



3<sup>rd</sup> Quarter Provider Webinar  
September 11<sup>th</sup>, 2019

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# Housekeeping

- Please mute your phone.
- Please do not put this call on hold- we will hear your lovely hold music.
- **Please hold all questions until the end of the presentation.**

# Disclaimer

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# Join Our Email List Today

- Receive current updates:
  - Arkansas Total Care:
    - ✓ <https://www.arkansastotalcare.com/providers.html>

## For Providers

The best support is close to home. That's why Arkansas Total Care operates from your neighborhood. We partner with local services and providers. Our team brings over 20 years of healthcare experience. We look forward to continuing that dedication.

Every individual should live with respect and dignity. We will help our members to maximize their independence. We will also help and maintain members quality of life in their chosen setting.

If you are interested in joining us as a provider, please visit our [Become a Provider](#) page.

Arkansas Total Care provides the tools and support you need to deliver the best quality of care. Please view our listing on the left that covers forms, guidelines and helpful links.

Interested in getting the latest alerts from Arkansas Total Care? Fill out the form below and we'll add you to our email subscription.

<i>Name *</i>	<i>Position Title *</i>
<input type="text"/>	<input type="text"/>
<i>Email *</i>	
<input type="text"/>	
<i>Phone Number *</i>	
<input type="text"/>	
<i>Group Name *</i>	
<input type="text"/>	
<i>Group NPI</i>	
<input type="text"/>	
<i>Tax ID</i>	
<input type="text"/>	
<input type="submit" value="Submit"/>	

## Login To Your Account

Access your secure provider information any time.

# Agenda

- Introductions
- PASSE covered services
- Provider Updates
- Prior Authorization
- Claim Updates
- Secure Provider Portal Updates
- Waiver Services Updates
- Engolve Vision
- Important Reminders and Tips
- Contact Information

# Provider Relation Representatives Western Region



**Kari Murphy**  
KAMURPHY@centene.com

Northwest Arkansas: Benton, Carroll, Crawford, Franklin, Johnson, Madison, Pope, Sebastian, Washington



**Tanya Brooks**  
Tanya.Y.Brooks@centene.com

Southwest Arkansas: Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Logan, Miller, Montgomery, Nevada, Ouachita, Perry, Pike, Polk, Saline, Scott, Sevier, Union, Yell

# Provider Relation Representatives

## Central Region



**Meghan Hunt**  
Meghan.E.Hunt@centene.com

North Central Arkansas: Baxter, Boone, Cleburne, Conway, Faulkner, Fulton, Izard, Marion, Newton, Searcy, Stone, Van Buren



**Valinda Perkins**  
VPERKINS@centene.com

South Central Arkansas: Pulaski

# Provider Relation Representatives Eastern Region



**Christopher Ishmael**

Christopher.L.Ishmael@centene.com

Northeast Arkansas: Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Mississippi, Monroe, Poinsett, Randolph, Sharp, St Francis, White, Woodruff



**Patrice Eackles**

Patrice.A.Eackles@centene.com

Southeast Arkansas: Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, Lee Lincoln, Lonoke, Phillips, Prairie, Pulaski

# Where to Find Us

- FOR MEMBERS
- FOR PROVIDERS
- CONTACT US

## FOR PROVIDERS

- Login
- Become a Provider
- Pharmacy
- Provider Webinars
- Provider Resources +
- Provider News
- Grievance and Appeals
- QI Program +
- Provider Relations**

## Provider Relations

### Arkansas Health & Wellness Provider Relations Associate Territories



Christopher Ishmael



Kari Murphy



Meghan Hunt



Patrice Eackles



Tanya Brooks



Valinda Perkins



CHRISTOPHER ISHMAEL +

KARI MURPHY +

MEGHAN HUNT +

PATRICE EACKLES\* +

TANYA BROOKS +

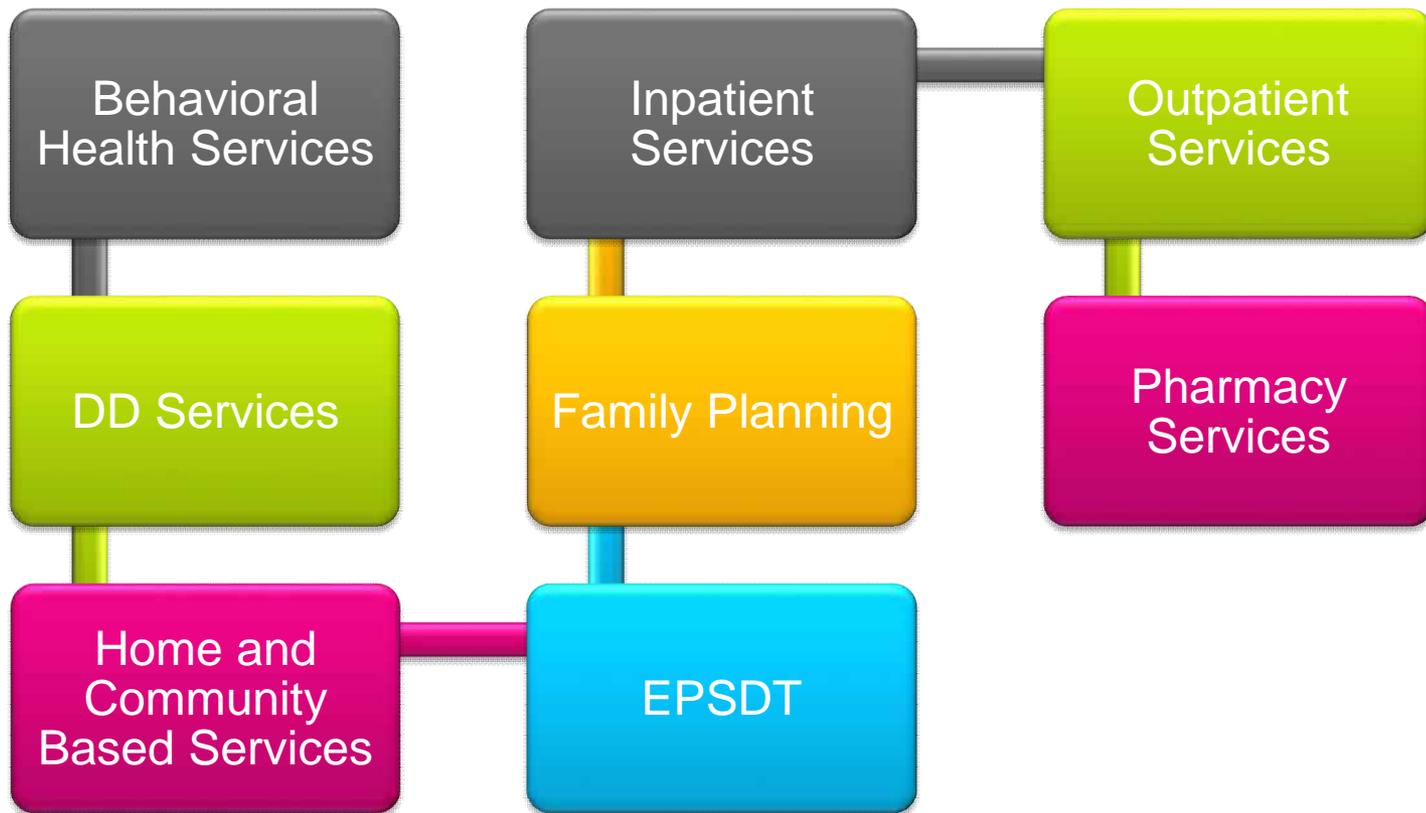
VALINDA PERKINS +



# PASSE Covered Services

# Covered Services

- The PASSE is required to ensure that a member has access to all services covered under the Medicaid state plan, as well as under Section 1915(i) and CES waiver services



