



Third Quarter 2024

Provider Webinar

Housekeeping Rules



- ▶ Please mute your phone.
- ▶ Please avoid placing this call on hold to prevent us from listening to 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 and is not a legal document.
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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

Agenda



Arkansas Total Care Updates

- ▶ Clinical & Payments Policies
- ▶ Appointment Availability & Wait Times
- ▶ Reconsiderations or Disputes
- ▶ Health Plan Updates
- ▶ Vision Updates
- ▶ Cultural Competency Trainings
- ▶ Provider Training
- ▶ Fraud, Waste, and Abuse
- ▶ Provider Demographic Accuracy
- ▶ Prior Authorizations
- ▶ Secure Provider Portal
- ▶ Contact Information

Clinical & Payment Policies

Clinical & Payment Policies



Arkansas Total Care clinical and payment policies can be found on the public website.

- ▶ The clinical, payment, and pharmacy policies can be found by going to: ArkansasTotalCare.com
 - Hover over the “For Providers” tab at the top of the screen
 - Select “Provider Resources” from the drop-down menu
 - Select “Clinical & Payment Policies” on the left
- ▶ Use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number or effective date

If you have questions, please call 1-866-282-6280.

Clinical & Payment Policies



Home

Find a Doctor

Contact

language ▾

Enter Keyword

Q

arkansas total care

For Members ▾

For Providers ▾

Contact Us

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Provider Webinars

Provider Resources

Coding Tip Sheets And Forms

Clinical & Payment Policies

Clinical & Payment 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.

All policies found in the Arkansas Total Care Clinical Policy Manual apply to Arkansas Total Care members. Policies in the Arkansas Total Care Clinical Policy Manual may have an "Arkansas Total Care" or a "Centene" heading. Arkansas Total Care uses InterQual® criteria for services for which an Arkansas Total Care clinical policy does not exist. InterQual is a nationally recognized, evidence-based decision support tool. You may access the InterQual SmartSheets™ for adult and pediatric procedures, durable medical equipment (DME), and imaging procedures by logging in to our [Secure Provider Portal](#) or calling Arkansas Total Care at [1-866-282-6280](tel:1-866-282-6280) (TTY: [711](tel:711)).

Arkansas Total Care may use a vendor for the utilization management of certain services. In such cases, the vendor's guidelines may also be used to support medical necessity and other coverage decisions. Other non-clinical policies, such as payment policies, or contract terms may also be used to determine if a service that is not addressed in the Clinical Policy Manual or InterQual criteria is payable by Arkansas Total Care.

Clinical Policies

Drug policies and criteria listed under this section are only applicable to products paid under the medical benefit. Please see "Arkansas Total Care Pharmacy Policies" for prior authorization criteria on drugs paid under the pharmacy benefit.

Policy Title	Policy Number	Effective Date
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Confidential and Proprietary Information. ARTC24-H-209

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Appointment Availability & Wait Times

Appointment Availability & Wait Times



Arkansas Total Care follows the accessibility and appointment wait time requirements set forth by applicable regulatory and accrediting agencies. Arkansas Total Care monitors participating provider compliance with these standards at least annually and will use the results of appointment standards monitoring to ensure adequate appointment availability and access to care, and to reduce inappropriate emergency room utilization.

Appointment access audits:

- ▶ Arkansas Total Care may conduct appointment accessibility surveys telephonically and/or on-site or ad hoc for complaint/grievance investigation to determine appointment availability based on requirements outlined in the provider manual and state contract for each line of business.
- ▶ Arkansas Total Care may survey their top five specialties to ensure that specialty access standards are being met. The state may determine which specialties are to be audited, and the health plan should comply with those requirements.
- ▶ Arkansas Total Care may assess all PCPs and providers in each geographic region and randomly audit to ensure that the below services are available.

Appointment Availability & Wait Times



The table below depicts appointment availability for members:

Service Type	Time Frame
Emergency care — medical, behavioral health, substance abuse	24 hours a day, seven days a week
Behavioral health service, developmental disability service, mobile crisis service, mobile crisis response	24 hours a day, seven days a week
Urgent care — medical, behavioral health, substance abuse	Within 24 hours
Primary care — routine, non-urgent symptoms	Within 21 calendar days
Behavioral health, substance abuse care — routine, non-urgent, non-emergency	Within 21 calendar days
Prenatal care	Within 14 calendar days
Primary care access to after-hours care	Office number answered 24/7 by answering service or instructions on how to reach a physician
Preventive visit/well visit	Within 30 calendar days
Specialty care — non-urgent	Within 60 calendar days
HCBS — identified as necessary to project the health and safety of the member	Within 90 calendars of completion of the PCSP

Reconsiderations or Disputes

Reconsiderations or Disputes



- ▶ 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
- ▶ Secure Provider Portal
- ▶ 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

Reconsiderations or 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.

Health Plan Updates

Waiver Manual Updates



- ▶ Arkansas Total Care has made changes to the Provider Waiver Manual. The 2024 Provider Waiver Manual was updated and posted to our public website.
- ▶ Be sure to check our Provider Resources page for important forms and reference materials.

Reference Materials

- [2024 Provider Manual \(PDF\)](#)
- [2023 Provider Manual \(PDF\)](#)
- [2022 Provider Manual \(PDF\)](#) 
- [2021 Provider Manual \(PDF\)](#)
- [2019 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 \(PDF\)](#)
- [Provider Waiver Manual \(PDF\) RETIRED](#)

Personal Care Policy July Update



Revisions have been made to a utilization management policy effective July 15, 2024.

- ▶ The ARTC.UM.19 Personal Care Services Authorization policy outlines Arkansas Total Care's allowances for personal care services provided by a personal aide in a member's home and/or community. Arkansas Total Care will authorize reasonable and medically necessary personal care services for members so long as the services exist within the parameters set forth by the policy and the Arkansas Department of Human Services (DHS).
- ▶ There are minor revisions to this policy, including a clarification that a prescription or Personal Care Services Request Form and Service Plan (DMS-618) signed by the PCP will be required on the first review after January 1, 2024, and then for any requests with increased units requested.
- ▶ It is the provider's responsibility to ensure that all requests are submitted in a timely manner as outlined in the Arkansas Total Care Provider Manual, and that all information submitted is an accurate and current representation of the member's needs. Instances in which information is not current or accurate could lead to investigation of potential fraud, waste, or abuse. Providers should review and adhere to the DHS Personal Care Provider Manual. The manual is available online at HumanServices.Arkansas.gov. Refer to Section 222.100 for important information on personal aide selection, training, and continuing education.

Supportive Living Services Policy Updates



Effective March 1, 2024:

- ▶ Arkansas Total Care will no longer use H2016 U3 UQ. We are now utilizing H2016 U5 for level 5 one-on-one as well as shared staffing supportive living services.

NIA/RadMD Policy Updates



Arkansas Total Care is amending or implementing new policies, which can be viewed on our website. These changes will go into effect March 1, 2024.



To view our policies for cardiac procedures, CT/CTA/CCTA, MRI, MRA, and Pet Scans:

- Visit RadMD.com
- Navigate to the Resources tab and select Clinical Guidelines & Other Resources

OR

- Log in to your account



If you have questions, please call 1-866-282-6280 (TTY: 711) or email Providers@ArkansasTotalCare.com.

[ArkansasTotalCare.com](https://www.ArkansasTotalCare.com)

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1-866-282-6280 (TTY: 711)

ARTC23-H-235

ARTC Updates: Therapeutic Communities Authorization Requests



- ▶ As of February 1, 2024, providers that offer Therapeutic Communities under the 1915(i) State Plan for Home- and Community-Based Services (HCBS) will need to make sure the reviews are only submitted for Prior Authorization via the Outpatient Treatment Review (OTR) form.
- ▶ If you are requesting Therapeutic Communities Level 1, please place the UC modifier on the OTR.
- ▶ If you are requesting Therapeutic Communities Level 2, please leave the modifier box blank. This will assist our Utilization Management team in distinguishing between the two levels.
- ▶ Please do not change the way the service is billed. This is for Prior Authorization requests only.

Level 1 example:

AUTHORIZATION REQUEST
*Primary Procedure Code
H 0 0 1 9 UC
(CPT/HCPCS) (Modifier)

Level 2 example:

AUTHORIZATION REQUEST
*Primary Procedure Code
H 0 0 1 9
(CPT/HCPCS) (Modifier)

Vision Updates

Effective January 1, 2024:

- ▶ Arkansas Total Care manages medical eye care services.
- ▶ Envolve Vision manages routine eye care services and full scope of licensure optometric services for our members.

Arkansas Total Care is now responsible for the following functions for medical eye care services:

- ▶ Contracting and credentialing
- ▶ Claim processing and appeals
- ▶ Provider services
- ▶ Provider partnership management
- ▶ Provider education and resource materials (e.g. provider manual, training)
- ▶ Provider web portal
- ▶ Prior authorization, retrospective utilization review, and medical necessity appeals
- ▶ Provider complaints

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
- ▶ Arkansas Total Care now provides self-led trainings for providers to complete at their leisure.

FOR MEMBERS

FOR PROVIDERS

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FOR PROVIDERS

Cultural Competency Training Attestation

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Web Wizard For Home And Community Based Service Providers

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Coronavirus Information for Providers

Provider Training

Arkansas Total Care provides a Self-Led Cultural Competency training that provides a comprehensive overview of Cultural Competency. This is an annual training that is offered to every provider and is available 24/7 on the Provider Training Page. After completion of the training, providers will then need to complete the [Cultural Competency Training Attestation Form](#).

[Discharge Planning Provider Training](#)

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

Arkansas Total Care Cultural Competency Training

Cultural Competency

Defined as the ability to work with and diverse cultures.

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

Provider Training

Provider Training



Arkansas Total Care provides several self-led provider trainings. This is an annual training that is offered to every provider and is available 24/7 on the [Provider Training Page](#). After completion of the training, providers will then need to complete the [Attestation Form](#).

[Cultural Competency Training](#)


[Discharge Planning Provider Training](#) 

[Secure Provider Portal Quick Start Guide](#)

Treatment Planning for Behavioral Health (PDF)

Provider Training





For Members ▾


For Providers ▾

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Discharge Planning Provider Training

Web Wizard For Home And Community Based Service Providers

Cultural Competency Training

Secure Provider Portal Quick Start Guide

Pharmacy ▾

Provider Webinars

Provider Resources

Coronavirus (COVID-19)

We are currently experiencing some issues and long wait times with our Teledoc and Referral lines. Please be patient with us as we work through this busy period.

To receive the fastest response on referrals, please submit authorization requests through our provider portal or via fax at: 1-833-632-6934


COVID-19 Resources:

- [COVID-19 In-Home Care Guidance \(PDF\)](#)
- [CES Waiver Emergency Request Form \(PDF\)](#)
- [COVID-19 Extended Coverage Announcement \(PDF\)](#)
- [Supplemental Support Service \(PDF\)](#)

Learn More About the Coronavirus.

Arkansas Total Care provides the tools and support you need to deliver the best quality of care.

Reference Materials

- [2024 Provider Manual \(PDF\)](#)
- [2023 Provider Manual \(PDF\)](#)
- [2022 Provider Manual \(PDF\)](#) 
- [2021 Provider Manual \(PDF\)](#)
- [2019 Provider Manual \(PDF\)](#)
- [Quick Reference Guide \(PDF\)](#)

Confidential and Proprietary Information. ARTC24-H-209

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Fraud, Waste, and Abuse

Fraud, Waste, and Abuse



- ▶ Arkansas Total Care takes the detection, investigation, and prosecution of fraud, waste, and abuse (FWA) 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



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.

Provider Demographic Accuracy

Provider Demographic Accuracy



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

- ▶ This can be through credentialing, rosters, provider data 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 Arkansas Total Care 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.

Prior Authorizations

Prior Authorizations



Prior Authorizations can be requested in the following ways:

- ▶ Secure Web Portal: This is the preferred and fastest method
 - Arkansas Total Care: Provider.ArkansasTotalCare.com
- ▶ Phone: 1-866-282-6280
- ▶ Fax: IP and OP paper forms available on the website under Provider Resources.
 - Arkansas Total Care: 1-833-249-2342

After normal business hours and on holidays, calls are directed to the plan's 24-hour Nurse Advice Line. Notification of authorization will be returned via phone, fax, or web.

Pre-Auth Check Tool



FOR PROVIDERS	
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Pre-Auth Check

Use our tool to see if a pre-authorization is needed. It's quick and easy. If an authorization is needed, you can access our login to submit online. For the best experience, please use the Pre-Auth Tool in Chrome, Firefox, or Internet Explorer 10 and above.

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response

Vision Services need to be verified by [Envolve Vision](#).
Dental Services are provided through [Delta Dental](#) or [MCNA](#). Please verify.
Complex imaging, MRA, MRI, PET, and CT scans need to be verified by [NIA](#).
Prior Authorizations for Musculoskeletal Procedures should be verified by [TurningPoint](#).

Non-participating providers must submit Prior Authorization for all services.
[For non-participating providers, Join our Network.](#)

Would this be Emergency or Urgent Care, Dialysis, or are these family planning services billed with a contraceptive management diagnosis?

☐ Yes ☐ No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?		
Are anesthesia services being rendered for pain management?		
Are oral surgeon services being rendered in the office?		
Are chiropractic services being rendered?		
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?		
Are hospice services being provided?		

Secure Provider Portal

Secure Provider Portal – Create An Account



Registration is free and easy!



Log In

Email Address *

CONTINUE

CENTENE SSO

[Create New Account](#)



Secure Provider 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
- ▶ Ability to attach required documentation when filing a reconsideration
- ▶ Ability to upload records for care gap information
- ▶ Option to receive push notifications regarding reconsideration status changes
- ▶ Void/Recoup option on claims already adjudicated by the health plan (refer to page 92 of the manual inside the portal for more information)

Secure Provider Portal – Patient Overview



Document Resource Center

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Document Upload

Document Review

1.

Document Category:

Please Select a Category

Medical Necessity

Quality Management

Long Term Services And Support

2.

Document Type:

3.

Upload File:

Choose File

No file chosen

4.

Submit

Documents for the member can be uploaded here based on Document Category options.

Contact Information

Key Contacts



Department	Phone/Website	Fax/Email
HHAeXchange Support	1-855-400-4429	HHA Client Support Portal
EDI Claims Assistance	1-800-225-2573 ext. 6075525	EDIBA@centene.com
Turning Point	501-263-8850 / 1-866-619-7054	501-588-0994
Evolent Advanced Imaging (MRI,CT, PET)	1-866-500-7685 RadMD.com	N/A
Envolve Vision	1-844-280-6792 VisionBenefits.EnvolveHealth.com	N/A

Provider Services Call Center



First line of communication

Arkansas Total Care Provider Services Call Center

▶ 1-866-282-6280 (TTY: 771)

Representatives are available Monday through Friday from 8 a.m. to 5 p.m. CT

Provider Services Representatives can assist with questions regarding:

- ▶ Eligibility
- ▶ Negative Balance Reports
- ▶ Authorizations
- ▶ Appeals
- ▶ Claims
- ▶ Check Re-Issues
- ▶ Payment Inquiries
- ▶ Secure Portal Password Reset


Provider Inquiries



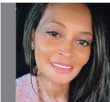
- ▶ After speaking with a Provider Services Representative, you will receive a reference number, which will be used to track the status of your inquiry.
- ▶ If you need to contact your assigned Provider Relations Representative, you must have the following when submitting an email inquiry:
 - Reference number assigned by the Provider Services Center
 - Provider Name
 - Tax ID
 - National Provider Identifier (NPI)
 - Summary of the issue
 - Claim numbers (if applicable)

Provider Relations Territories







Kari Murphy




Faye Washington




Randal Bailey




Rachel Baney



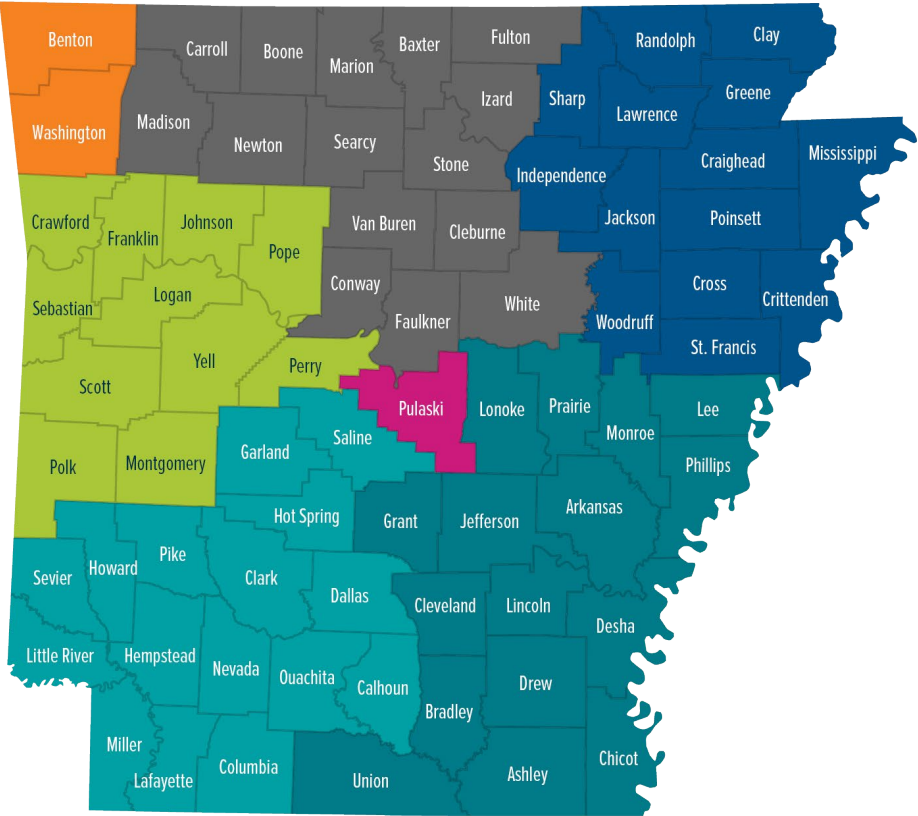
Rose Pennick



Tamesa Sutton



Valinda Perkins



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 *

Specialty *

Practice Address *

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: 8 a.m.–4:30 p.m. CT



Provider Contracting Email Address: ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Credentialing



Credentialing Department

Phone: 1-844-263-2437

Fax: 1-844-357-7890



Provider Credentialing Email:

ArkCredentialing@centene.com

Join Our Email List Today



Receive current updates

Arkansas Total Care:

▶ 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

Questions?



**Send an email with
“Provider Webinar” in the subject line to:**

Providers@ArkansasTotalCare.com