



Q1 2026 Provider Webinar

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Arkansas Total Care Updates

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- ▶ Clinical & Payment Policies
- ▶ Appointment Availability & Wait Times
- ▶ Requests for Reconsideration or Claim Disputes
- ▶ Health Plan Updates
- ▶ Provider Training
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Provider News Articles



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

Visit our **Provider News page** at [ArkansasTotalCare.com](https://www.arkansasTotalCare.com).

The screenshot shows the Arkansas Total Care website interface. At the top, there is a navigation bar with links for Home, Find a Doctor, Contact, and Language. A search bar is also present. Below the navigation bar, there are dropdown menus for 'For Members', 'For Providers', 'Contact Us', and 'Accessibility'. The main content area is divided into two columns. The left column is a sidebar menu titled 'For Providers' with various links: Training Attestation, Provider Relations, Login, Become a Provider, Provider Financial Support & Resources, Provider Training, Pharmacy, Provider Webinars, Provider Resources, Provider News (highlighted), Provider Email Whitelist Notification, and Workforce Stabilization Incentive Program Application. The right column is titled 'Provider News' and displays a list of articles. The first article is 'JANUARY PROVIDER NOTIFICATION' dated 01/26/26, with 'No Excerpt Specified'. The second article is 'QUARTER 1 PROVIDER WEBINAR CALENDAR' dated 01/02/26, also with 'No Excerpt Specified'. The third article is 'IMPORTANT UPDATES TO CLINICIAN ADMINISTERED DRUG POLICIES – PLEASE REVIEW' dated 12/30/25. The fourth article is 'ACT 511 OF 2025' dated 12/22/25.

Clinical & Payment Policies



Clinical & Payment Policies



Arkansas Total Care's clinical and payment policies are available on our website.

- ▶ To view our clinical, payment, and pharmacy policies:
 - Visit ArkansasTotalCare.com
 - From the For Providers tab, select Provider Resources
 - Select the Clinical/Payment Policies link
- ▶ Use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number, or effective date.

Check our [Clinical Coverage/Medical Policy Updates](#) page to see our new and/or updated policies with effective dates in March and April. If you have questions, please call 1-866-282-6280.

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



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

Requests for Reconsideration or Claim Disputes

Requests for Reconsideration



Claim reconsiderations are requested when a provider disagrees with the original claim outcome (payment amount, denial reason, etc.).

Reconsiderations may be submitted using one of the following ways:

- ▶ Using the Request for Reconsideration form available at ArkansasTotalCare.com (preferred method)
- ▶ Calling the Provider Services team
- ▶ Via the Secure Provider Portal
- ▶ Sending a written letter that includes a detailed description of the reason for the request
 - For 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.

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

Reconsideration requests must be submitted within 180 days of the date of the original explanation of payment or denial for contracted providers.

Claim Disputes



Claim disputes are submitted when a provider disagrees with the outcome of their 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 at [ArkansasTotalCare.com](https://www.arkansasTotalCare.com). The form must be completed in its entirety.

Completed forms may be mailed to:

**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

T2028 Billing Changes



Effective **January 15, 2026**, in relation to Arkansas Total Care policy **CC.PP.009 Unlisted Procedure Codes**, invoices must be billed with code T2028 to be accepted. After January 15, claims for T2028 billed without the invoice may result in a denial.

Arkansas Total Care's clinical, payment, and pharmacy policies can be found on our website at [ArkansasTotalCare.com](https://www.ArkansasTotalCare.com).

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 Provider Secondary Identification	REF	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.	
		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

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.	
		REF01	Value = G2 (Provider Commercial Number)
		REF02	Length = 9 Value = Rendering Provider Secondary Identification (Medicaid Provider ID)

New Roster Notification



Arkansas Medicaid PASSE programs have been working with other carriers to streamline enrollment processes and 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 still must include:

- ▶ 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:

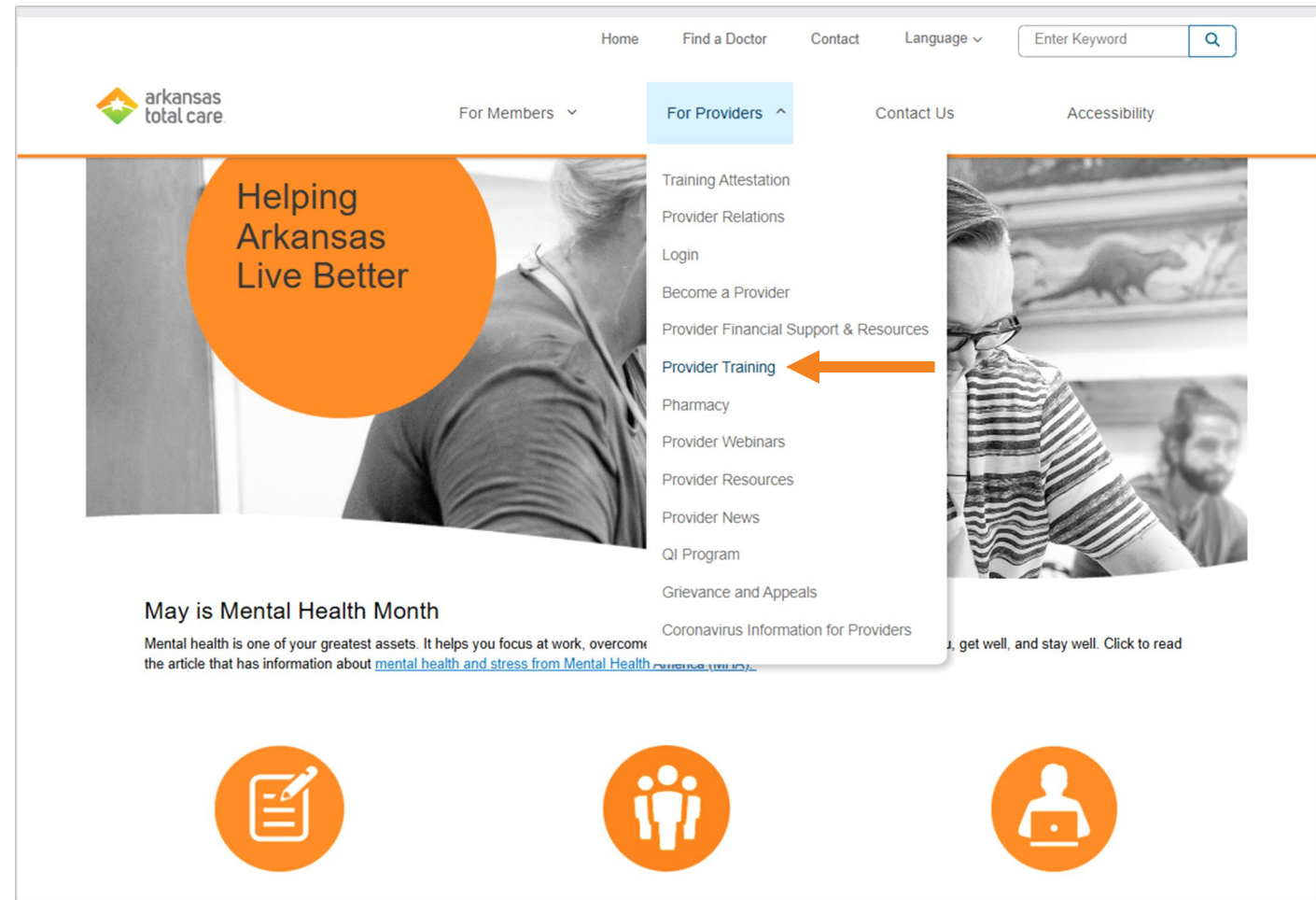
- ▶ Separate tabs for (a) Full Roster, (b) Adds, (c) Terms, (d) Updates, (e) Guidance, (f) Field Options
- ▶ Columns on the Full Roster tab that identify which products are covered by your contract
- ▶ Instructions on how to use each tab
- ▶ An outline of data elements on each tab, marked as “required”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

Provider Training

Provider Training



Self-led provider trainings are available at [ArkansasTotalCare.com](https://www.arkansasTotalCare.com). From the homepage, select the For Providers tab, then select Provider Training.



Cultural Competency Trainings



- ▶ This course allows providers to receive information on how to service members' healthcare needs in a culturally competent manner.
- ▶ Complete the Cultural Competency Training and submit your attestation on our website.

FOR MEMBERS ▼ FOR PROVIDERS ▼ CONTACT US

FOR PROVIDERS

- Cultural Competency Training Attestation
- Provider Relations
- Login
- Become a Provider +
- Provider Financial Support & Resources
- Provider Training -
- Web Wizard For Home And Community Based Service Providers
- Pharmacy +
- Provider Webinars
- Provider Resources +
- Provider News +
- QI Program +
- Grievance and Appeals
- 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

Share

Cultural Competency

Defined as the ability to work with and diverse cultures.

Fraud, Waste, & Abuse

Fraud, Waste, & 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.

FWA actions include but are not limited to:

- ▶ Remedial education and/or training to prevent 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 are:

- ▶ Unbundling of codes
- ▶ Up-coding services
- ▶ Add-on codes without primary CPT
- ▶ Use of exclusion codes
- ▶ Excessive use of units
- ▶ Diagnosis and/or procedure code not consistent with the member's age and/or gender
- ▶ 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!

- ▶ Verify your information 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.
- ▶ 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

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 are available at ArkansasTotalCare.com under Provider Resources.

▶ Arkansas Total Care: 1-833-249-2342

After normal business hours and on holidays, calls are directed to the plan's 24/7 Nurse Advice Line. Notification of authorization will be returned via phone, fax, or web portal.

