



Third Quarter 2022

Provider Updates

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 soon.

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) codes are registered trademarks of the American Medical Association (AMA). Applicable Federal Acquisition Regulation (FARS/DFARS) restrictions apply. The AMA assumes no liability for data contained or not contained herein.

Agenda

- ▶ HHAeXchange/EVV
- ▶ Medicaid Eligibility Verification
- ▶ Provider Training
- ▶ Quality Review Audit
- ▶ NIA Add-on Codes
- ▶ Request for Reconsiderations or Claim Disputes
- ▶ Clinical & Payment Policies
- ▶ Fraud, Waste, & Abuse
- ▶ Contact Information

Join Our Email List Today



Receive current updates

<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 * |
| <input type="text"/> | <input type="text"/> |
| Email * | |
| <input type="text"/> | |
| Phone Number * | |
| <input type="text"/> | |
| Group Name * | |
| <input type="text"/> | |
| Group NPI | |
| <input type="text"/> | |
| Tax ID | |
| <input type="text"/> | |
| <input type="submit" value="Submit"/> | |

Login To Your Account

Access your secure provider information any time.

[Login Now](#)

Acronyms



ARTC Arkansas Total Care

EVV Electronic Visit Verification

ARPA American Rescue Plan Act

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 Blog for Providers



Arkansas Total Care has
a new blog on the public
website for providers!

FOR MEMBERS ▾

FOR PROVIDERS ▾

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Provider Email Whitelist Notification

Workforce Stabilization Incentive Program Application

QI Program +

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Coronavirus Information for Providers +

Provider News

May

CELEBRATE MAY MENTAL HEALTH MONTH
05/01/22

March

2022 ARKANSAS TOTAL CARE UPDATE
03/08/22

WORKFORCE STABILIZATION INCENTIVE PROGRAM APPLICATION
03/07/22

February

ARKANSAS TOTAL CARE MRIOA BREACH
02/17/22

January

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.

EVV Updates + Overview



- ▶ HHAeXchange (HHAX) partnered with Arkansas Total Care to provide a free Electronic Visit Verification (EVV) tool for member placement, scheduling, authorization management, and direct billing for personal care services
- ▶ Agencies can utilize the HHAX system to view Arkansas Total Care members and authorizations, enter visits, confirm visits, and submit claims one of two ways:
 1. Directly through the HHAX system
 2. Utilize their current EVV system and send verified visits to HHAX via EDI for billing to the PASSE

Authorizations + Placements

- ▶ Arkansas Total Care requires authorization for personal care services.
- ▶ Prior Authorization requests may be submitted via one of the following ways:
 -  Secure Web Portal: Provider.ArkansasTotalCare.com
 -  Fax: 1-833-249-2342 (Authorization Request Form must be submitted)
 -  Phone: 1-866-282-6280 (TTY: 711)
- ▶ Authorizations for PCS services are sent from Arkansas Total Care to HHAX for EVV purposes
- ▶ We encourage providers to review HHAeXchange to validate and verify that authorization information is accurate with the correct units, service codes, and dates that are expected.

Practitioner Management



- ▶ Providers must have valid Arkansas Medicaid Provider IDs
- ▶ Providers must also add practitioners (with valid Medicaid IDs) to HHAeXchange
- ▶ Medicaid ID will be stored in the “Professional License Number” field within the caregiver profile

Practitioner Medicaid ID is sent to Arkansas Total Care on each claim

Inaccurate or missing provider information may result in delayed payment.

