

2nd Quarter Updates Provider Webinar

Housekeeping



- Please mute your phone.
- Please do not put this call on hold—we can hear the hold music.
- Please hold all questions until the end of the presentation.
- This presentation will be posted to the Arkansas Total Care website soon.

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Agenda



- Medicaid Redetermination
- Personal Caregiver ID
- Medicaid ID Requirement Clarification
- HCBS & Atypical Credentialing
- Request for Reconsiderations or Claim Disputes
- Clinical & Payment Policies
- Cultural Competency Training
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Join Our Email List Today



Receive current updates for Arkansas Total Care at:

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 <u>Become a Provider</u> 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, quidelines 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	

Acronyms



Acronym	Definition
ARTC	Arkansas Total Care
EVV	Electronic Visit Verification
PHE	Public Health Emergency
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



Medicaid Redetermination

Medicaid Redetermination



During Covid-19 public health emergency (PHE) the Families First Coronavirus Response Act provided funds to state Medicaid programs if states agreed to provide continuous coverage during the PHE.

The Covid-19 PHE has ended. The Arkansas Department of Humas Services' (DHS) routine redetermination process resumed on April 1, 2023.

Arkansas Medicaid members will need to provide proof of eligibility to retain their Medicaid Coverage – DHS has identified more than 400,000 Medicaid members who be subjected to this initial redetermination process.

You can check your patients Medicaid eligibility status using the AR Medicaid Provider Portal at portal.mmis.arkansas.gov/armedicaid/provider. Additional resources and information for providers can be found on the DHS Website. From humanservices.arkansas.gov, navigate to the Divisions & Shared Services dropdown, hover over the Medical Services option, and select Update Arkansas.

Member Not Eligible



- Increase in "Member Not Eligible" rejections and denials?
- To check if coverage was truly terminated or if it has transitioned:
 - Go to: portal.mmis.arkansas.gov/armedicaid/provider
 - If the coverage is displayed and shows ARTC coverage in MMIS, then you can confirm coverage in the ARTC portal.
 - If the coverage is showing as active, the claim can be resubmitted.
 - If the member does not show as active on our portal, you can send an email to Providers@arkansastotalcare.com with "Member Eligibility" in the subject line. Please make sure to include the member's name, date of birth, and a screenshot of the MMIS eligibility.



Personal Caregiver ID

Personal Caregiver ID Updates



All Arkansas providers are required by the Arkansas Department of Human Services (DHS) to provide a caregiver Medicaid ID for every caregiver servicing members for personal care, attendant care, and respite services.

- Effective Friday, January 27, 2023, the caregiver Medicaid ID must be entered for every caregiver profile in HHAeXchange.
- The caregiver Medicaid ID should be entered in the Professional License Number field of the caregiver profile.
 - The Professional License Number is required when editing or adding a new caregiver and before saving the caregiver profile in HHAeXchange.
 - Failure to add an active and accurate Medicaid ID for each caregiver can result in delay in claim payment or denials.

Personal Caregiver ID cont.



- To avoid claim denials, the caregiver effective date should be listed in HHA
 appropriately. You can submit these visits via HHAeXchange or a chosen
 third-party EVV system that aggregates with HHAeXchange.
- Claims received outside of the EVV system will be denied with the note "NO EVV VISIT MATCH FOR MEDICAID ID BILLED."
- If you have any questions or concerns about this change, please contact Provider Services at 1-866-282-6280 (TTY: 711), or you can contact HHA at 1-855-400-4429

Personal Caregiver ID cont.



