



Well visits help keep children healthy

Arkansas Total Care encourages members to keep their children healthy with regular well-child visits. It is important for children to have these visits every year. The annual checkup can help ensure that children are healthy, developing normally and have an opportunity to receive any needed immunizations.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is Medicaid's preventive health program for members younger than 21. EPSDT includes periodic screening, vision, dental and hearing services.

The program aims to identify problems **early**, check in at **periodic**, age-appropriate intervals, provide **screening** to detect potential problems, perform **diagnostic** tests when a risk is identified and provide **treatment** for any health issues found.

Arkansas Total Care promotes adherence to the EPSDT periodicity schedule for members younger than 21. A comprehensive schedule of screenings is available from the American Academy of Pediatrics at aap.org/en-us/Documents/periodicity_schedule.pdf.

One of the screenings at well-child visits should be for lead poisoning. For children enrolled in Arkansas Total Care, federal law requires a blood lead level test at 12 and 24 months old. Children ages 3-5 must receive a blood lead test if they have not previously been tested for lead poisoning.

Who we are

Arkansas Total Care, along with our partners Mercy Health and LifeShare, have joined to become a Provider-Led Arkansas Shared Savings Entity (PASSE), providing services to individuals with Intellectual and/or Developmental Disabilities (IDD) or Behavioral Health (BH) needs in the state of Arkansas. Our newsletters provide insights to our best practices and clinical guidelines, company news, and the innovations we are taking to help Arkansas live better. In this issue you'll find information on claims tips and tricks, HEDIS topics, and how Care Coordination can assist your patients. We are proud to have your partnership as we work with our members to achieve their best health.

Teens need special care

Adolescence is a time of dramatic physical, mental, social and emotional changes. Regular well-care visits present an opportunity for providers to identify physical and mental health conditions, substance abuse disorders and high-risk behaviors.

As teens mature, they will need to switch from a pediatrician to an adult primary care provider. To ensure that there are no breaks in care, talk about this process with the child's parent or guardian. Members can get help finding a provider or making appointments by calling our Customer Service staff at 1-866-282-6280 (TTY: 711).



Screening for colon cancer

Early detection of cancer can greatly improve a person's chance of remission and recovery. Recently, the American Cancer Society (ACS) updated its colon cancer screening recommendations, advocating for individuals with average risk to be screened starting at age 45. This is five years earlier than the U.S. Preventive Services Task Force, which recommends individuals with average risk of developing colon cancer begin screenings at age 50. Providers can help ensure that members are being screened for colon cancer by reminding them to get this screening and communicating the importance of early detection.

HEDIS: Colorectal cancer screening

The HEDIS measure for colorectal cancer screening continues to assess the number of adults ages 50-75 who are screened. According to the HEDIS measure, screening options include:

- Annual fecal occult blood test
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- Computed tomography colonography every five years
- Stool DNA test every three years

Read more at [ncqa.org/hedis/measures/colorectal-cancer-screening](https://www.ncqa.org/hedis/measures/colorectal-cancer-screening).

HEDIS supports member health

Utilizing objective data to improve our services is one way that Arkansas Total Care provides quality care to our members. HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allows direct, objective comparison of quality across health plans. NCQA develops these measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS provides a standardized method for managed care organizations to collect, calculate and report information about their performance. This makes it easier for health plans to focus their improvement efforts. Some of the articles in this publication detail a few of the HEDIS guidelines and how providers can work with members to help them achieve their best health.

Cancer care for women

Cancer screenings are an important component of a woman's plan of care, and can greatly increase longevity. Breast cancer and cervical cancer screenings can help identify abnormalities early, giving members a better chance at detecting and addressing cancer before it spreads. Arkansas Total Care providers can help members detect cancer early by reminding and encouraging women to schedule these screenings. See below for guidelines on when women should be screened.

HEDIS for women's cancer care

Measure	Details
<p>Breast Cancer Screening</p> <p>One in 8 women will be diagnosed with breast cancer during their lifetime. The U.S. Preventive Services Task Force (USPSTF) recommends women begin biennial mammograms at age 50 but says women can begin screening at age 40, especially if they are at higher risk.</p>	<p>This measure assesses women ages 50-74 who had at least one mammogram to screen for breast cancer in the last two years. For 2018, NCQA added digital breast tomosynthesis to the list of acceptable tests for breast cancer screening.</p> <p>Read more at ncqa.org/hedis/measures/breast-cancer-screening.</p>
<p>Cervical Cancer Screening</p> <p>The American Cancer Society estimates that more than 13,000 women will be diagnosed with cervical cancer in 2018. Both the ACS and the USPSTF recommend regular Pap screenings to detect abnormal cells.</p>	<p>This measure assesses women ages 21-64 who had either a cervical cytology (Pap test) performed every three years or women ages 30-64 who had cervical cytology and human papillomavirus co-testing every five years.</p> <p>Read more at ncqa.org/hedis/measures/cervical-cancer-screening.</p>