- ▶ All billing must be done via HHAX to be tied to EVV
 - Providers are encouraged to begin using HHAX for verification and claims submission
 - Claims can be submitted **directly through the HHAX system** or **through EDI** for providers utilizing their own EVV system
- ▶ Regardless of submission method, agencies should review submitted claims to ensure proper and timely adjudication

HHAX Provider Resources



General Support: Support@hhaexchange.com

EDI Support: EDISupport@hhaexchange.com

- ▶ Provider Name
- ▶ Provider TAX ID
- ▶ Background on the Issue/Concern
- ▶ Questions/Statement on the Help Needed



Phone: 866-242-2465



Provider Information Center: <https://hhaexchange.com/ar/>

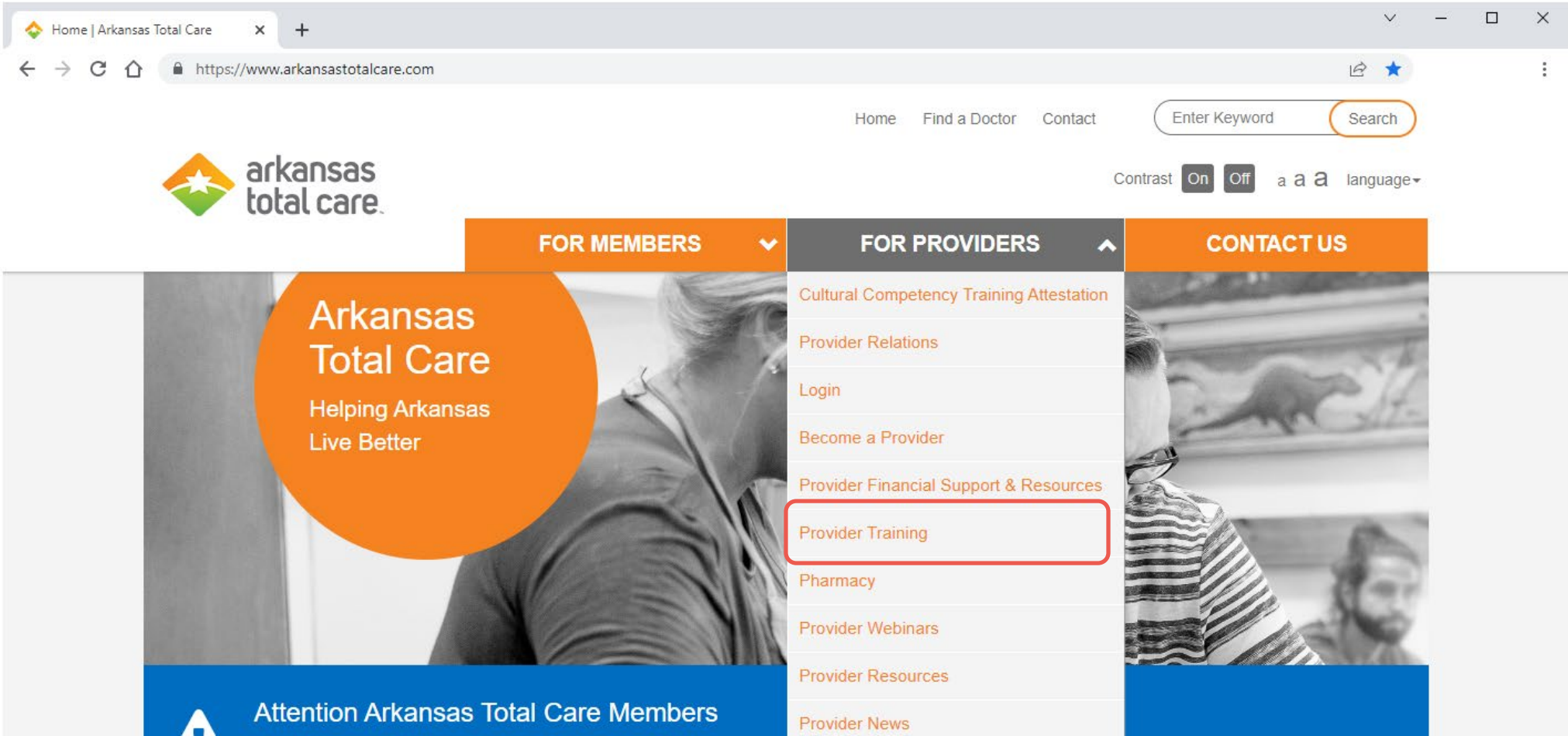
Medicaid Eligibility Verification

Medicaid Eligibility Verification

- ▶ Arkansas Total Care encourages our members to update their address on the Medicaid website.
- ▶ Members can stay current with Public Health Emergency updates from Medicaid, but Medicaid must have their current address on file.
- ▶ For our members to keep their coverage active, it is important that they submit any updated information to their current home address.
- ▶ All members enrolled through Arkansas Medicaid, including ARHOME and PASSE members, should be able to confirm their address is current on the Medicaid eligibility verification site.
- ▶ If the member's current address is different from what is listed, members should be referred to the Medicaid website, or they can call 1-844-872-2660.

Provider Training

Provider Training



Provider Training —Self Led

NEW

FOR MEMBERS ▾

FOR PROVIDERS ▾

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Web Wizard For Home And Community Based Service Providers

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Provider Training

[Discharge Planning Provider Training](#)


[Treatment Planning for Behavioral Health \(PDF\)](#)

Arkansas Total Care Cultural Competency Training

Watch later Share

Cultural Competency

Defined as the ability to work with and diverse cultures.



Quality Review Audit