# Covered CES and HCBS Waiver Services



1915 (c) CES Waiver Services	1915 (i) HCBS Services
Supportive Living	Adult Rehabilitation Day Services
Respite	Behavior Assistance
Supported Employment	Peer Supports
Adaptive Equipment	Family Support Partners
Environmental Modification	Supportive Life Skills Development
Specialized Medical Supplies	Child and Youth Support Services
Supplemental Support Device	Supportive Employment
Consultation Services	Partial Hospitalization
Crisis Intervention Services	Mobile Crisis Intervention
Community Transition Services	Therapeutic Communities
	Therapeutic Host Homes
	Residential Community Reintegration
	Planned and Emergency

# Excluded Services

- The PASSE is not responsible for the services below:
  - Nonemergency Medical Transportation (NET)
  - Dental benefits in a capitated program
  - School-based services provided by school employees
  - Skilled nursing facility services
  - Assisted living facility services
  - Human development center services
  - Waiver services provided to the elderly and adults with physical disabilities through the ARChoices in Homecare program of the Arkansas Independent Choices program



# Provider Updates

# Provider Responsibilities

- Provider must comply with the following items:
  - Be enrolled as a qualified Arkansas Medicaid provider
  - Comply with all credentialing and re-credentialing requirements
  - Work with the member's Care Coordinator to facilitate care
  - Follow all state and federal laws and regulations related to patient care and rights
  - Participate in ARTC data collection initiatives, such as HEDIS and other contractual or regulatory programs, and allow use of provider performance data
  - Disclose overpayments or improper payments to ARTC
  - Inform members of their rights and responsibilities
  - Attend Provider Educations events hosted by ARTC
- This is not an all inclusive listing. A complete listing of responsibilities can be found in the ARTC Provider Manual.

# Credentialing

- Providers have been notified by letter if a credentialing application is needed before 12/31/19
  - **Providers can/should begin submitting applications now so you aren't overwhelmed with them all at once.**
- Credentialing forms can be found on our website at <https://www.arkansastotalcare.com/providers/resources.html> :
  - Credentialing Atypical Provider Application (PDF)
  - Allied and Advance Practice Nurse Credentialing Application (PDF)
  - Medical Doctor or Doctor of Osteopathy Credentialing Application (PDF)

# Credentialing– FAQ 1

If a provider is currently credentialed through Arkansas Medicaid, will the provider be required to credential under Arkansas Total Care?

**Yes**

The provider will need to be credentialed under Arkansas Total Care.

# Credentialing – FAQ 2

If a provider is currently credentialed under Arkansas Health and Wellness (Ambetter and Allwell), will the provider be required to credential under ARTC?

**No**

**If the provider is credentialed for Ambetter or Allwell, the credentialing would cover all lines of business.**



# Prior Authorization



All new requests for services (for new or existing members) should be checked using our **Pre-Auth Check Tool** on the website to quickly determine if a service requires prior authorization.

**Please visit [ArkansasTotalCare.com](https://www.arkansastotalcare.com)**

under For Provider, Provider Resources tab, Pre-Auth Check

## Submit Prior Authorization

*After you determine if a service requires authorization, submit via one of the following ways:*



### SECURE WEB PORTAL

PROVIDER.ARKANSASTOTALCARE.COM



### PHONE

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

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 phone, fax, or web.



### FAX

1-833-249-2342

ARTC19-H-109

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# Pre-Auth Check Tool

- Pre-Auth Needed Tool- Check to see if a service needs a Prior Authorization
- You will need to answer 6 questions with the radio buttons before the box to enter your code will appear
- Once your code is entered, you will see a green N for no auth required, a red Y for auth required, or a blue C for conditional.

FOR PROVIDERS

- Login
- Become a Provider
- Pharmacy
- Provider Webinars
- Provider Resources
- Clinical & Payment Policies
- Pre-Auth Check**
- Provider News
- Grievance and Appeals
- QI Program

## 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, 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

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?	<input type="radio"/>	<input type="radio"/>
Are anesthesia services being rendered for pain management?	<input type="radio"/>	<input type="radio"/>
Are oral surgeon services being rendered in the office?	<input type="radio"/>	<input type="radio"/>
Are chiropractic services being rendered?	<input type="radio"/>	<input type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	<input type="radio"/>	<input type="radio"/>
Are hospice services being provided?	<input type="radio"/>	<input type="radio"/>

Enter the code of the service you would like to check:

99213

**99213** - OFFICE/OUTPATIENT VISIT EST  
Pre-authorization required for non-participating providers only.

To submit a prior authorization [Login Here](#).

# Do You Need a Prior Authorization as of 9/1/19?



## Inpatient Services

Acute Facility	YES - PA Needed
Residential Treatment Facility	YES - PA Needed
Intermediate Care Facility	YES - PA Needed

## Outpatient & Prescription Services

IDD Waiver services with existing authorizations from AR Medicaid (end dates are extended to 12/31/2019)	NO - PA Not Needed
All other outpatient services & prescriptions with existing authorizations from AR Medicaid (end dates are extended to 8/31/2019)	NO - PA Not Needed <b>YES – Beginning 9/1/19</b>
All new services & prescriptions that are not included in an existing authorizations from AR Medicaid	YES - PA Needed
Non-waiver authorized services that member will exhaust prior to 9/1/2019	YES - PA Needed

# Existing Authorizations from AR Medicaid

- Effective 9/1/19, all existing AR Medicaid authorizations expired:
  - Providers need to request a Prior Authorization
- There is no limitation on the number of days a provider can request an outpatient authorization in advance of services performed
- Behavioral Health outpatient authorizations can be requested up to 21 days in advance

SEPTEMBER 2019						
SUN	MON	TUE	WED	THU	FRI	SAT
1 	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

# Prior Authorization Turnaround Timeframes

Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices.

All out-of-network providers will be required to request a prior authorization for services performed starting 9/1/2019.

