



First Quarter 2022 Provider Updates

5/23/2022

A decorative orange wavy bar spans the bottom of the slide, starting with a darker orange on the left and transitioning to a lighter orange on the right.

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 ARTC 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.
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Agenda



- HHA Exchange/EVV
- Waiver Manual
- Incident Reporting
- COVID-19
- Clinical & Payment Policies
- Request for Reconsiderations or Claim Disputes
- Secure Provider Portal Updates
- 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

New Individual & Family Therapy Billing Guidance

Behavioral Health Outpatient Billing Guidance

Beginning May 2, 2022, individual and family therapy services billed with the appropriate NCCI modifier will be processed to allow payment when services are provided on the same day.

The impacted codes for this change are:

- 90832
- 90834
- 90837
- 90846
- 90847
- 90849

Modifier examples include those that represent Distinct and Separate Encounters. If these services are billed together without the correct modifier, it will result in one of the services being denied for incorrect billing.

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.

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	HCPCS 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	G2012, H0034, H0035, H2000, H2011- H2017, H2019, H2020, T1015-T1017, T2022
<p>Follow-up on positive screen on same day or 30 days after the first positive screen:</p> <ul style="list-style-type: none"> • 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).



Waiver Authorization Form

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 \(PDF\)](#)

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
 - 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.

COVID- 19 Updates

COVID-19 Information & Updates



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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 investigatio 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

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...ease 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 ch as diarrhea and nausea, prior

...Symptoms may appear 2-14

...the patient in a private room with

...tions, airborne with N95

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

Covid-19 Updates



Supplemental Support Service:

DHS has allowed the use of supplemental supports by OBH and CES waiver providers. Arkansas Total Care plans to utilize these supplemental services effective March 23, 2020, through the end of the Federal Public Health Emergency (PHE). 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 (1½ 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 Post Acute Transfers



To help facilities accept patients during the COVID-19 pandemic, Arkansas Total Care has implemented the following changes to allow more flexibility for inpatient stays and post-acute transfers.

These changes will be effective until March 31, 2022, but the end date is subject to change. Please be sure to sign up for our provider emails so that you can receive important notifications from us.

This change applies to inpatient admission, skilled nursing facilities, long-term acute care, and acute rehabilitation facilities for all lines of business.

*Acute transfers from psychiatric stays at behavioral health facilities are excluded.

Covid Post Acute Transfers cont.



Inpatient Admissions:

Arkansas Total Care will allow notification of admission up to five days after the initial admission date and will complete medical necessity reviews once the notification is received.

Post-Acute Accommodations for Rehab Hospitals and Long-Term Acute Care Hospitals (LTACH):

Arkansas Total Care is relaxing the following requirements related to facility transfers:

- Arkansas Total Care will not require discharging acute care facilities to obtain prior authorization for patient transfers to participating post-acute facilities.
 - We will not require sending facilities to provide notification of transfer to participating providers.
 - However, we will require receiving facilities to notify the health plan of patient admission. We will accept notification up to five days post-transfer.
 - Arkansas Total Care will continue to conduct medical necessity review.
- *As we will not have visibility prior to transfer, we request that hospitals utilize our in-network post-acute facilities.

Skilled Nursing Facilities:

Arkansas Total Care will allow a post-admission notification and authorize up to a seven-day stay before an additional continued stay review is required.

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 provide information on how to service the member's health care needs in a culturally competent manner.
- 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



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Clinical & Payment Policies

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WHAT ARE PAYMENT POLICIES? +

Arkansas Total Care Policies

ARTC CLINICAL POLICIES +

ARTC PAYMENT POLICIES +

ARTC PHARMACY POLICIES +

ARTC NON-MEDICAL SUPPORT SERVICES POLICY -



POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
Behavioral Health Covered Benefits and Services (PDF)	CC.BH.UM.28	February 15, 2021
Behavioral Health Covered Benefits and Services - Amendment (PDF)	CC.BH.UM.28 - Amendment	January 1, 2022

ARTC Clinical Policies



Policy Title	Policy Number	Effective Date
<u>25-hydroxyvitamin D Testing in Children and Adolescents (PDF)</u>	CP.MP.157	January 1, 2022
<u>Abatacept (Orencia) (PDF)</u>	CP.PHAR.241	February 1, 2022
<u>Allogenic Hematopoietic Cell Transplants for Sickle Cell (PDF)</u>	CP.MP.108	January 1, 2022
<u>Assistive Reproductive Technology (PDF)</u>	CP.MP.55	February 1, 2022
<u>Azacitidine (Vidaza) (PDF)</u>	CP.PHAR.387	February 1, 2022
<u>Biofeedback (PDF)</u>	CP.MP.168	February 1, 2022
<u>Burn Surgery (PDF)</u>	CP.MP.186	February 1, 2022

