

3rd Quarter 2025 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.
- ▶ 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



Arkansas Total Care Updates

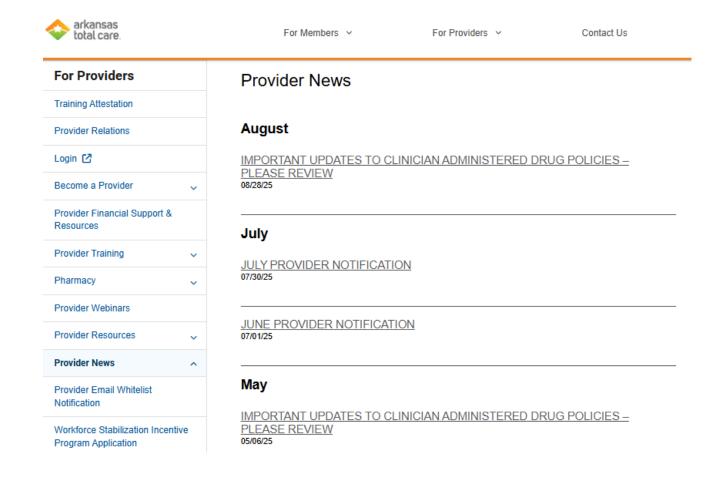
- Provider Newsletter Articles
- ► Clinical & Payment Policies
- ► Appointment Availability & Wait Times
- ► Reconsiderations or Disputes
- ► Arkansas Total Care Updates
 - New Medicaid ID Requirement
 - Psychiatric Residential Treatment
 - New Roster Update

- ► Cultural Competency Trainings
- Provider Training
- Fraud, Waste, & Abuse
- ► Provider Demographic Accuracy
- ▶ Prior Authorizations
- ► Gold Card Policy
- ► Availity Essentials
- ► Secure Provider Portal
- ► Contact Information

Provider Newsletter Articles



Arkansas Total Care Provider
Newsletter articles are now available!
With information on webinars,
resources for educating patients and
staff, and health plan policy changes
and updates, our Provider Newsletter
page is a great way to stay informed
about how we can partner with you to
help Arkansas live better.



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 and 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



For Providers Training Attestation Provider Relations Login [4] Become a Provider Provider Financial Support & Resources Provider Training Pharmacy Provider Webinars Provider Resources Coding Tip Sheets And Forms Clinical & Payment Policies Pre-Auth Check Clinical Coverage/Medical Policy Updates Turning Point Prior Authorization

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 (TTY: 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.

Arkansas Total Care has partnered with Evolent for prior authorization requests for the following services:

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)
- Sacroiliac Joint Injections

Clinical Policies for these procedures can be found at the RadMD website 2.

Clinical Policies for CT/CTA/CCTA, MRI, MRA, and Pet scans can also be found at the Evolent Website RadMD website [2].

Clinical policies for musculoskeletal procedures can be found on the Turning point website at TurningPoint Healthcare 2.

Clinical policies for Continuous Glucose Monitors may be found on the Arkansas Medicaid Prime Therapeutics website 2.

Clinical Policies



Appointment Availability and Wait Times

Appointment Availability and 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



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

Request for Reconsiderations



Claim 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
- 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

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.

Arkansas Total Care Updates

Clinical and Payment Policy Updates



Please see updates to Clinical, Payment, and Pharmacy on our website that will be implemented in September and October 2025.

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.

Abatacept (Orencia) (PDF) CP.PHAR.241 AbobotulinumtoxinA (Dysport) (PDF) CP.PHAR.230 Ado-Trastuzumab (Kadcyla) (PDF) CP.PHAR.229	July 1, 2025 October 1, 2025
	October 1, 2025
Ado-Trastuzumab (Kadcyla) (PDF) CP.PHAR.229	
	July 1, 2025
Aducanumab (Aduhelm) (PDF) CP.PHAR.488	July 1, 2025
Afamelanotide (Scenesse) (PDF) CP.PHAR.444	April 1, 2025
Afamitresgene Autoleucel (Tecelra) (PDF) CP.PHAR.678	May 1, 2025
Affibercept (Eylea) (PDF) CP.PHAR.184	August 1, 2025
Agalsidase beta (Fabrazyme) (PDF) CP.PHAR.158	September 1, 2025
Agalsidase beta (Fabrazyme) (PDF) CP.PHAR.158	Version effective until September 1, 2025
Air Ambulance (PDF) CP.MP.175	May 1, 2025
Alemtuzumab (Lemtrada) (PDF) CP.PHAR.243	July 1, 2025
Alglucosidase (Lumizyme) (PDF) CP.PHAR.160	April 1, 2025
Allogeneic cultured keratinocytes and dermal fibroblasts (StrataGraft)(PDF) CP.PHAR.562	April 1, 2025
Allogenic processed thymus tissue-agdc (Rethymic) (PDF) CP.PHAR.563	April 1, 2025
Alpha1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin- C, Zemaira) (PDF) CP.PHAR.94	April 1, 2025
Amisulpride (Barhemsys) (PDF) CP.PMN.238	October 1, 2025
Amivantamab-vmjw (Rybrevant) (PDF) CP.PHAR.544	October 1, 2025

New Arkansas Medicaid ID Requirement

Arkansas Medicaid ID Requirement



Effective **October 15, 2025**, providers that meet the below criteria will be required to submit their Arkansas Medicaid ID to Arkansas Total Care on each claim submission.

- 1. All atypical providers and practitioners that bill for the following provider types: 67, 70, 71, 72, 73,74, 75, 82, 84, 86, 87, 95, 96, 97
- 2. All providers that bill under a single NPI number with multiple associated Medicaid IDs.

Beginning **October 15, 2025**, all claims meeting the above criteria will be denied, when the Arkansas Medicaid ID is not billed.

Arkansas Medicaid ID Requirement



Professional EDI Claims Billing Provider NPI, Taxonomy, and Medicaid ID:

2010BB—Billing Provider Secondary Identification				
2010BB – Billing		For healthcare providers, submit the Medicaid Provider ID in REF02, the NPI in Loop 2010AA, and taxonomy in Loop 2000A. For atypical providers, submit the Medicaid ID only in REF02.		
Provider Secondary REF Identification		REF01	Value=G2 (Provider Commercial Number	
		REF02	Length = 9 Value = Billing Provider Secondary Identification (Medicaid Provider ID)	

Arkansas Medicaid ID Requirement



Professional EDI Claims Rendering Provider Medicaid ID:

2310B — Rendering Provider Secondary Identification				
	REF	For healthcare rendering providers, submit the Medicaid Provider ID in REF02 and submit the NPI and Taxonomy in Loop 2310B.		
2310B — Rendering Provider Secondary Identification		REF01	Value=G2 (Provider Commercial Number	
		REF02	Length = 9 Value = Rendering Provider Secondary Identification (Medicaid Provider ID)	

Psychiatric Residential Treatment

Psychiatric Residential Treatment Active Treatment and Incident Reporting



Active Treatment:

Active treatment is defined as a minimum of 40 treatment hours per week, not including classroom time five of which are conducted by a licensed mental health professional (LMHP), with a minimum of one being in an individual setting rather than a group setting. Included in the five hours/encounters per week by a LMHP, there should be a minimum of two-family therapy sessions per month, as well as a weekly visit with the psychiatrist.

Individual Therapy Encounters can be 30, 45, or 60 minutes.

Incident Reporting:

All incidents should be reported to Arkansas Total Care in accordance with the standards outlined in Arkansas Total Care Provider Manual. The DHS QA Incident Report form is available at ArkansasTotalCare.com. List your facility in the HCBS Provider field at the bottom of the form.

Send completed forms via secure email to: Incident@ArkansasTotalCare.com

Psychiatric Residential Treatment Discharge Planning



Discharge planning

Should start upon admission and a final Discharge Plan must include:

- ► Member education that is specific to the diagnosis and includes information on recognizing signs and symptoms
- ➤ Self-care with reminders and cues to use skills developed in treatment
- ➤ Supports, roles and responsibilities, school transition, and any needed follow-up with the school to include which school the member will return to
- ▶ Integrated care, including follow-up appointments with scheduled dates/times and a release to send treatment records to all providers the member will be following up with Medication management
- ► Information on how to return to care if needed, including phone numbers and instructions
- ► A safety plan

The discharge plan will be sent to either the Care Coordination or Utilization Management department within one business day of discharge so that Arkansas Total Care can ensure the member/family are following up with the discharge instructions.