## TURNAROUND TIME\* FOR AUTHORIZATIONS

Urgent review	1 Business Day
Non-urgent review	2 Business Days
Prescription	24 Hours

\*Turnaround time is based on receipt of all necessary information

# Inpatient Scenario

- Member gets admitted to the hospital on a **Friday** and remains in the hospital until the following Thursday:
  1. You must obtain authorization no later than close of business **Tuesday**:
    - a. Notification can be sent in on Monday, but the completed authorization **MUST** be received by Arkansas Total Care on Tuesday
    - b. Authorization should include all clinical information available to support medical necessity (i.e. History and Physical, x-ray reports, labs, doctor's progress notes including Plan of Care)
  2. ARTC will make a decision within 1 business day of the completed authorization and will provide you notification **no later** than 2 business days

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## FOR PROVIDERS

QI Program



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Provider Resources



Clinical & Payment Policies

Pre-Auth Check

Provider News

Grievance and Appeals

## Provider Resources

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

### Reference Materials

- [2019 Provider Manual \(PDF\)](#)
- [Quick Reference Guide \(PDF\)](#)
- [Payspan \(PDF\)](#)
- [Secure Portal \(PDF\)](#)
- [Provider Education Member ID Card \(PDF\)](#)
- [How to Check Eligibility \(PDF\)](#)
- [ICF Billing Instructions \(PDF\)](#)
- [Incident Report \(PDF\)](#)

### Medical Management

- [Pre-Auth Needed?](#)
- [Prior Authorization 2019 Guidelines \(PDF\)](#)
- [How To Secure Prior Authorization \(PDF\)](#)
- [How To Submit Prior Authorization \(PDF\)](#)
- [Inpatient Prior Authorization Fax Form \(PDF\)](#)
- [Outpatient Prior Authorization Fax Form \(PDF\)](#)



# New Behavioral Health Policies

- Effective 9/1/19, most Behavioral (BH) codes require a Prior Authorization
- There are standard date spans authorized for different levels of care:
  - Intensive Outpatient (IOP) – services are typically authorized for 2-3 weeks at a time
  - Community-Based Services (CBS) – are typically authorized for 3 months at a time
- Behavioral Health Outpatient (BHOP) – no authorization is required\*
- Prior Authorization requirements for all codes can be verified on our Pre-Auth Check Tool located at [www.ArkansasTotalCare.com](http://www.ArkansasTotalCare.com) under Provider

\*new change from last ARTC presentation

# Behavioral Health Codes

- Codes described in the Initial Benefits Package either do not require Prior Authorizations or only require Authorization beyond the standard intensity (outlined below):

Code	Procedure	Benefits Allowed without Prior-Auth
90832, 90834, 90837, 90846, 90847, 90849, 90853, H2027	BHOP	No Prior Auth Required Unit = 1 Visit
90792	Psychiatric diagnostic evaluation with medical services(MH/SA)	1 unit/6 months; 2/ rolling year Unit = 1 Visit
90791	Psychiatric diagnostic evaluation	1 unit/6 months; 2/ rolling year Unit = 1 Visit
90887	Interpretation or explanation of results of psychiatric, other medical examinations	1 unit/6 months; 2/ rolling year Unit = 1 Visit
H0001	Alcohol and / or drug assessment	1 unit/6 months; 2/ rolling year Unit = 1 Visit
90885	Treatment Plan	2 units/6 months; 4 units/year Unit = 30 Minutes
H2011	Crisis intervention service, per 15 minutes	72 units/year Unit = 15 Minutes
H0034	Medication training and support	No Prior Auth required Unit = 15 Minutes
99212, 99213, 99214	Office evaluation and management	No Prior Auth required Unit = 1 Visit
96136, 96137, 97151, 97152, 97153, 97155, 97154, 97158, 97156	ABA Therapy	No Prior Auth required Unit = 15 or 30 Minutes

## Physical Therapy, Occupational Therapy and Speech Therapy Authorization Guidelines – Effective 9/1/19 - **\*UPDATED\***

- No Prior Authorization required for PT/OT/ST services whether rehabilitative or habilitative services
  - Most members should receive no more than 90 minutes of services (PT/OT/ST) by discipline per week.
  - ARTC will review providers who appear to be outliers in performance against this standard.
  - Therapy benefits are covered based on medical necessity which should be documented in internal records.
- ABA therapy is available to all members according to medical necessity and requires no prior authorization.

# Prior Auth – FAQ 1

If a member is currently receiving Physical Therapy with an initial start date prior to 9/1/19, and therapy is continuing beyond the 9/1/19 date, will an authorization be required for the member's remaining visits?

**NO**

# Prior Auth – FAQ 2

What can a provider do when they disagree with the determination of a Prior Authorization request?

A provider should file an Appeal

# Prior Auth – FAQ 3

If a member received therapy from more than one location/provider, is the 90 minute limit an accumulative total from both locations?

Members can receive up to 90 minutes of therapy per therapy disciplines per week. Therefore, if they are receiving Speech Therapy from 2 locations, the combined total cannot exceed 90 minutes per week

# Prior Auth – FAQ 4

Can a non-par provider see an ARTC member?

**Conditional. Non-par providers must receive a prior authorization before providing any services to an ARTC member. Authorizations will be approved on a case by case basis.**



# Claim Updates

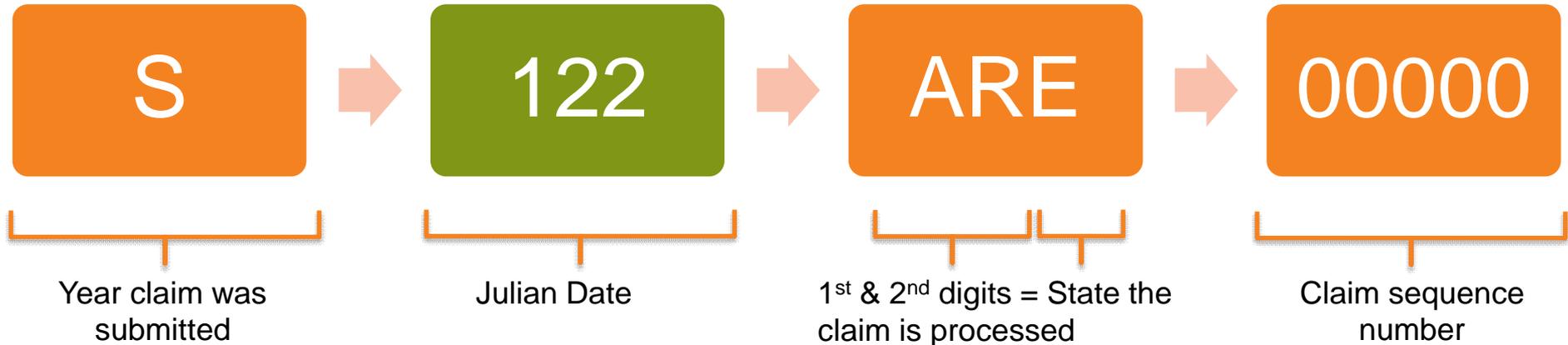
# Clean vs. Non-Clean Claim

- **Clean Claim Definition:**
  - A clean claim means a claim received by ARTC for adjudication, in a nationally accepted format in compliance with standard coding guidelines and which requires no further information, adjustment, or alteration by the provider of the services in order to be processed and paid by ARTC
- **Unclean Claim Definition:**
  - Unclean claims are submitted claims that require further documentation or development beyond the information contained therein
  - The errors or omissions in claims result in the request for additional information from the provider or other external sources to resolve or correct data omitted from the bill; review of additional medical records; or the need for other information necessary to resolve discrepancies
  - In addition, unclean claims may involve issues regarding medical necessity and include claims not submitted within the filing deadlines
- **Reference:**
  - Payment Policy: Clean Claims CC.PP.021
    - ✓ <https://www.arkansastotalcare.com/content/dam/centene/policies/payment-policies/CC.PP.021.pdf>

# Rejected and Denials

- Rejection:
  - A rejection is defined as an unclean claim that contains invalid or missing data elements required for acceptance of the claim into the claim processing system. These should be corrected and resubmitted as a first time claim.
- Denial:
  - A denial is defined as a claim that has passed minimum edits and is entered into the system for processing, but has been billed with invalid or inappropriate information causing the claim to deny. An EOP (Explanation of Payment) will be sent including the denial reason. These should be corrected and resubmitted as a corrected claim.

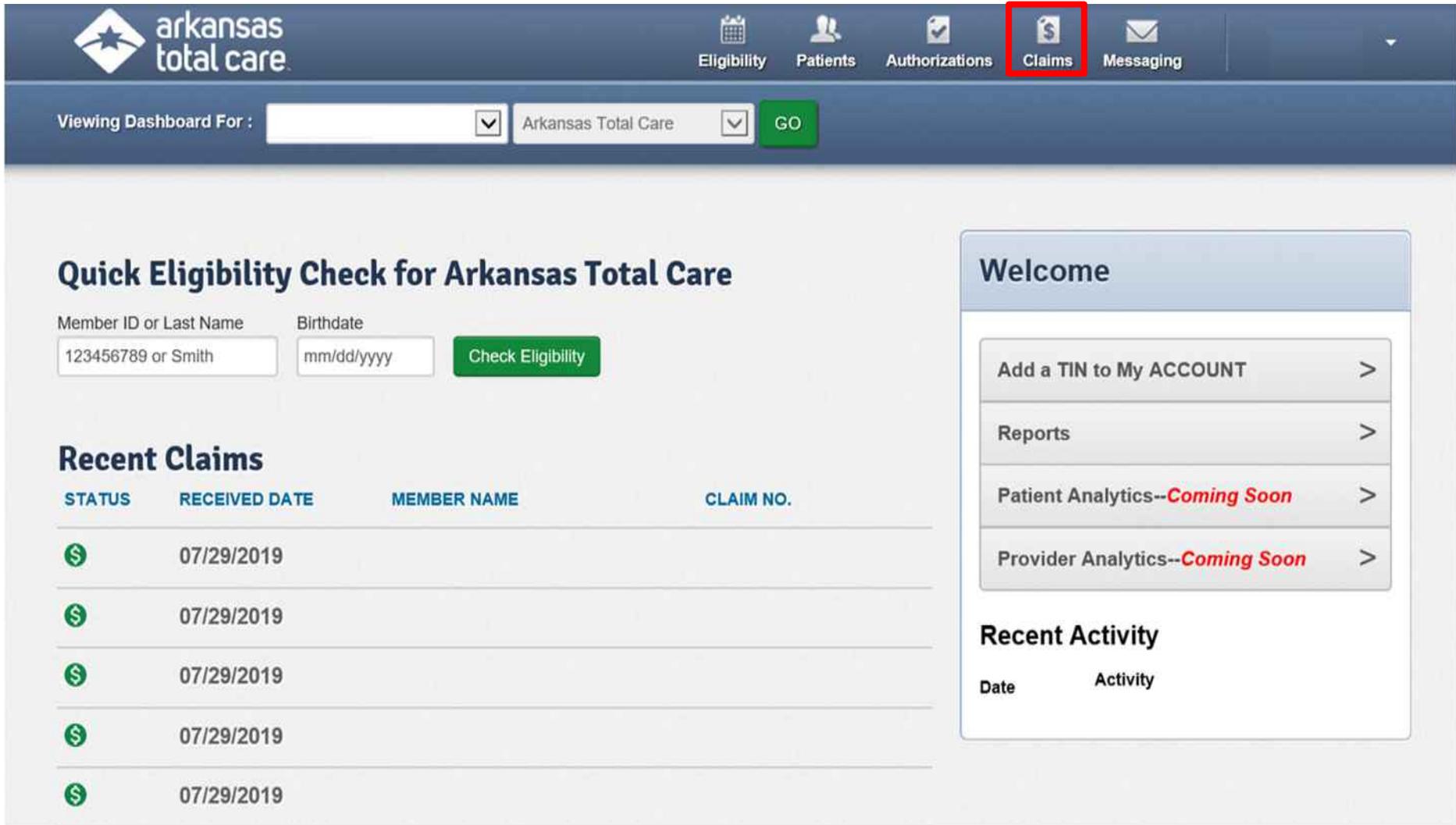
# Characteristics of a Claim Number



	Year		Year
A	2001	N	2014
B	2002	O	2015
C	2003	P	2016
D	2004	Q	2017
E	2005	R	2018
F	2006	S	2019
G	2007	T	
H	2008	U	
I	2009	V	
J	2010	W	
K	2011	X	
L	2012	Y	
M	2013	Z	

3<sup>rd</sup> digit = Method of submission  
**E** = EDI Submission  
**P** = Paper Submission  
**R** = Paper Submission with HIPAA or Upfront Rejection  
**C** = Paper Submitted Correspondence

# Secure Provider Portal Claim Submission – Preferred Method



arkansas total care

Eligibility Patients Authorizations **Claims** Messaging

Viewing Dashboard For :  Arkansas Total Care

### Quick Eligibility Check for Arkansas Total Care

Member ID or Last Name:  Birthdate:

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
\$	07/29/2019		
\$	07/29/2019		
\$	07/29/2019		
\$	07/29/2019		
\$	07/29/2019		

### Welcome

- Add a TIN to My ACCOUNT >
- Reports >
- Patient Analytics--*Coming Soon* >
- Provider Analytics--*Coming Soon* >