Requests for Reconsideration or Claim Disputes

Request for Reconsiderations

- A Provider disagrees with the original claim outcome (payment amount, denial reason, etc.).
- Reconsiderations may be submitted in the following ways:
 - Calling the provider services department
 - Using the Request for Reconsideration form found on our website (**preferred method**)
 - Sending a written letter that includes a detailed description of the reason for the request
 - To ensure timely processing, the letter must include sufficient identifying information, which includes, at a minimum, member name, member ID number, date of service, total charges, provider name, original EOP, and/or the original claim number found in Box 22 of the CMS 1500 form or Field 64 of the UB-04 form.
- Must be submitted within 180 days of the date of the original explanation of payment or denial for contracted providers.
- Written requests for reconsideration and any applicable attachments must be mailed to:

Arkansas Total Care
Attn: Request for Reconsideration
P.O. Box 8020 Farmington, MO 63640-8020

Claim Disputes

Claim Dispute — A provider disagrees with the outcome of the request for reconsideration.

- A claim dispute/claim appeal should be used only when a provider has received an unsatisfactory response to a request for reconsideration. If a dispute form is submitted and a reconsideration request is not located in our system, then the dispute will be considered a reconsideration.
- A claim dispute/appeal must be submitted on the claim dispute form located under the Provider Resources tab of ArkansasTotalCare.com. The form must be completed in its entirety.

The completed form may be mailed to the following address:

Arkansas Total Care
Attn: Claim Dispute
P.O. Box 8020 Farmington, MO 63640-8020

A claim dispute/appeal will be resolved within 30 calendar days. The provider who filed the dispute/appeal will receive a written letter detailing the decision to overturn or uphold the original decision.

Provider Webinars

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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
Secure Provider Portal	March 25, 2022	10am
<p>This course will provide a detailed overview of the Secure Provider Portal and its features:</p> <ul style="list-style-type: none"> • Registration and account setup • Member eligibility and patient listings • Health records and care gaps • Prior authorizations • Claim submission and status • Corrected claims and adjustments • Payment history • Secure messaging • Document upload 		
Arkansas Total Care Q1 Updates	March 31, 2022	2pm
<p>The first quarter provider update will focus on changes and new policies for ARTC, the Public Health Emergency extension, and more.</p>		

Secure Provider Portal



Secure Provider Portal

Effective February 1, 2022, InterQual Connect was integrated into the secure provider portal.

InterQual Connect™ is a tool designed to simplify the provider experience. With InterQual Connect, the below features are available:

- Streamlined web authorization requests.
- Easy access to InterQual to complete medical necessity reviews.
 - Completed InterQual medical reviews will automatically be included with your web authorization submissions.
 - You may be able to get same-day approval based on the outcome of a completed InterQual medical necessity review.
- Automatic identification of non-submitted service lines and the reason(s) for non-submittal.

*Arkansas Total Care believes that these enhancements to our secure provider portal will create a more streamlined, user-friendly experience for our providers. We hope you will take a moment to visit the portal at Provider.ArkansasTotalCare.com to explore these features.

Secure Provider Portal — Create an Account

- Registration is free and easy
- <https://provider.arkansastotalcare.com/careconnect/login.html>



Log In

Username (Email)

LOG IN

[Create New Account](#)



Portal Update

There was a Portal access update implemented in the Fall of 2021 that forced providers to reset their passwords.

- If you cannot locate the password reset email sent to you, please look in the spam, junk, or quarantine folders.
- If you are unable to locate the email, it is possible that the email may be blocked by your internal mail system. To resolve this issue, users are advised to contact their help desk to explain that they are expecting emails from the address no-reply@mail.entrykeyid.com in order to set their account password.

If you continue to have issues, please contact Provider Services.

- Arkansas Total Care Provider Services 1-866-282-6280 (TTY:711)

Secure Portal Features

- A member eligibility overview page that reflects all critical data in a single view.
- Ability to submit and track the status of claim reconsiderations online.
- Expanded free text fields for reconsideration comments and explanations.
- Attach required documentation when filing a reconsideration.
- Upload records for care gap information.
- Receive push notifications regarding reconsideration status changes.
- Void/Recoup option on claims already adjudicated by the health plan.

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 cont.

- 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

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 based on 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
- Up coding 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.

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, 8AM to 5PM (Central Standard Time)

Provider Inquiries

- After speaking with a Provider Service Representative, you will receive a reference number, which will be used to track the status of your inquiry.
- When you contact your assigned Provider Relations Representative, have the following ready:
 - 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
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 +			
		<p>Legal Practice Name or DBA *</p> <input type="text"/>	
		<p>Specialty *</p> <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!**