Supporting members with Care Coordination

Arkansas Total Care works with members to manage their health needs. Each Arkansas Total Care member has a dedicated Care Coordinator to help manage their conditions, navigate benefits and find providers including behavioral health specialists. Our staff takes a comprehensive approach to member well-being and can provide resources like rides to their doctors' appointments as well as community resources like work and volunteer opportunities. To learn more about what a Care Coordinator can do to help a member reach their best health, visit [ArkansasTotalCare.com](https://www.arkansasTotalCare.com) or call 1-866-282-6280 (TTY/TDD: 711).

Be on the lookout for depression

According to the Agency for Healthcare Research and Quality (AHRQ), depression is among the leading causes of disability in those 15 years of age and older.

Screening tools vary, but AHRQ says providers may start with the PHQ-2, a two-question patient health questionnaire. If providers receive affirmative answers to the questions, they can follow up with the more detailed PHQ-9 or a different diagnostic tool.

Several HEDIS measures examine the diagnosis and treatment of depression:

- **Depression Screening and Follow-Up for Adolescents and Adults:** The percentage of members ages 12 and older who were screened for depression using a standardized tool and who, if screen positive, received follow-up care.
- **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis of depression who had an outpatient encounter that resulted in a PHQ-9 score in their record.
- **Depression Remission or Response for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis for depression and an elevated PHQ-9 score who had evidence of response or remission within four to eight months after the initial elevated PHQ-9 score.

Additional HEDIS measures examine treatment standards, including care after a hospitalization for a mental health issue, and antidepressant medication management.

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, Arkansas Total Care has resources to help. You can learn more about our behavioral health services at [ArkansasTotalCare.com](https://www.arkansasTotalCare.com). For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call 1-866-282-6280 (TTY: 711).



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Claims tips and tricks

The fastest and easiest way to submit claims is through our secure provider portal. In

addition to submitting claims through the portal, you have the option to:

- Check member eligibility
- Submit prior authorization requests
- Adjust claims without having to resubmit them

Visit our website **ArkansasTotalCare.com** and click the "For Providers" tab at the top of the page to access the secure provider portal.

HOW TO SUBMIT CLAIMS

To submit **Medical claims:**

Mail paper claims to:

Arkansas Total Care

Attn: Claims

P.O. Box 8020

Farmington, MO 63640-5050

To submit medical claims electronically, use EDI
Payer ID 68069

To submit **Vision claims:**

Mail paper claims to:

Envolve Benefit Options

P.O. Box 7548

Rocky Mount, NC 72804

To submit vision claims electronically, use
Change Healthcare *Payer ID #56190*

Initial claims should be submitted **365 days from the date of service** if Arkansas Total Care is the primary payer. If Arkansas Total Care is the secondary payer, claims should be submitted 365 days from the primary payment date.

Reconsiderations/Disputes – Corrected claims, requests for reconsideration and claim disputes must be submitted 180 days from the date of explanation of payment or denial is issued.

Common causes for claim rejection include:

- Black-and-white claim forms
- Handwritten claims
- ID numbers that do not match member data
- Misaligned data on paper claims
- Mismatched Member ID/date of birth combination
- Missing NPI
- Missing appropriate modifiers for certain services (i.e., anesthesia, therapy, DME)
- Missing or invalid data

Your role

Providers play a central role in promoting the health of our members.

To help Arkansas Total Care process authorization requests accurately and efficiently, please submit sufficient medical information. Submitting insufficient medical records can cause processing delays and increase the risk for denials.

You and your staff can also help facilitate HEDIS process improvement. Be sure to provide appropriate care within designated time frames, document all care in patient medical records, accurately code all claims and respond to our requests for medical records within five to seven days.

Questions? Contact Arkansas Total Care Provider Services at **1-866-282-6280 (TTY: 711)**.



Helping teens transition to adult care

Arkansas Total Care has resources to help teens find adult providers as they age out of pediatric care.

The American Academy of Pediatrics recommends a transition to an adult care provider between ages 18 and 21, considering each case individually and including discussion with the patient and his or her caregivers.

The National Alliance to Advance Adolescent Health (NAAAH) says the process can begin as early as age 12, when patients and their families can be informed of the transition policy. Transition planning can begin at age 14 and can continue with readiness assessments until the transition takes place between ages 18 and 21.

We encourage your staff to contact Arkansas Total Care for help shifting a patient to a new physician, if needed. You can also find tip sheets and clinical resources at **gottransition.org**, an NAAAH program.



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