Name: Anderson Stephanie Team: Address: XXX & XXX	Caregiver Code: WCP-1008 Agency: QA Provider 1 Languages:	Office: A BETTER DA Phone: DOB: XX/XX/XXXX	Y HOME CARE SERVICES INC	Availability Updated: Caregiver Hours: H: 0 (1) V: 0
rofile				Profile Log Print Profil
Demographics				History
* First Name:	Stephanie		Middle Name:	
* Last Name:	Anderson		* Initials: SA	
* Gender:	F		* DOB: XX/XX/XXXX (i) H	
* Caregiver Code:	WCP-1008		Alt. Caregiver Code: 5008	
 Caregiver Mobile ID: 			 Mobile Type: 	
i Enable Mobile Chat:	N/A		Mobile Device ID:	
Time & Att. PIN:	100008			
Enable Mobile App Biometric Two Factor Authentication:		(i) Allo	ow Caregiver to select the visit as a Community visit:	
SSN#:	XXX-XX-XXXX ① H		Ethnicity:	
Rehire :	No Rehire Date :		Country of Birth:	
Marital Status:			Picture:	
Dependents:			Secondary Offices:	
Employment Info				<u>History</u>
* Type:	Employee H		* Status: Active H	
			Reason:	
			Notes:	
	PCA, HHA, HSK, PA, HCSS, CNA, Other (Non Skilled), A		Employee ID:	
* Application Date:			Team:	
Hire Date:			Location:	
First Work Bater			Branch:	
Last Work Date:	4		Contract: UHCT, WNCT, CCHQ, EVRC, CCQA	
IIIIA/PGA Registry Number: 10	***************************************		Added/Checked Registry Date: 04/22/2022	
Professional License Number 12	23456795		NPI Number:	
Referral Source:			Referral Person:	
NYC Registry checks:			Signed Payroll Agreement: No Date: 1	
Exclusion/Verification Lists Checked On:			EVV Utilization: ①	
Default Travel Method:	(i)		Secondary Identifier: H Secondary Identifier Details	

Contact Information



- Providers using a third-party EVV vendor can send the updated information to HHAeXchange through the EDI integration process.
- EDI providers with questions on the specifications should contact EDI Support at EDISupport@hhaexchange.com.
- For questions regarding how to update information in the HHAeXchange system, contact HHA at 855-400-4429 or Support@hhaexchange.com.
- For plan specific questions, please contact Arkansas Total Care at 1-866-282-6280

Change to Support



We will be sunsetting the support@hhaexchange.com email address on July 1, 2023. Moving forward, all support requests should be made via the HHA Client Support Portal.

HHA developed the Client Support Portal in response to customer feedback for quicker access to support, more visibility on the status of support requests, and an easier way to manage the support request process. We recommend you begin using the HHA Client Support Portal today to take advantage of the improved experience, including:

- Faster support response
- Better communication
- Increased visibility of support request status
- Streamlined support request process



Medicaid ID Requirement Clarification

Medicaid ID clarification



On May 9, 2023, we sent an email with the subject line "Medicaid ID Requirement Notice." We apologize for any confusion caused by this communication. The information in that email is only applicable for providers who are receiving claims denials for the listed reason "(4G) Deny: Medicaid Santioned/Termed/Excluded Provider."

- If you have not received a denial notice for this reason, you do not need to take any action regarding that notice at this time.
- If you have received a denial for this reason, we have determined that your group does
 not have an active Arkansas Medicaid ID (MCID). We reached this determination after
 reviewing our network against the provider file sent to us by the Department of Human
 Services (DHS).
- Per our contract with the state, the Taxpayer Identification Number (TIN) and group National Provider Identifier (NPI) are required to have an Arkansas MCID in order to receive payment for claims.
- Once you have acquired an active MCID, please forward that information to us at ArkCredentialing@centene.com. We will verify your information and reactivate you effective the date provided by the state.



HCBS and Atypical Credentialing

HCBS & Atypical Credentialing



Atypical and HCBS Provider Recredentialing Frequency Reduced: Now Required Every Three Years

- In accordance with a recent PASSE agreement update, we have amended our recredentialing schedule for atypical and Home- and Community-Based Services (HCBS) providers. Beginning February 2023, atypical and HCBS providers have been transitioned to a three-year recredentialing cycle. Providers who have gone through this process recently may have seen this change reflected in their approval letter.
- We value your partnership and hope that this change helps facilitate the care you provide our members. If you have any questions about this change, please reach out to us at 1-800-294-3557 or arkcredentialing@centene.com.