A training module can be found on our website at: ArkansasTotalCare.com/providers/Provider_Training.html

New Roster Notification

Coming Soon New Roster Notification



Arkansas Medicaid PASSE programs has been working with other Carriers to streamline its enrollment processes to create a uniform roster template.

This will allow providers to fill out a single roster that every Carrier can accept for adding, terminating, or updating provider information.

Rosters will continue being submitted to ArkCredentialing@centene.com

Practitioners that require credentialing must still include the following:

- Attestation
- Disclosure of Ownership
- CAQH ID
 - MD/DOs are required to submit our MD/DO specific application
 - If you do not have a CAQH ID, you are required to submit our application

Required fields left blank will be returned to the provider for completion.

Features of the new roster include:

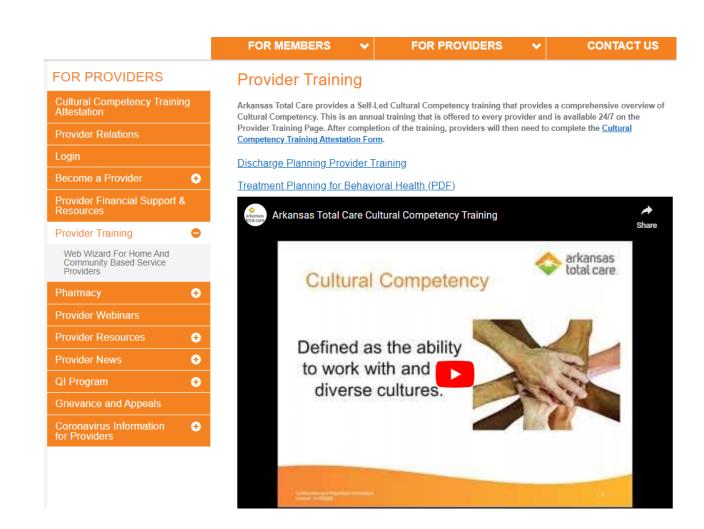
- Separate tabs for (a) Full Roster, (b) Adds,
 (c) Terms, (d) Updates, (e) Guidance, (f)
 Field Options.
- ► Columns on the Full Roster tab that identifies which products are covered by your contract.
- Instructions on how to use each tab.
- ► An outline of data elements on each tab, marked as "required" or "optional."

Cultural Competency Trainings

Cultural Competency Trainings



- ► This course allows providers to receive information on how to service the member's healthcare needs in a culturally competent manner
- Arkansas Total Care now provides selfled trainings for providers to complete at their leisure.



Cultural Competency Training Attestation



arkansas			Home Find a D	octor Contact Q search		
total care.				Contrast On Off a a a language		
	FOR MEMBERS FOR		PROVIDERS	CONTACT US		
FOR PROVIDERS	Cultural Competency	Training	Attestation			
Cultural Competency Training Attestation	Cultural Competency Trainings needs to be of Trainings can complete the form below.	completely every	year. Providers who have	completed the Cultural Competency		
Provider Relations	Practice Name *		TIN *			
Login						
Become a Provider	Practitioner Name *		Practice Phone Number *			
Provider Financial Support & Resources						
Provider Training	What type of training did you attend? * O Attended an ARTC presented webinar					
Pharmacy	Attended another Cultural Competency training					
Provider Webinars	The year attestation completed *					
Provider Resources						
Provider News •	Check Box for attestation* ☐ Attest					
QI Program 📀	Electronic Signature *					
Grievance and Appeals						
Coronavirus Information for Providers	Submit					

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.