Quality Review Audit



- ▶ The Arkansas Department of Human Services (DHS) is conducting an External Quality Review Audit of the PASSE program.
- ▶ As a result of this audit, DHS has requested medical records for some Arkansas Total Care members. We are asking that you submit all of the member's medical records for the dates of service listed on the letter.
- ▶ Records should be submitted to Arkansas Total Care no later than **September 26, 2022**.
- ▶ Medical records may be submitted to us via secure email to Providers@ArkansasTotalCare.com or faxed to 866-811-3255.

New NIA CPT Codes

NIA New CPT Codes

Effective October 1, 2022, we will be implementing new NIA CPT Codes.

We are expanding NIA's scope to include the following two add-on codes, effective 10/1/22. The AMA has released these new codes, and NIA medical directors feel that this should align with our managed code set. Both CPTs, 0722T and 0724T, are considered add-on codes and do not require authorization as long as the primary procedure has an authorization on file. If the primary does not have an authorization on file, then the CPTs should deny those claims.

NIA New CPT Codes

| CPT | Description |
|--------------|--|
| 0722T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure) |
| 0724T | Quantitative magnetic resonance cholangiopancreatography (QMRCB) including data including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (i.e., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) |

| Authorized CPT Code | Description | Allowable Billed Groupings |
|---------------------|-------------|--|
| 74181 | MRI Abdomen | 74181, 74182 ,74183, S8037, +0698T, +0724T |

Requests for Reconsideration or Claim Disputes

Request for Reconsiderations

- ▶ A provider disagrees with the original claim outcome (payment amount, denial reason, etc.).
- ▶ Reconsideration requests may be submitted using one of 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

Request for Reconsiderations – Cont'd

- ▶ Reconsideration requests 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.