### Recent Activity

Date	Activity
------	----------

# Electronic Clearinghouse Claim Submission

- If a provider uses EDI software but is not setup with a clearinghouse, they must bill ARTC via paper claims or through our website until the provider has established a relationship with a clearinghouse listed on our website
- ARTC EDI Payor ID 68069



- EDI Help desk: 1-800-225-2573, ext. 6075525 or EDIBA@CENTENE.COM
- Acceptance of COB
- 24/7 Submission
- 24/7 Status

**For a complete listing of approved EDI clearinghouse partners, please refer to [www.ArkansasTotalCare.com](http://www.ArkansasTotalCare.com)**

# Paper Claim Submission Reminder

- Please remember to include your AR Medicaid Provider ID on your claims submission
- To submit Medical claims:

Mail paper claims to:

*Arkansas Total Care*

*Attn: Claims*

*PO Box 8020*

*Farmington, MO 63640-8020*

# Claim Form Requirements

- Information submitted on provider's claim must be current and match the state active Provider File:
  - Provider name must match what is noted on the current W-9 form
  - National Provider Identifier (NPI)
    - ✓ Atypical providers are not required to have a NPI and will need to use their Medicaid ID
  - Medicaid Identification Number
  - Tax Identification Number (TIN)
  - Taxonomy code
  - Physical location address
  - Billing name and address



# EFT - Payspan

## Electronic Funds Transfer

### Payspan A Faster, Easier Way to Get Paid



Arkansas Total Care offers Payspan, a free solution that helps providers transition into electronic payments and automatic reconciliation.



**Improve cash flow**  
by getting payments faster



**Settle claims electronically**  
through Electronic Fund  
Transfers (EFTs) and Electronic  
Remittance Advices (ERAs)



**Maintain control over  
bank accounts**  
by routing EFTs to the bank  
account(s) of your choice



**Match payments to  
advices quickly**  
and easily re-associate  
payments with claims



**Manage multiple payers,**  
including any payers that are  
using Payspan to settle claims



**Eliminate re-keying of  
remittance data**  
by choosing how you want to  
receive remittance details



**Create custom reports**  
including ACH summary reports,  
monthly summary reports, and  
payment reports sorted by date

SET UP YOUR  
**PAYSPAN**  
**ACCOUNT**  
.....TODAY.....

Visit [Payspanhealth.com](https://payspanhealth.com) and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

# Claim Payment TAT



## Arkansas Total Care Claims Payment Tool

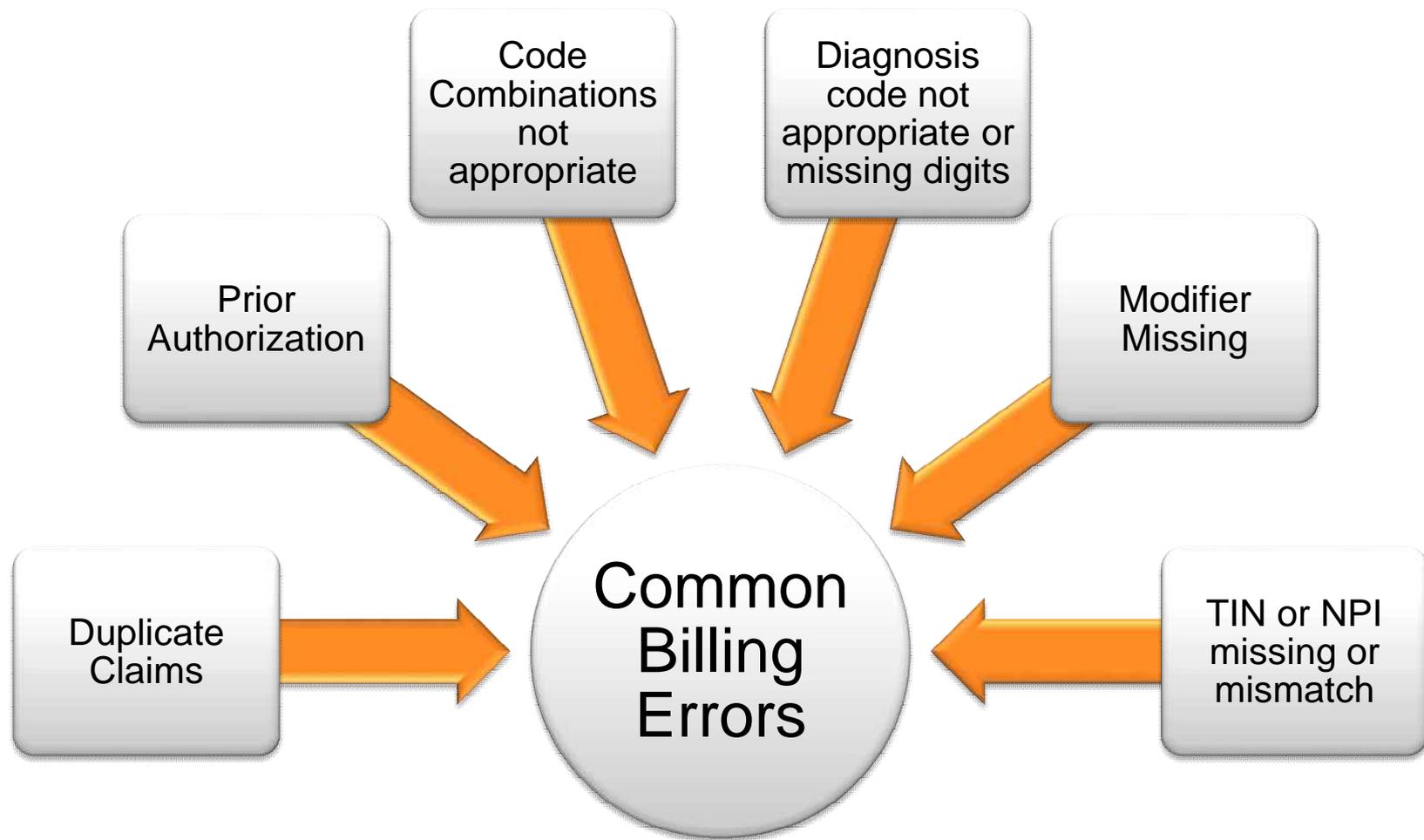
FOR CLEAN  
CLAIMS ONLY

\* Must be received in-house by 5:00 p.m. | \*\*Must be payable by 5:00 a.m. on the previous day

*Received Day	**Pay Day	Turnaround Time	Example Received Date	Example Paid Date
Sunday	Following Friday	5 day turnaround	3/24/2019	3/29/2019
Monday	Following Friday	4 day turnaround	3/25/2019	3/29/2019
Tuesday	Following Tuesday	7 day turnaround	3/26/2019	4/2/2019
Wednesday	Following Tuesday	6 day turnaround	3/27/2019	4/2/2019
Thursday	Following Tuesday	5 day turnaround	3/28/2019	4/2/2019
Friday	Following Tuesday	4 day turnaround	3/29/2019	4/2/2019
Saturday	Following Wednesday	4 day turnaround	3/30/2019	4/3/2019

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# Common Billing Errors



For a complete list of common billing errors refer to the provider manual

# Common Billing Errors - Explanation



- **Duplicate claims:** Wait until a claim has adjudicated before submitting another claim
- **Prior Authorization(s):** Obtain the necessary approval prior to providing service(s)
  - Make sure the correct prior authorization number is entered on the claim
- **Code Combination not appropriate:** Refer to NCCI edits
- **Diagnosis code(s) not appropriate or missing digits:** Make sure services are coded to highest level of specificity
- **Modifier Missing:** Utilize the appropriate modifier when applicable
- **TIN or NPI missing or mismatch:** Make sure you are a registered provider with Arkansas Medicaid and enter your Medicaid ID on your claim
  - Verify you are in network

# Timely Filing Guidelines – Effective 9/1/19



Initial Claims	Reconsideration or Claim Dispute/Appeals	Coordination of Benefits
Calendar Days	Calendar Days	Calendar Days
Par 365 days	Par 180 days	Par 180 days

- Effective 9/1/19 Non Par providers must have a prior authorization before providing services to a member.
- Please include Provider Medicaid ID on all claims submission. Provider Medicaid ID is required for Atypical providers but is also preferred for all providers.
- Initial Claims: Days are calculated from the Date of Service to the date received by the health plan. For observation and inpatient stays, the date is calculated from the date of discharge

# Corrected Claim, Reconsideration and Claim Dispute



All Requests for corrected claims, reconsiderations or claim disputes must be received within **180 days** of the original Plan notification (ie. EOP).

Original Plan determination will be upheld for requests received outside of the **180 day** timeframe, unless justification is provided to the Plan to consider

## Corrected Claims

- Submit via Secure Web Portal
- Submit via an EDI Clearinghouse
  
- Submit via paper claim:
  - **Arkansas Total Care**
  - **Attn: Corrected Claims**
  - **PO BOX 8020**
  - **Farmington, MO 63640-8020**
  - **(Include original EOP)**

## Reconsideration

- Written communication (i.e. letter) outlining disagreement of claim determination
- Indicate "Reconsideration of (original claim number)
- Include Medical Records when applicable.
- Submit reconsider to:
  - **Arkansas Total Care**
  - **Attn: Reconsideration**
  - **PO BOX 8020**
  - **Farmington, MO 63640-8020**
  
- **Medical records may be necessary**

## Claim Dispute

- **ONLY** used when disputing determination of Reconsideration request
- Must complete Claim Dispute form located on **ArkansasTotalCare.com**
- Include original request for reconsideration letter and the Plan response
- Include Medical Records when applicable.
- Send Claim Dispute form and supporting documentation to:
  - **Arkansas Total Care**
  - **Attn: Claim Dispute**
  - **PO BOX 8020**
  - **Farmington, MO 63640-8020**
  
- **Medical records may be necessary**

# Eligibility - Member ID Card

**SAMPLE CARD FRONT**

**Product Name** → arkansas total care

**PASSE Logo** → PASSE An Arkansas Medical Program

**Member Information** → NAME: <JANE DOE>  
MEMBER ID#: XXXXXXXXXX

**Pharmacy Information** → RX: ENVOLVE PHARMACY SOLUTIONS  
1-800-460-8988  
RXBIN: 004336  
RXPCN: MCAIDADV  
RXGRP: RX5476  
PHARMACY HELP DESK: 1-855-266-2596

**24/7 Nurse Advice Line Information** → If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Arkansas Total Care's 24/7 nurse advice line at 1-866-282-6280.

**SAMPLE CARD BACK**

**Important Contact Information** → **IMPORTANT CONTACT INFORMATION:** Member Services: 1-866-282-6280  
TTY/TDD: 711, 24/7 Nurse Advice Line: 1-866-282-6280, Vision: 1-844-280-6792

**Medical Claims Address** → **MEDICAL CLAIMS:**  
EDI Payer for Medical Claims 68069  
Arkansas Total Care  
Attr: Claims  
P.O. Box 8020  
Farmington, MO 63640

**Vision Claims Address** → **VISION CLAIMS:**  
EDI Payer for Vision Claims 56190  
Envolve Benefit Options  
Attr: Claims  
PO Box 7548  
Rocky Mount, NC 27804

**Provider Services Information** → **PROVIDERS:**  
Provider Services: 1-866-282-6280  
IVR Eligibility Inquiry - Prior Auth:  
1-866-282-6280  
Vision: 1-844-280-6792

EDI/EFT/ERA please visit Provider Resources at [ArkansasTotalCare.com](http://ArkansasTotalCare.com)

# Clinical and Payment Policies



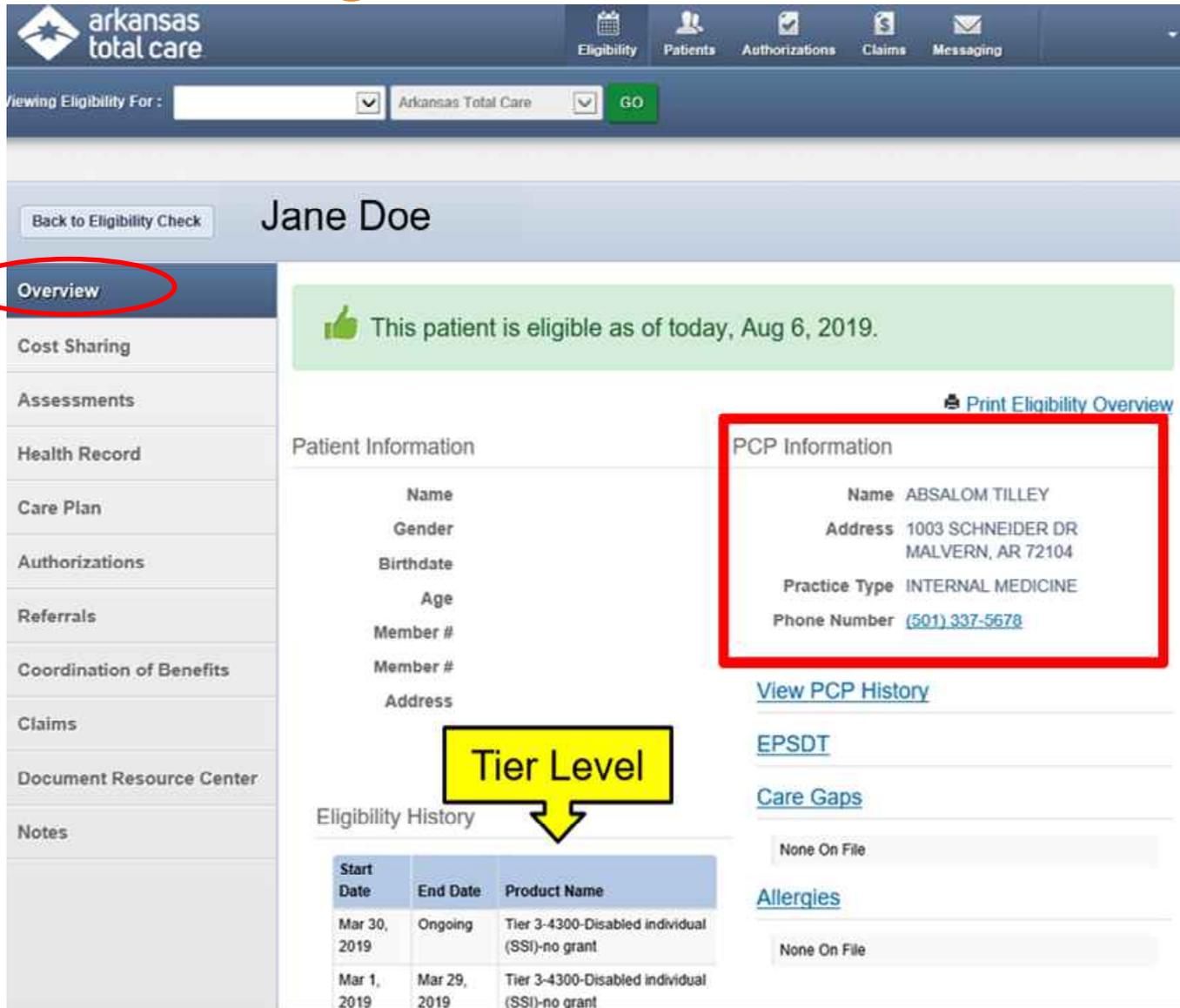
Check the Clinical and Payment Policies for updates. Sign up for the newsletter so you don't miss out on changes!

The screenshot shows a website navigation menu on the left and a main content area on the right. The navigation menu is a vertical list of orange buttons with white text. The buttons are: Login, Become a Provider, Pharmacy, Provider Webinars, Provider Resources (with a minus sign icon), Clinical & Payment Policies (highlighted with a green border), Pre-Auth Check, Provider News, Grievance and Appeals, and QI Program (with a plus sign icon). The main content area has three orange tabs at the top: FOR MEMBERS, FOR PROVIDERS, and CONTACT US. Below the tabs, the "FOR PROVIDERS" section is active, showing the heading "Clinical & Payment Policies" in orange. Underneath are two expandable sections: "WHAT ARE CLINICAL POLICIES?" and "WHAT ARE PAYMENT POLICIES?", each with a plus sign icon. Below these is the heading "Arkansas Total Care Policies" in grey. Underneath are three expandable sections: "ARTC CLINICAL POLICIES", "ARTC PAYMENT POLICIES", and "ARTC PHARMACY POLICIES", each with a plus sign icon.



# Secure Provider Portal Updates

# PCP Assignment and Tier Level



The screenshot shows the Arkansas Total Care web application interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar for "Viewing Eligibility For:" with a dropdown menu set to "Arkansas Total Care" and a "GO" button.

The main content area is for patient "Jane Doe". A "Back to Eligibility Check" button is visible. A green banner states: "This patient is eligible as of today, Aug 6, 2019." A "Print Eligibility Overview" link is also present.

On the left, a sidebar menu lists various options: Overview (circled in red), Cost Sharing, Assessments, Health Record, Care Plan, Authorizations, Referrals, Coordination of Benefits, Claims, Document Resource Center, and Notes.

The main content is divided into two sections: "Patient Information" and "PCP Information". The "PCP Information" section is highlighted with a red box and contains the following details:

- Name: ABSALOM TILLEY
- Address: 1003 SCHNEIDER DR, MALVERN, AR 72104
- Practice Type: INTERNAL MEDICINE
- Phone Number: (501) 337-5678

Below the PCP information, there are links for "View PCP History", "EPSDT", "Care Gaps", and "Allergies". The "Care Gaps" and "Allergies" sections both show "None On File".

The "Eligibility History" section features a table with the following data:

Start Date	End Date	Product Name
Mar 30, 2019	Ongoing	Tier 3-4300-Disabled individual (SSI)-no grant
Mar 1, 2019	Mar 29, 2019	Tier 3-4300-Disabled individual (SSI)-no grant

A yellow callout box with the text "Tier Level" and a downward-pointing arrow is positioned over the "Eligibility History" table.

# Tier Level Assignment

- Ways to obtain the Tier levels:
  - Secure Provider Portal – Under the Eligibility tab
  - Contact Member Services at 1-866-282-6280
  - Contact Optum at 1-844-809-9538
- Disagreement with Tier level determination should be submitted in writing as a request for a hearing
- Include a copy of your assessment results from Optum with your hearing request and mail to:
  - Arkansas Department of Human Services  
Office of Appeals & Hearings  
P.O. Box 1437, Slot N401  
Little Rock, AR 72203  
Department of Medical Services

# Care Coordinator Assignment



arkansas total care

Eligibility Patients Authorizations Claims Messaging

Viewing Eligibility For:  Arkansas Total Care

[Back to Eligibility Check](#) **Jane Doe**

**Overview**

This member's care plan to treat:

**Care Coordination**

10/12/2018 - OPEN

Case Worker  
**Michelle Arktocare**

**Cost Sharing**

**Assessments**

**Health Record**

**Care Plan**

**Authorizations**

**Referrals**

**Coordination of Benefits**

**Claims**

**Document Resource Center**

**Notes**

**Member needs to loose weight**

Goal: Member will lose weight by

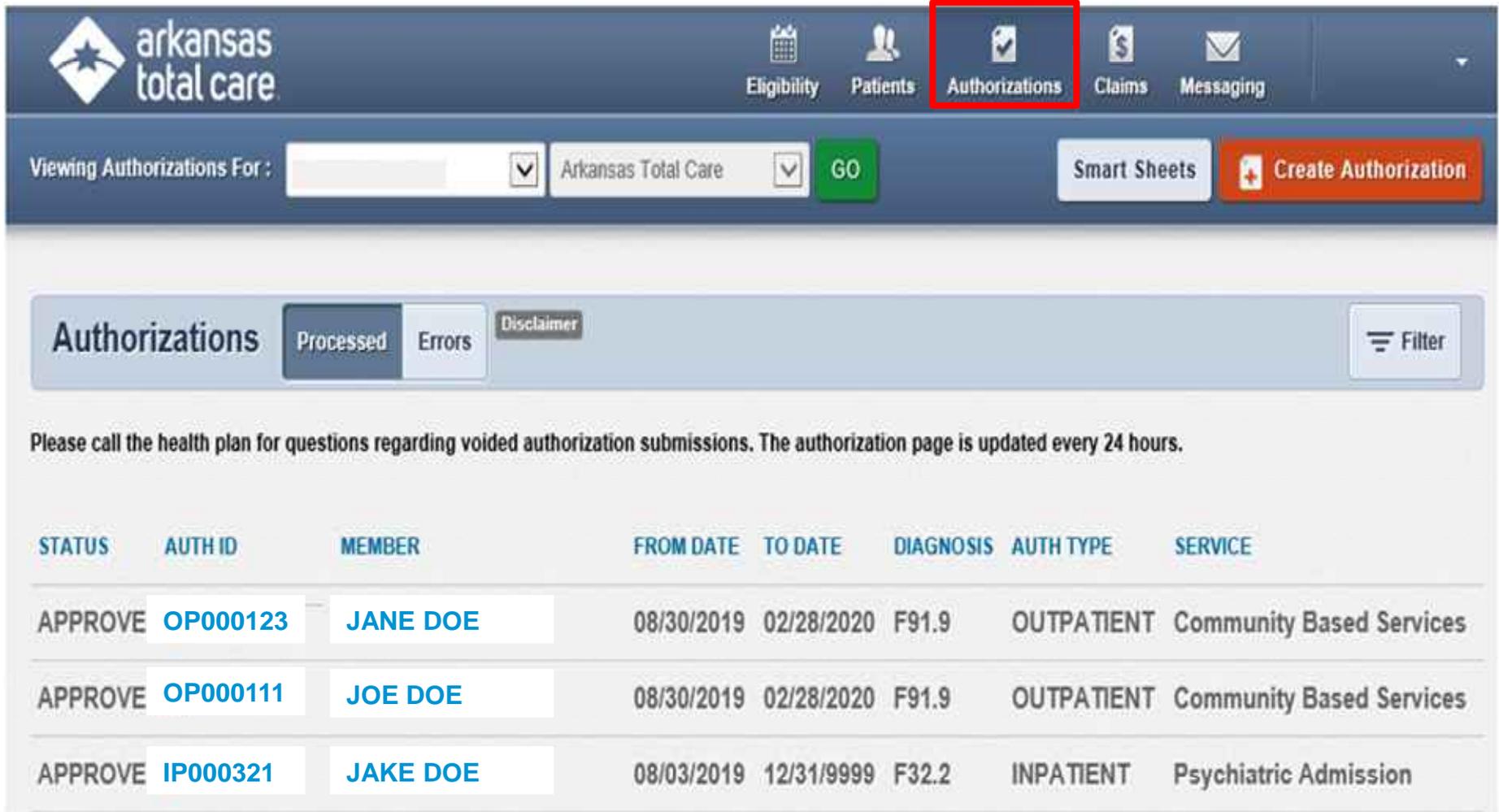
**What we're doing:**  
CC will encouraged member to walk 2-3 x a week in order to help lose weight.

**Member needs to work on hygiene**

Goal: Member will work to keep hygiene up by

**What we're doing:**  
CC will provide educations to help member with hygiene

# Prior Authorization Display



Viewing Authorizations For :   Arkansas Total Care

**Authorizations**

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	OP000123	JANE DOE	08/30/2019	02/28/2020	F91.9	OUTPATIENT	Community Based Services
APPROVE	OP000111	JOE DOE	08/30/2019	02/28/2020	F91.9	OUTPATIENT	Community Based Services
APPROVE	IP000321	JAKE DOE	08/03/2019	12/31/9999	F32.2	INPATIENT	Psychiatric Admission

# Member's Prior Authorizations Display



Eligibility
Patients
Authorizations
Claims
Messaging

Viewing Authorizations For :  
Arkansas Total Care

## JANE DOE

Overview	<b>Auth Status:</b> APPROVE <b>Auth Nbr:</b> OP000123 <b>Service:</b> Community Based Services <b>Provider of Service(s):</b> AMY HARDEE <b>Diagnosis Code(s):</b> F91.9	<b>Explanation:</b> Pay <b>Auth Type:</b> OUTPATIENT <b>From Date:</b> 08/30/2019 <b>To Date:</b> 02/28/2020 <b>Procedure Code(s):</b> 90836 <b>Notes &amp; Attachments:</b> <input type="button" value="View"/>
Cost Sharing		
Assessments		
Health Record		
Care Plan		
<b>Authorizations</b>		
Referrals		
Coordination of Benefits		
Claims		

Line Item	Service Type	Start Date	End Date	Units Required	Units Approved	Servicing Provider	Location	Status	Medical Necessity	De
1	Outpatient Therapy (BH)	08/30/2019	02/28/2020	112	112	AMY HARDEE	Unspecified	APPROVE		08/
2	Outpatient Therapy (BH)	08/30/2019	02/28/2020	100	0	AMY HARDEE	Unspecified	VOID		07/
3	Community Based	08/30/2019	02/28/2020	64	64	AMY HARDEE	Unspecified	APPROVE		08/

# Secure Provider Portal - Updates

- **Person-Centered Service Plan:**

- ARTC will supply each of the member's applicable service providers with a copy of the PCSP through the ARTC provider portal





# Waiver Services Updates

# Revision Request to Supportive Living Waiver Plan



- Provider requesting for change in Waiver Services prior to Arkansas Total Care Personal Care Service Plan (PCSP) development must adhere to the following:
  - Provider must submit:
    - CES 703 Waiver PCSP Form:
      - ✓ [https://humanservices.arkansas.gov/images/uploads/ddds/CES-703\\_Waiver\\_PCSP\\_Forms.docx](https://humanservices.arkansas.gov/images/uploads/ddds/CES-703_Waiver_PCSP_Forms.docx)
    - CES 110 Pro-Rated Staff Worksheets:
      - ✓ [https://humanservices.arkansas.gov/images/uploads/ddds/CES-110\\_Pro-Rated\\_Staff\\_Worksheets.xlsx](https://humanservices.arkansas.gov/images/uploads/ddds/CES-110_Pro-Rated_Staff_Worksheets.xlsx)
    - Copy of narrative/revision summary
    - Change amount and include a justification:
      - ✓ This should include change requested and the reason for the change in order to support the request
- **Submit all forms and documentation via fax at: 1-833-249-2342**



# Engolve Vision

# Eye Health Manager Provider Portal



- Eye Health Manager features:
  - Verify member benefits and eligibility
  - File claims
  - Review claims status
  - Use audit tools
  - Download, research, and reprint EOB's
- To access *Eye Health Manager*.
  - Go to <https://visionbenefits.envolvehealth.com/logon>
  - Log in with your user name and password
  - Contact Envolve Network Management if you have misplaced your username/password or if you would like to have access to the Eye Health Manager

# Claim Submission

- All claims must be submitted within 365 days of the date of service
- No reimbursement will be made for claims received beyond this date
- