Depression Screenings cont.



Attention, billers:

Arkansas Total Care will be paying \$0.01 for the below HCPCS codes. This will allow billing of important codes without a denial of non-payable code. The following codes should be billed on all claims and encounters when applicable.

Codes to identify outpatient visits	
CPT® Codes	HCPCS Codes
59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96116, 96118, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	G0101, G0402, G0438, G0439, G0444, G0502, G0503, G0504, G0505, G0507

HCPCS codes to document depression screening	
Code	Description
G8431	Screening for depression is documented as being positive, and a follow-up plan is documented
G8510	Screening for depression is documented as negative, and a follow-up plan is not required

Exclusions: ICD-10 codes to identify active diagnosis of depression	
Codes	
F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345	

Exclusions: ICD-10 codes to identify diagnosed bipolar disorder	
Codes	
F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9	

Exception: HCPCS code	
Code	Description
G8433	Screening for depression not completed; documented reason

NOTE: The information listed here is not all-inclusive and should be used as a reference only. Please refer to current ICD-10 coding and billing documentation guidelines at [cms.gov](https://www.cms.gov).

Electronic Visit Verification (EVV)

Go Live date TBD

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

Personal Care Practitioner Management



Requirements for Personal Care Practitioners:

- 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.
- When sending in your rosters include non-licensed practitioners, specifically (QBHPs), this will prevent claims pending and a delay in payments.



Waiver Provider Manual and Authorization Form

Waiver Provider Manual



The 2021 Arkansas Total Care Provider Waiver Manual is now available online!

Reference Materials

Attention: Arkansas Total Care announced an adjusted compensation fee schedule for DME services, effective January 1, 2021. In an effort to work collaboratively with all our provider partners and the Arkansas Department of Health and Human Services, Arkansas Total Care has decided to delay these fee schedule changes until after April 1, 2021.

- [2021 Provider Manual \(PDF\)](#)
- [Quick Reference Guide \(PDF\)](#)
- [Payspan \(PDF\)](#)
- [Secure Portal \(PDF\)](#)
- [Provider Education Member ID Card \(PDF\)](#)
- [How to Check Eligibility \(PDF\)](#)
- [ICF Billing Instructions \(PDF\)](#)
- [Incident Report \(PDF\)](#)
- [How to Use Secure Messaging \(PDF\)](#)
- [Codes Modifiers and Rates \(PDF\)](#)
- [Provider Waiver Manual \(PDF\)](#)
- [Lab Compensation Schedule \(PDF\)](#)
- Arkansas Total Care announced an adjusted compensation fee schedule for DME services, effective January 1, 2021. In an effort to work collaboratively with all our provider partners and the Arkansas Department of Health and Human Services, Arkansas Total Care has decided to delay these fee schedule changes until after April 1, 2021. [DME Compensation Schedule \(PDF\)](#)

Waiver Provider Manual

Important information contained in the Manual



- Overview General Program
- CES Waiver Services
- Program Coverage
- Prior Authorization
- Methods of Reimbursement
- Billing Procedures
- Documentation Requirements
- Home Community-Based Services HCBS Setting Requirements
- Description of services
 - Supportive Living
 - Respite Services
 - Supported Employment
 - Adaptive Equipment
 - Environmental Modifications
 - Specialized Medical Supplies
 - Supplemental Support Service
 - Care Coordination Services
 - Consultation Services
 - Crisis Intervention Services
 - Community Transition Services

Waiver Authorization Request Form



The new Outpatient Authorization form for our DD providers can be found on the website under Provider Resources/Medical Management

Medical Management

- [Pre-Auth Needed?](#)
- [Prior Authorization 2019 Guidelines \(PDF\)](#)
- [How To Secure Prior Authorization \(PDF\)](#)
- [How To Submit Prior Authorization \(PDF\)](#)
- [Inpatient Prior Authorization Fax Form \(PDF\)](#)
- [Outpatient Prior Authorization Fax Form \(PDF\)](#)
- [Behavioral Health PA Guidelines \(PDF\)](#)
- [Waiver Treatment Plan Template Fillable Form \(PDF\)](#)
- [CES Waiver Emergency Request Form \(PDF\)](#)
- [Waiver services authorization form \(PDF\)](#)



Crisis Intervention

Crisis Intervention Payable Codes arkansas total care™

Effective July 1, 2021, Arkansas Total Care's payment systems will be configured to accept the following codes and modifiers.

- H2011 U4/U5: Crisis stabilization service, per 15 minutes (para-professional)
- H2011 U4/U6: Crisis stabilization service, per 15 minutes (professional)

Limited to 12 units per day with a maximum of 72 units per calendar year. Additional units will require a prior authorization.

1 unit = 15 minutes

Crisis Stabilization Intervention



Allowable Performing Providers

Independently Licensed Clinicians -

Master's/Doctoral

- Non-independently Licensed Clinicians – Master's/Doctoral
- Advanced Practice Nurse
- Physician
- Qualified Behavioral Health Provider – Bachelors
- Qualified Behavioral Health Provider – Non-Degreed
- Registered Nurse

Place of Service Codes

03 School
04 Homeless Shelter
11 Office
12 Home
14 Group Home
33 Custodial Care Facility
49 Independent Clinic
50 Federally Qualified Health Center
53 Community Mental Health Center
57 Non-Residential Substance Treatment Facility
71 Public Health Clinic
72 Rural Health Clinic
99 Other Place of Service



Incident Reporting

Incident Reporting for Providers



- The provider must submit incident reports upon the occurrence of any of the following events:
 - Death of a member;
 - The use of restrictive interventions;
 - Suspected maltreatment or abuse of member;
 - Injury to a member that requires emergency room care, or a paramedic;
 - Injury to a member that may result in a substantial permanent impairment;
 - Injury to a member that requires hospitalization;
 - Threatening or attempting suicide;
 - Arrest;
 - Any situation where the member eloped from a service and cannot be located within two (2) hours;
 - Any event where a PASSE HCBS provider staff threatens, abuses, or neglects a member; and
 - Medication errors that cause serious injury to the member.

Incident Reporting for Providers



- Providers should send completed Incident Reports (IRs) to dds.dhs.central@arkansas.gov **AND** Incident@arkansastotalcare.com
- Once received in the Incident Mailbox, ARTC will review IRs for quality and completion.
 - If the Incident Report does not contain the information needed, it will be returned to the provider to correct.
- Incident reports for facility closures should be sent to Incident@arkansastotalcare.com



ICF Member Responsibility

ICF member responsibility



- Arkansas Total Care members residing in an Intermediate Care Facility (ICF) have a set responsibility that is dependent on the Supplemental Security Income (SSI) benefit. In September 2021, ARTC began applying the predetermined amount to claim reimbursements.
- To view the member responsibility, amount due to the provider, refer to the Explanation of Payment (EOP). The amount due will be displayed in the coinsurance section of the EOP.
- Sample EOP:

Explanation of Payment

Insured Name:						Mbr No:				Claim/Ctrl No:				
Patient Name:						SvcProv No:				PatCtrl No:				
Servicing Provider:						NPI:				Group: Region-South				
Serv	Dates	Proc #	Modifiers	Days Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	EXPL Codes	Payment/ Withheld
0100	090121	194		30.00		.00	.00	624.00	.00	.00	.00	.00	92 02	
Sub-total						.00	.00	624.00	.00	.00	.00	.00		



COVID- 19 Updates

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 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 Coronavirus

Coronavirus disease 2019 (COVID-19) is an... 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. F Symptoms include fever, cough, and sh muscle aches. Some individuals have a to developing respiratory symptoms.
- However, be aware that infected individu days after exposure.
- Instruct symptomatic patients to wear a the door closed.
- Health care personnel encountering syn precautions, and wear eye protection ar
- Refer to the [CDC's criteria](#) for a patient i the event of a patient under investigation 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

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

ase are still unknown, such as n, obtained daily, will further inform rtners to ensure the health of our and care for your patients during

evere respiratory symptoms. gue, sputum production, and ich as diarrhea and nausea, prior

Symptoms may appear 2-14

he patient in a private room with

ions, airborne with N95

and/or state health departments in re personnel who provide care to

Covid-19 Updates



Supplemental Support Service:

Arkansas Total Care plans to utilize these supplemental services effective March 23, 2020, through the end of the Federal Public Health Emergency. The following services may be utilized by all ARTC PASSE members, as follows:

T2020 Modifier U1-Telephonic service. This service should be used to check on members to ensure their health, safety, medical and BH needs are being met. This can be billed in 15-minute units and is limited to 6 units of service per week (1 ½ hours).

T2020 U1 GT- Location 02

T2020 Modifier UB- Face to Face Service. This service should be used when the member needs to have a face-to- face interaction to check on health and safety or to deliver supplies (food, medicine, groceries etc.). This can be billed in 15-minute units and is limited to 12 units of service per week (3 hours).

T2020 UB- Location 12,14, or 99

Covid-19 Billing Guidance for Providers



We are closely monitoring and following all guidance from the Centers for Medicare and Medicaid as it is released to ensure we can quickly address and support the prevention, screening, and treatment of COVID-19. The following guidance can be used to bill for services related to COVID-19 vaccinations, testing, screening and treatment services.

This guidance is in response to the current COVID-19 pandemic and may be retired at a future date. For additional information and guidance on COVID-19 billing and coding, please visit the resource centers of the [Centers for Medicare and Medicaid \(CMS\)](#) and the [American Medical Association \(AMA\)](#).



Cultural Competency Trainings

Cultural Competency Trainings



- This course will allow providers to receive information on how to service the member's health care needs in a culturally competent manner
- 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



Clinical & Payment Policies

ARTC Clinical Policies

Located at

<https://www.arkansastotalcare.com/providers/resources/clinical->



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
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

This list is not all inclusive.



Policy Title	Policy Number	Effective Date
<u>Aducanumab (Aduhelm) (PDF)</u>	CP.PHAR.468	December 1, 2021
<u>Aflibercept (Eylea) (PDF)</u>	CP.PHAR.184	December 1, 2021
<u>Drugs of Abuse: Presumptive Testing (PDF)</u>	CP.MP.208	December 1, 2021
<u>Durable Medical Equipment (DME) (PDF)</u>	CP.MP.107	January 1, 2022
<u>Eptinezumab-jimr (Vyepti) (PDF)</u>	CP.PHAR.489	December 1, 2021
<u>Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing (PDF)</u>	CP.MP.209	January 1, 2022
<u>Inhaled Nitric Oxide (PDF)</u>	CP.MP.87	December 1, 2021
<u>Nivolumab (Opdivo) (PDF)</u>	CP.PHAR.121	January 1, 2022



Fraud, Waste, & Abuse

Fraud, Waste and Abuse

- Arkansas Total Care takes the detection, investigation, and prosecution of fraud, waste and abuse very seriously and has a FWA program that complies with the federal and state laws.
- Arkansas Total Care routinely conducts audits to ensure compliance with billing regulations.
- The Centene Special Investigation Unit (SIU) performs retrospective audits, which may result in taking actions against providers who commit fraud, waste, and abuse.

Fraud, Waste and Abuse – Continued

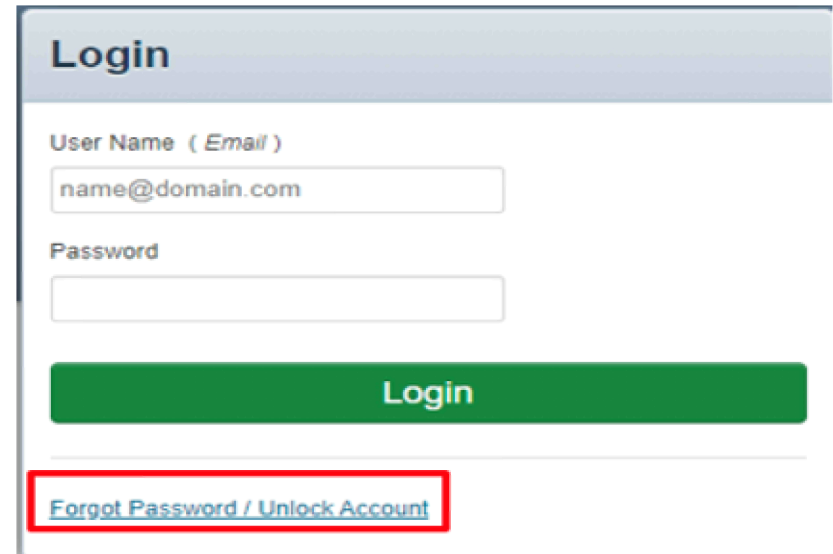
- These actions may include but are not limited to:
 - Remedial education and/or training to prevent the billing irregularity
 - More stringent utilization review
 - Recoupment of previously paid monies
 - Termination of provider agreement or other contractual arrangement
 - Civil and/or criminal prosecution
 - Any other remedies available to rectify
- Some of the most common FWA 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

Important Tips and Reminders

Provider Portal Password

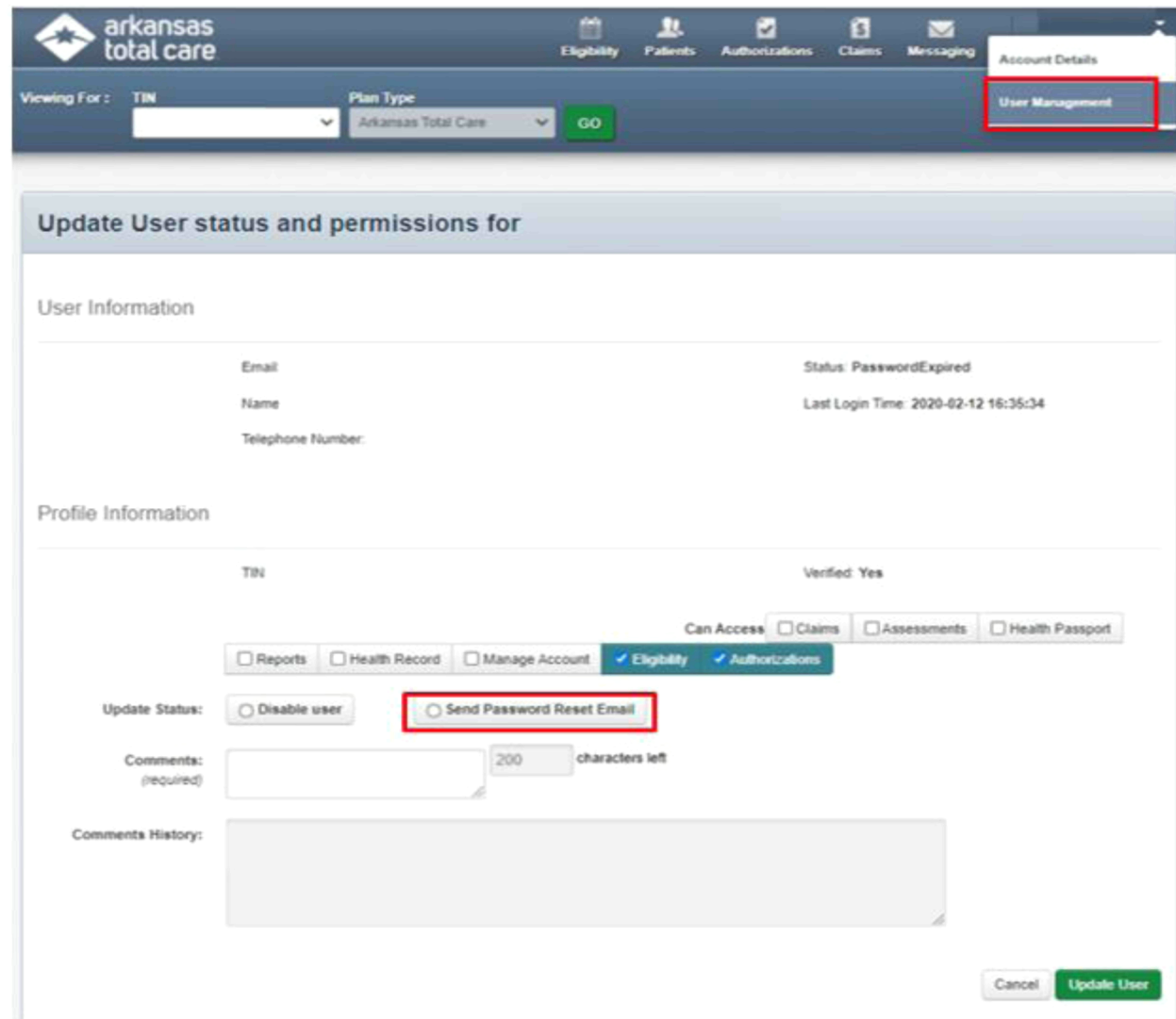
- Remember to log into your account at least once every 30 days to keep your account active
- Passwords expire after 90 days of no use
- Ways to reset your password:
 - Click on the Forgot Password/Unlock Account link
 - Contact your Account Manager
 - Contact Provider Services:
 - ✓ 1-866-282-6280



The screenshot shows a login interface with a light blue header containing the word "Login". Below the header, there are two input fields: "User Name (Email)" with the placeholder text "name@domain.com", and "Password". A green "Login" button is positioned below the password field. At the bottom of the form, a red rectangular box highlights the text link "Forgot Password / Unlock Account".

Provider Portal Password

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



arkansas
total care

Eligibility Patients Authorizations Claims Messaging Account Details

User Management

Viewing For: TIN Plan Type Arkansas Total Care GO

Update User status and permissions for

User Information

Email Status: PasswordExpired
Name Last Login Time: 2020-02-12 16:35:34
Telephone Number:

Profile Information

TIN Verified: Yes

Can Access ☐ Claims ☐ Assessments ☐ Health Passport
☐ Reports ☐ Health Record ☐ Manage Account ☒ Eligibility ☒ Authorizations

Update Status: ☐ Disable user ☒ Send Password Reset Email

Comments: (required) 200 characters left

Comments History:

Cancel Update User

Needing to Contact Us?



Arkansas Total Care

Provider Services

Phone: 1-866-282-6280

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
 - Negative Balance reports
- Representatives are available Monday through Friday, 8 a.m. to 5 p.m. (Central Standard Time)

Provider Inquiries

- After speaking with a rovider Service Representative, you will receive 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 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.

FOR MEMBERS	FOR PROVIDERS	CONTACT US
<h2>FOR PROVIDERS</h2>		
<h3>Become A Provider</h3>		
<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>Legal Practice Name or DBA *</p>		<p>Specialty *</p>
<input type="text"/>		<input type="text"/>
<p>Practice Address *</p>		
<input type="text"/>		

Contracting Department

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

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!**