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 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.
- 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.

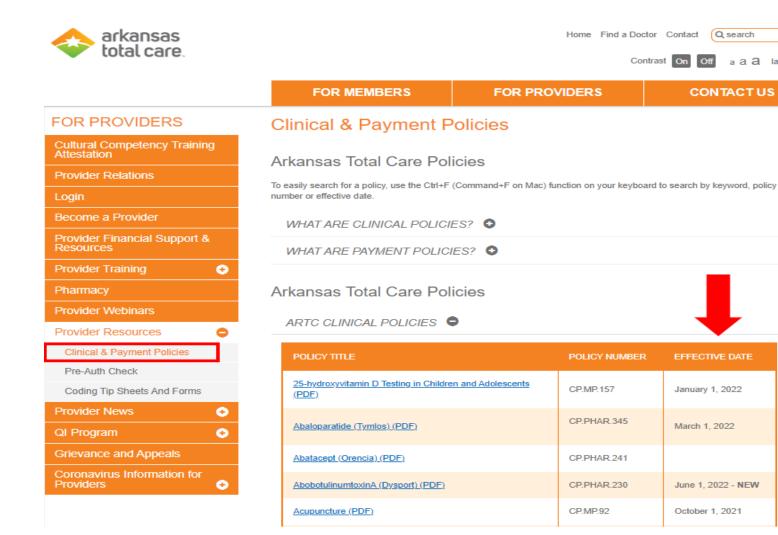


Clinical & Payment Policies

ARTC Clinical Policies



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Policy Update



Recently we sent a notification to providers about policy updates effective **June 1, 2023.** The below changes were made to align with current guidance from the Centers for Medicare & Medicaid Services (CMS). They are not health plan policy updates.

- Inappropriate Primary Diagnosis
 - Denies or limits diagnosis codes based on coding guidelines supported by CMS and ICD-10. Claims will be denied when billed with unacceptable primary/principal diagnosis, manifestation diagnosis, and sequela diagnosis in outpatient or inpatient facilities.

Supportive Living Clinical Policy arkansas



Arkansas Total Care is amending our Supportive Living Criteria policy.

POLICY ID: ARTC.CC.20. can be viewed on our website.

These changes will go into effect August 14, 2023.

www.arkansastotalcare.com/providers/resources/clinical-payment-policies.html

*New or amended policies are indicated by a "NEW" designation next to the effective date



NEW Waiver Manual

New Waiver Manual



Available online now at https://www.arkansastotalcare.com/providers/resources.html under the Provider Resources section of the ARTC website titled "Provider Waiver Manuel".