► Access our virtual Pre-Auth Check tool online at [ArkansasTotalCare.com](https://www.arkansasTotalCare.com)

FOR PROVIDERS

- Cultural Competency Training Attestation
- Provider Relations
- Login
- Become a Provider
- Provider Financial Support & Resources
- Provider Training +
- Pharmacy +
- Provider Webinars
- Provider Resources -
- Clinical & Payment Policies
- Pre-Auth Check
- Coding Tip Sheets And Forms
- Provider News +
- QI Program +
- Grievance and Appeals
- Coronavirus Information for Providers +

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 [Envolv 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?		

Prior Authorization Updates



- ▶ Effective February 1, 2026: As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Arkansas Total Care wants to share some important updates to our PA requirements. A full list of code changes for Arkansas Total Care can be found on our Prior Authorization page.
- ▶ Changes include:
 - Removing PA requirements based on criticality of review and clinical need.
 - Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.
- ▶ If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement Representative or contact Arkansas Total Care's Provider Services team at Providers@ArkansasTotalCare.com.

Availity Essentials

Arkansas Total Care has a new platform for its Secure Provider Portal.

Benefits of Availity:

- ▶ Validate eligibility and benefits
- ▶ Submit Claims
- ▶ Check Claims 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 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

How to Contact Us

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
Engage Vision	1-844-280-6792 VisionBenefits.EngageHealth.com	N/A

Provider Services Call Center



First line of communication



Arkansas Total Care Provider Services Call Center

▶ 1-866-282-6280 (TTY: 711)

**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-issues
- ▶ Secure Provider Portal password reset

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)
- ▶ Providers@ArkansasTotalCare.com

Contracting and Credentialing

Contracting Department

- ▶ Submit regular contract inquiries and contract requests to ArkansasContracting@centene.com.

Credentialing Department

- ▶ Have a credentialing need? Email ArkCredentialing@centene.com.



Join Our Email List



Want to get the latest news and updates about Arkansas Total Care? Sign up for our email list at [ArkansasTotalCare.com](https://www.arkansastotalcare.com).

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"/>	

Submit

Login To Your Account

Access your secure provider information any time.

Login Now

Questions?

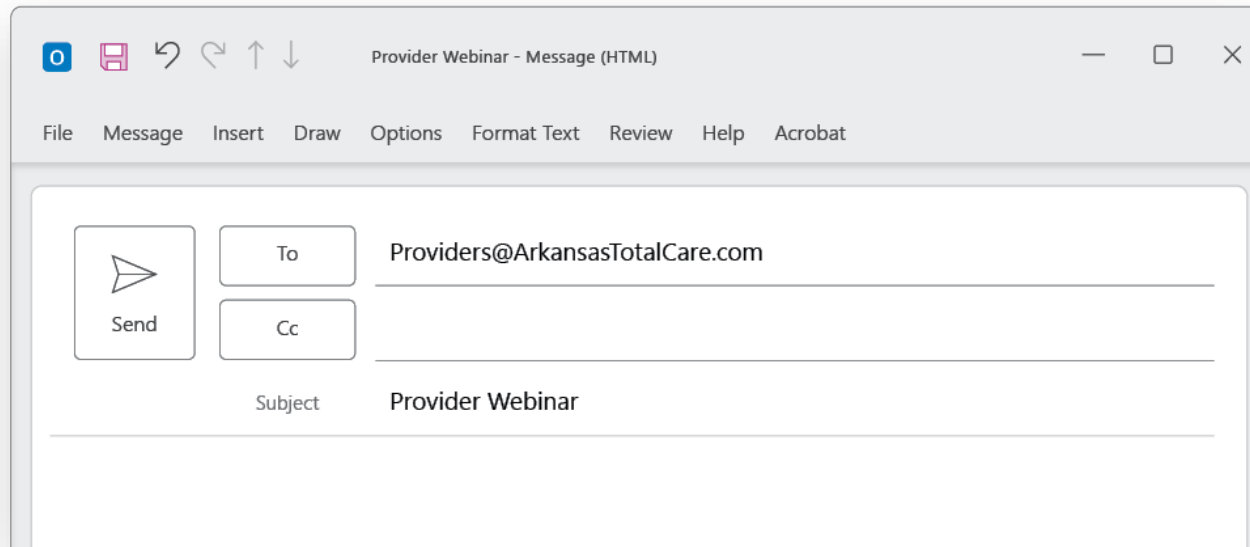


Please submit any questions by using the **Q&A feature in TEAMS**

OR



Send an email with **“Provider Webinar”**
in the subject line to **Providers@ArkansasTotalCare.com**



Provider Webinar - Message (HTML)

File Message Insert Draw Options Format Text Review Help Acrobat

Send

To Providers@ArkansasTotalCare.com

Cc

Subject Provider Webinar