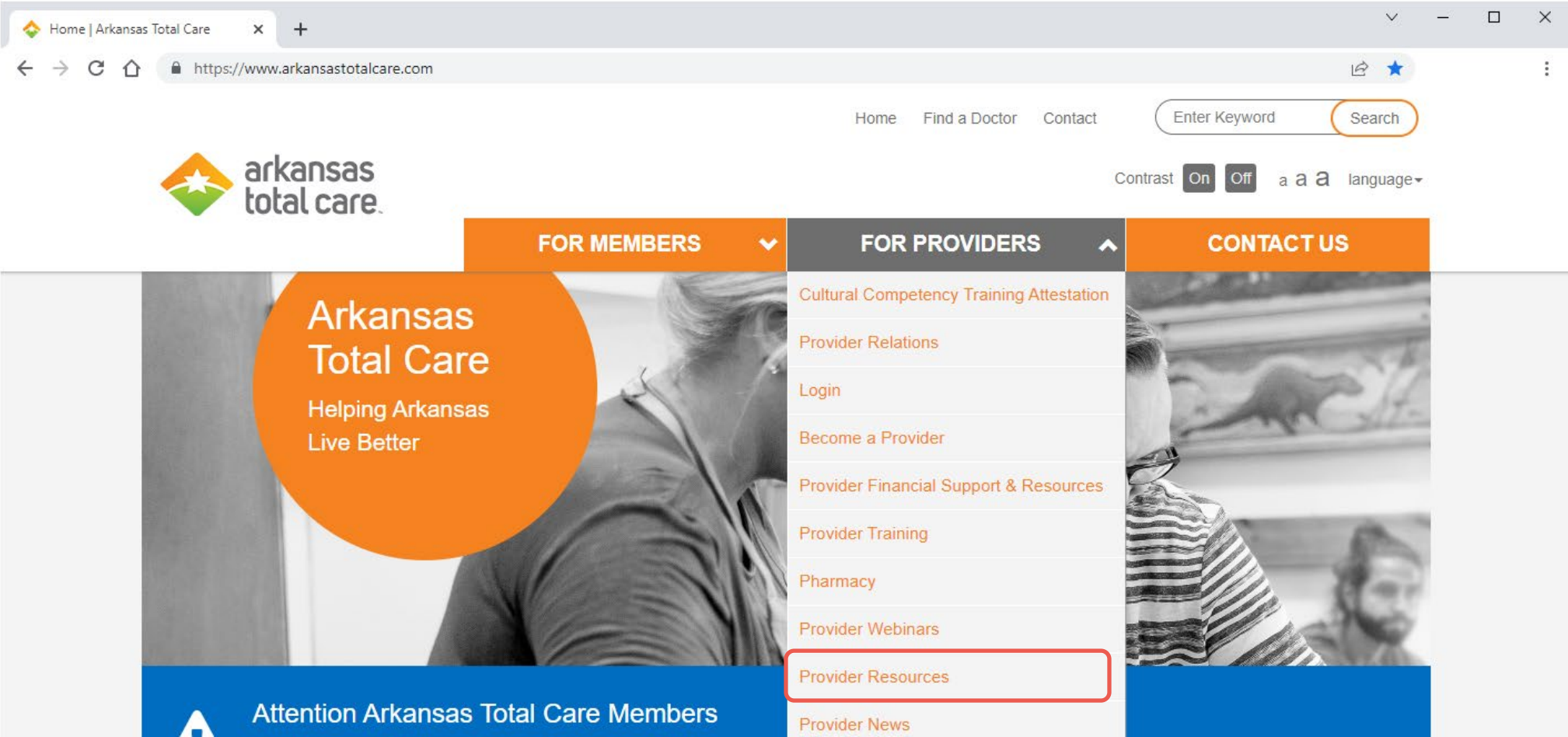
- ▶ A claim dispute/claim appeal should be used only when a provider has received an unsatisfactory response to a request for reconsideration. If a dispute form is submitted and a reconsideration request is not located in our system, then the dispute will be considered a reconsideration.
- ▶ A claim 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.

Clinical & Payment Policies

ARTC Clinical Policies



ARTC Clinical Policies

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Clinical & Payment Policies

Arkansas Total Care Policies

To easily search for a policy, use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number or effective date.

WHAT ARE CLINICAL POLICIES?

WHAT ARE PAYMENT POLICIES?

Arkansas Total Care Policies

ARTC CLINICAL POLICIES

| POLICY TITLE | POLICY NUMBER | EFFECTIVE DATE |
|---|---------------|-----------------|
| 25-hydroxyvitamin D Testing in Children and Adolescents (PDF) | CP.MP.157 | January 1, 2022 |
| Abatacept (Orencia) (PDF) | CP.PHAR.241 | August 1, 2022 |
| AbobotulinumtoxinA (Dysport) (PDF) | CP.PHAR.230 | June 1, 2022 |

ARTC Clinical Policies

| Policy Title | Policy Number | Effective Date |
|--|---------------|-------------------------------|
| Acupuncture (PDF) | CP.MP.92 | September 1, 2022 |
| Amisulpride (Barhemsys) (PDF) | CP.PMN.236 | November 1, 2022- NEW |
| Bariatric Surgery (PDF) | CP.MP.37 | September 1, 2022 |
| BH Treatment Documentation Requirements (PDF) | CP.BH.500 | November 1, 2022 - NEW |
| Brentuximab Vedotin (Adcetris) (PDF) | CP.PHAR.303 | November 1, 2022 - NEW |
| Caudal or Interlaminar Epidural Steroid Injections (PDF) | CP.MP.164 | September 1, 2022 |
| Cochlear Implant Replacements (PDF) | CP. MP.14 | September 1, 2022 |

American Rescue Plan Act

Incentive Payments

- ▶ Home and Community Based Services Providers that are eligible for the Workforce Stabilization Provider Incentive Program as detailed in Arkansas Rescue Plan (ARPA) Section 9817 HCBS Spending Plan have started receiving incentive payments via paper check.
- ▶ ARPA's Section 9817 supports the release of time-limited payments to providers for the purposes of enhancing, expanding, and/or strengthening home and community-based services (HCBS) under the Medicaid program. Payments are meant to be one-time to help support workforce capacity impacted by the COVID-19 public health epidemic.

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 |

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.

1. U.S. Preventive Services Task Force. 2016. "Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine* 164:360–6.
2. U.S. Preventive Services Task Force. 2016. "Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement." *Journal of the American Medical Association* 315(4):380–7.

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).

Cultural Competency Trainings

Cultural Competency Trainings

- ▶ This course will allow providers to receive information on how to service the member's healthcare needs in a culturally competent manner
- ▶ Arkansas Total Care 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

Cultural Competency Training Attestation



HomeFind a DoctorContact

ContrastOnOffa a a language

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Cultural Competency Training Attestation

Cultural Competency Trainings needs to be completely every year. Providers who have completed the Cultural Competency Trainings can complete the form below.

Practice Name *

TIN *

Practitioner Name *

Practice Phone Number *

What type of training did you attend? *

☐ Attended an ARTC presented webinar

☐ Attended another Cultural Competency training

The year attestation completed *

Check Box for attestation*

☐ Attest

Electronic Signature *

Submit

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 an 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.

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

Fraud, Waste, and Abuse – Cont'd

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.

Contact Information

Key Contacts

| Department | Phone/Website | Fax/Email |
|---|--|-------------------|
| Envolve Pharmacy Services Prior Authorization | 1-866-399-0928 Pharmacy.Envolvehealth.com | 1-866-399-0929 |
| TurningPoint | 501-263-8850/1-866-619-7054 | 501-588-0994 |
| NIA Advanced Imaging (MRI,CT, PET) | 1-866-500-7685 RadMD.com | N/A |
| Envolve Vision | 1-844-280-6792 VisionBenefits.EnvolveHealth.com | N/A |
| EDI Claims Assistance | 1-800-225-2573 ext. 6075525 | EDIBA@centene.com |

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: 711)

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. CT.

Provider Inquiries

After speaking with a Provider Services 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



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Become A Provider

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.

If you are interested in joining our network call toll free 1-844-631-6830 or fill out the form below.

As a Arkansas Total Care provider, you can rely on:

- 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

Healthcare collateral for your patients (e.g., information about our benefits and services) and educational displays for your office

Legal Practice Name or DBA *

Practice Address *

To join our network, select “Become A Provider” from the “For Providers” tab on our website. You must be a current, participating Arkansas Medicaid provider.

Contracting Department



Phone Number: 1-844-631-6830

Hours of Operation: 8 a.m. - 4:30 p.m.



If you know your
party's extension



Ambetter



Wellcare
by Allwell



Arkansas
Total
Care



To Repeat



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!