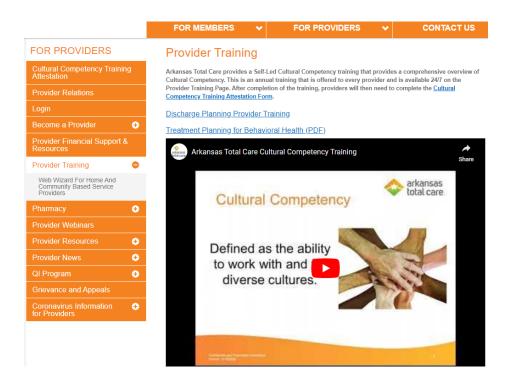


Cultural Competency Trainings

Cultural Competency Trainings

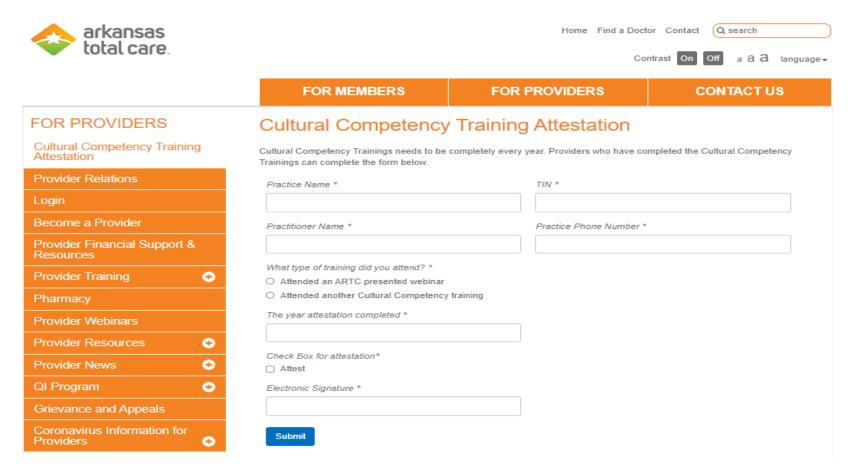


- This course allows providers to receive information on how to service the member's health care needs in a culturally competent manner
- Self-led trainings available now at https://www.arkansastotalcare.com/providers/Provider_Training.html!



Cultural Competency Training Attestation







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'd



- 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
 - o 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



Provider Demographic Accuracy

Provider Demographic Accuracy



Help us ensure the information provided to ARTC members for your service location is up to date!

- This can be through credentialing, rosters, provider date change forms and third- party vendor requests, such as LexisNexis.
- Maintaining correct clinic information ensures our members are able to locate the providers they need through the ARTC provider directory posted online.
- Changes can be submitted through the secure provider portal or by submitting a provider data change form to arkcredentialing@centene.com
- Changes can include, but are not limited to:
 - Adding or removing a location
 - Updating your phone number
 - Removing inactive practitioners
- We are required to report directory accuracy to the state.



Key Contacts

Key Contacts



Department	Phone/Website	Fax/Email
HHAeXchange Support	1-855-400-4429	HHA Client Support Portal
Envolve Pharmacy Services—Prior Authorization	1-866-399-0928 Pharmacy.Envolveheatlh.com	1-866-399-0929
Turning Point	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



Need to Contact Us?



Arkansas Total Care

Provider Services

Phone: 1-866-282-6280

Website: arkansastotalcare.com

Provider Services Call Center



- First line of communication
 - Arkansas Total Care Provider Services Call Center
 - o 1-866-282-6280 (TTY: 771)
- Provider Service Representatives can assist with questions regarding:
 - Eligibility
 - Authorizations
 - o Claims
 - Payment inquiries
 - Negative Balance reports
 - Appeals
 - Check Re-issue
 - Secure Portal Password reset
- Representatives are available Monday through Friday, 8AM to 5PM (Central Standard Time)

Provider Inquiries

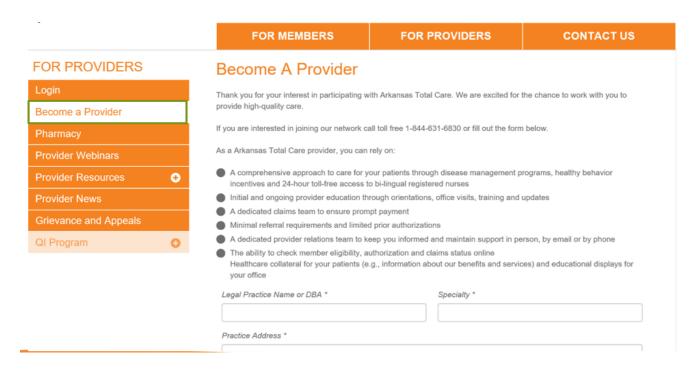


- After speaking with a Provider Service Representative, you will receive a reference number, which will be used to track the status of your inquiry.
- If you need to contact your assigned Provider Relations Representative, you must have the following when submitting an email inquiry:
 - Reference number 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.





Contracting Department

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm

Press 1 if you know your party's extension

Press 2 for Ambetter Press 3 for Wellcare by Allwell Press 4 for Arkansas Total Care

Press 5 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

Send us an email with "Provider Webinar" in the subject line to

Providers@Arkansastotalcare.com



Thank You For Joining Us!