<u>Cultural Competency Training</u>

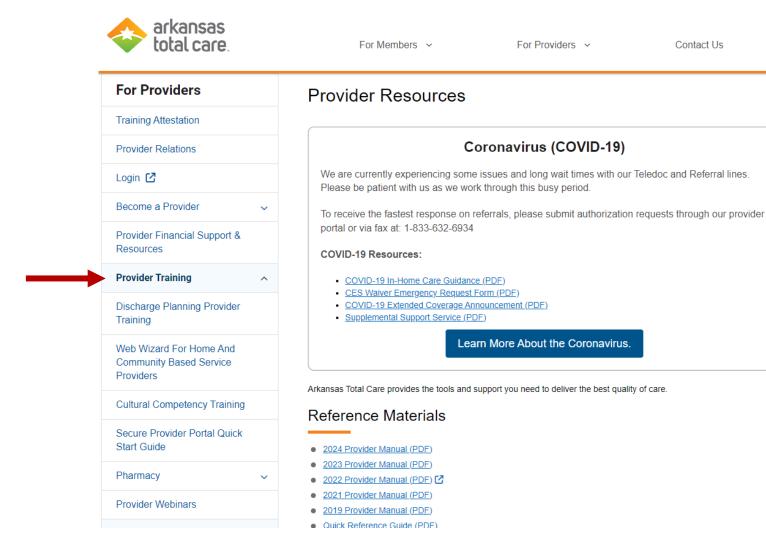
Discharge Planning Provider Training [2]

Secure Provider Portal Quick Start Guide

Treatment Planning for Behavioral Health (PDF)

Provider Training





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



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 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 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 Provider Portal: This is the preferred and fastest method

Provider.ArkansasTotalCare.com



Phone

► 1-866-282-6280 (TTY: 711)



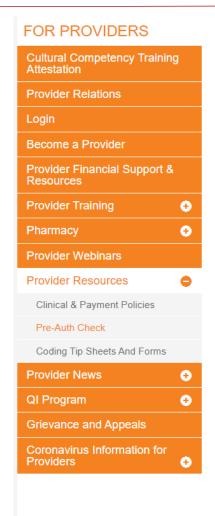
Fax — IP and OP paper forms available on the website under Provider Resources.

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 portal.

Pre-Auth Check Tool





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 N
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?	



In 2023, the Arkansas General Assembly passed Act 575, amending the 2015 Prior Authorization Transparency Act. Act 575 exempts particular healthcare providers who administer healthcare services from prior authorization requirements. This information outlines Arkansas Total Care prior authorization requirements beginning January 1, 2025, and contains details of your status regarding exemptions from prior authorization requirements for our Medicaid line of business.



Since the beginning of the PASSE program, Arkansas Total Care has had the following provisions in place to ensure open access to care for members:

- No prior authorization/referrals needed to obtain primary care services
- No prior authorization/referrals needed to obtain specialty provider services
- No prior authorization/referrals needed for physical, occupational, speech, and behavioral health therapy services

- ► To ensure open access to care, Arkansas Total Care has removed the following limits, typically applied by Fee for Service Medicaid:
 - Visit limits on physician services
 - Dollar caps on Imaging and DME services
 - Pharmacy Script Limits
- Expanded services to offer wellness benefits to all adults
- ► Continued to perform annual reviews of services that require a prior authorization to determine if a prior authorization is still needed to manage risk



Who is exempt from prior authorization requirements?

- ▶ A healthcare provider that received approval for 90% or more of the healthcare provider's prior authorization requests, based on a review of the healthcare provider's utilization of the particular healthcare services, will receive Gold Card status beginning January 1, 2025.
- ▶ Authorization data from January 1, 2024, to June 30, 2024, will be reviewed.
- ► For Gold Card consideration, the healthcare provider must have requested six or more prior authorizations, of a particular healthcare service, in the most recent six-month evaluation period.
- ▶ If a healthcare provider's use of a particular healthcare service increases by 25% based on a review of the healthcare provider's utilization of the particular healthcare service, Arkansas Total Care may disallow the exemption from prior authorization requirements.

Availity Essentials

Availity Essentials



Arkansas Total Care has a new platform for the secure provider portal called Availity

Benefits of Availity:

- ► Validate eligibility and benefits
- ► Submit Claims
- ► Check Claim Status
- Submit Authorizations
- ► Access Arkansas Total Care payer resources

- ▶ If you are already working in Essentials, you can log in to your existing Essentials account External Link to enjoy these benefits for Arkansas Total Care's members.
- ► If you are new to Availity Essentials, getting your Essentials account and delegating an Availity administrator for your provider organization is the first step toward working with Arkansas Total Care on Availity.



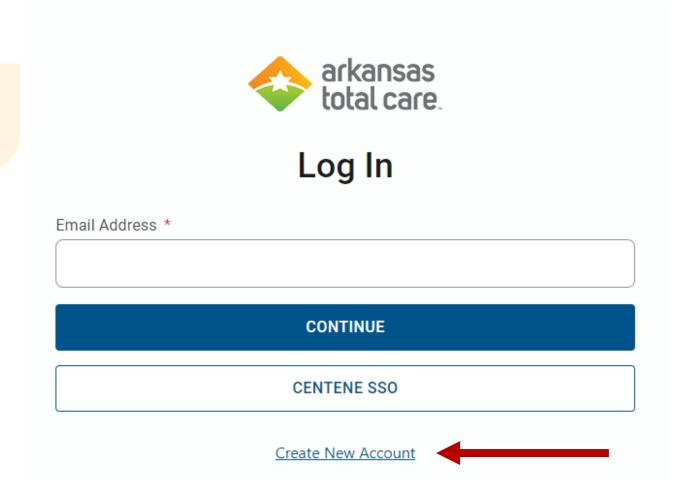
For additional assistance with your registration, please call Availity Client Services at 1-800-AVAILITY (1-800-282-4548). Assistance is available Monday through Friday from 7 a.m. to 7 p.m. CT.

Secure Provider Portal

Secure Provider Portal – Create An Account



Registration is free and easy.



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
 - The manual inside the portal has instructions for this new feature on page 92

Patient Overview — Document Resource Center



Overview				
Cost Sharing		Document Upload		Document Review
Assessments	1.	Document Category:	Please Select a Category	T
Health Record			Medical Necessity Quality Management	
realth Neoora	2.	Document Type:	Long Term Services And Support	ort ▼
Care Plan				
Authorizations	3.	Upload File:	Choose File No file chosen	
Referrals	4.			
Coordination of Benefits	4.		Submit	
Claims		Docum	nents for the member ca	n be uploaded here
Document Resource Center	1	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
TurningPoint	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, 8 a.m.-5 p.m. CT.

Provider Service Representatives can assist with questions regarding:

- **▶** Eligibility
- Authorizations
- ► Claims
- ► Payment inquiries
- ► Negative balance reports
- ► Appeals
- ► Check re-issue
- Secure Provider Portal password reset

Provider Inquiries

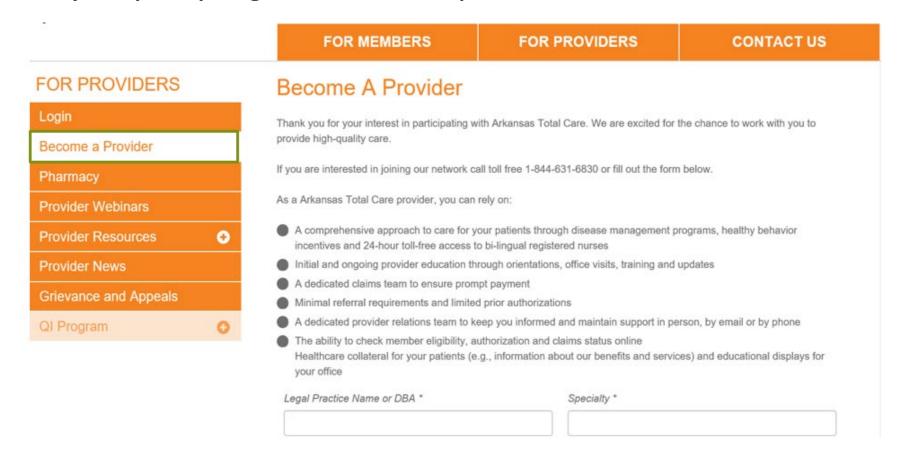


- After speaking with a Provider Services Representative, you will receive a reference number, which will be used to track the status of your inquiry.
- ▶ If you need to contact your assigned Provider Relations Representative, you must have the following when submitting an email inquiry:
 - Reference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

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: 8 a.m.-4:30 p.m. CT





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



Join Our Email List Today



Receive current updates:

Arkansas Total Care:

► <u>ArkansasTotalCare.com/providers.html</u>

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.



Access your secure provider information any time.

Login Now

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	

Questions?





Please submit any questions by using the Q&A feature in TEAMS

OR



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

Providers@ArkansasTotalCare.com