



Q3 2026 Provider Webinar

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.
- ▶ All Current Procedural Terminology (CPT) are copyright 2026 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation (FARS/DFARS) restrictions apply to government use. The AMA assumes no liability for data contained or not contained herein.

Agenda



- ▶ Provider Newsletter Articles
- ▶ Clinical & Payment Policies
- ▶ Appointment Availability & Wait Times
- ▶ Reconsiderations or Disputes
- ▶ Arkansas Total Care Updates
- ▶ New Supportive Living Criteria Policy
- ▶ Arkansas Total Care Medicaid ID Requirement
- ▶ Roster Update
- ▶ Cultural Competency Trainings
- ▶ Provider Training
- ▶ Fraud, Waste, & Abuse
- ▶ Provider Demographic Accuracy
- ▶ Prior Authorizations
- ▶ Availability Essentials
- ▶ Secure 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.

The newsletters can be found by visiting:
ArkansasTotalCare.com/Providers

Home

Find a Doctor

Contact

Language ▾

Enter Keyword

Q

arkansas total care

For Members ▾ For Providers ▾ Contact Us

For Providers

Training Attestation

Provider Relations

Login

Become a Provider ▾

Provider Financial Support & Resources

Provider Training ▾

Pharmacy ▾

Provider Webinars

Provider Resources ▾

Provider News ▲

Provider Email Whitelist Notification

Workforce Stabilization Incentive Program Application

Provider News

October

[2027 GOLD CARD PROGRAM UPDATES](#)
10/02/26

No Excerpt Specified

September

[SEPTEMBER PROVIDER NOTIFICATION](#)
09/29/26

No Excerpt Specified

[SEPTEMBER PROVIDER NOTIFICATION](#)
09/22/26

[CQV/CCA WEBINARS](#)
09/09/26
Care Providers

No Excerpt Specified

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 and Payment Policy Updates



New Supportive Living Criteria Policy Effective August 1, 2026 - Delayed

Arkansas Total Care is delaying the implementation of changes to its Supportive Living Policy (Arkansas Total Care.CC.20) that were scheduled to take effect on August 1, 2026. We are currently reviewing the implementation timeline and will provide additional information regarding the revised effective date as soon as it becomes available. We appreciate your partnership and patience as we work to ensure a smooth transition.

Thank you for your continued partnership in helping Arkansas live better. If you have any questions or concerns, please contact us at 1-866-282-6280 (TTY: 711).

New Environmental Modifications Criteria Policy Effective September 1, 2026

Arkansas Total Care routinely implements and revises policies to ensure compliance with state and federal guidelines and align with current best practices. We are writing to inform you of a utilization management policy we are implementing effective September 01, 2026.

The Arkansas Total Care.CC.25 Waiver Environmental Modifications Criteria policy outlines Arkansas Total Care's allowances for criteria on which to review requests for environmental modification services for CES-Waiver members residing in the community. The environmental modification services policy supports the utilization management review process for the CES-Waiver benefits and management of service coverage and limitations as described in the current CES-Waiver and Arkansas Total Care Provider Waiver Services Manual.

It is the provider's responsibility to ensure 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.

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 and Wait Times Cont'd



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

Requests for Reconsideration or Claim 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.

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

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

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

New Supportive Living Criteria Policy Delayed



The Supportive Living Criteria policy supports the utilization management review process for the CES-Waiver benefits and management of service coverage and limitations as described in the current CES-Waiver and Arkansas Total Care Provider Waiver Services Manual.

It is the provider's responsibility to ensure that all information submitted is an accurate and current representation of the members' needs. Instances in which information is not current or accurate could lead to investigation of potential fraud, waste, or abuse.

New Environmental Modifications Criteria Policy



Effective September 1, 2026

Arkansas Total Care routinely implements and revises policies to ensure compliance with state and federal guidelines and align with current best practices.

The Arkansas Total Care.CC.25 Waiver Environmental Modifications Criteria policy outlines Arkansas Total Care's allowances for criteria on which to review requests for environmental modification services for CES-Waiver members residing in the community. The environmental modification services policy supports the utilization management review process for the CES-Waiver benefits and management of service coverage and limitations as described in the current CES-Waiver and Arkansas Total Care Provider Waiver Services Manual.

It is the provider's responsibility to ensure 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.

Prior Authorizations



Below is a table detailing upcoming changes to our prior authorization requirements. These changes are effective November 1, 2026.

Procedure Code	CPT® Code Description	New Rule
Physical Therapy:		
97110	Individual Therapeutic Exercise (billed per 15-minute unit)	First 12 visits no PA required
97150	Group Physical Therapy (billed per 15-minute unit)	First 12 visits no PA required
Occupational Therapy:		
97168	OT Reevaluation	PA required
97530	Therapeutic Activities/Individual OT (billed per 15-minute unit)	PA required
97150	Group Occupational Therapy	PA required
Speech Therapy:		
92524	Behavioral and Qualitative Analysis of Voice and Resonance	PA required
92507	Individual Speech/Language Therapy (billed per session)	PA required
92508	Group Speech/Language Therapy (billed per session)	PA required

Prior Authorizations cont'd:



Procedure Code	CPT® Code Description	New Rule
ABA Therapy:		
97151	Behavior Identification Assessment & Treatment Plan Development	PA required
97153	Adaptive Behavior Treatment by Behavioral Paraprofessional	PA required
97155	Adaptive Behavior Treatment Provided by BCBA/BCBA-D	PA required
97156	Family Adaptive Behavior Treatment Guidance	PA required

Prior Authorizations cont'd:



Procedure Code	CPT® Code Description	New Rule
Therapy Evaluation:		
97161	PT Evaluation — Low Complexity	PA not required
97162	PT Evaluation — Moderate Complexity	PA not required
97163	PT Evaluation — High Complexity	PA not required
97165	OT Evaluation — Low Complexity	PA not required
97166	OT Evaluation — Moderate Complexity	PA not required
97167	OT Evaluation — High Complexity	PA not required
92521	Evaluation of Speech Fluency	PA not required
92522	Evaluation of Speech Sound Production	PA not required
92523	Evaluation of Speech Sound Production With Language Comprehension	PA not required
92607	Evaluation for Prescription of Speech-Generating Device	PA not required
92608	Evaluation for Prescription of Speech-Generating Device	PA not required

Arkansas Medicaid ID Requirement

Arkansas Medicaid ID Requirement



Effective October 15, 2025, providers that meet the below criteria are 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)

Roster Notification

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.”

You can find the Roster template under our Become a provider tab on the Arkansas Total Care website for providers.

Cultural Competency Trainings

Cultural Competency Trainings



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

Cultural Competency Training Attestation



- ▶ Once you've completed a self-led training, be sure to complete the attestation form available at ArkansasTotalCare.com.

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
- ▶ 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
- ▶ 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!

- ▶ 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.

▶ 1-833-249-2342



Availity Essentials:

▶ <https://essentials.availity.com>

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 Provider Portal.

Arkansas Total Care Pre-auth Check Tool



For Providers

Training Attestation

Provider Relations

Login [↗](#)

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

Archived Policies

Provider News ▾

Pre-Auth Check

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.

[Arkansas Total Care Q4 Pharmacy Prior Authorization and Step-therapy Data \(CSV\)](#)
[Arkansas Total Care Q4 Prior Authorization Data \(CSV\)](#)
[Arkansas Total Care Q4 Clinical Policy History with Step-therapy and Exclusions Data \(CSV\)](#)

[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?	☐	☐

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.

A screenshot of the Arkansas Total Care Secure Provider Portal login page. The page has a blue header bar at the top. In the top right corner, there is a language selection dropdown menu showing "English" with a globe icon and a downward arrow. The main content area is white and features the Arkansas Total Care logo at the top center. Below the logo, the text "Login or Create Account" is displayed in a large, bold, black font. Underneath this, the instruction "Enter your email address to get started." is shown in a smaller black font. A form field labeled "Email Address *" is provided, consisting of a white input box with a thin grey border. Below the input box is a prominent blue button with the word "Continue" in white text. At the bottom of the page, there is a footer section with the text "single password" and "reliable security" flanking a circular icon containing a key, with "EntryKeyID" centered below them.

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
- ▶ Document attachment functionality for claim reconsideration submissions
- ▶ Care gap record upload capabilities to support documentation requirements
- ▶ Push notifications for reconsideration status updates
- ▶ A void and recoup option for claims already adjudicated by the health plan

Patient Overview – Document Resource Center



The Document Resource Center tab allows providers to upload and review documents for the member based on a document category. The document category and document type are pre-populated fields.

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

Provider Services Call Center



First line of communication:



Arkansas Total Care Provider Services Call Center

- ▶ 1-866-282-6280 (TTY: 711)
Monday–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 portal password reset

Second point of communication:



Email:

- ▶ Providers@ArkansasTotalCare.com
 - Related call reference number assigned by Provider Services
 - Provider's name, Tax ID (TIN), and NPI
 - Summary of issue
 - Claim numbers (if applicable)

Escalated concerns, policy and procedure clarification, training for new and existing providers, and Provider Outreach and Engagement activities

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.

For Members

For Providers

Contact Us

For Providers

Training Attestation

Provider Relations

Login

Become a Provider

Credentialing Forms

Provider Financial Support & Resources

Provider Training

Pharmacy

Provider Webinars

Provider Resources

Provider News

QI Program

Grievance and Appeals

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, fill out the form below.

As an 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

Practice Address Line Two

Practice City

Practice State

Practice Zip Code

45

Hours of Operation: 8 a.m.– 4:30 p.m. CT

Provider Contracting Email Address:

- ▶ ArkansasContracting@centene.com
Regular contracting inquiries and contract requests

Provider Credentialing Email:

▶ ArkCredentialing@centene.com

Join Our Email List Today



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

Receive current updates:

► Arkansas Total Care:
<https://www.ArkansasTotalCare.com/providers.html>

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

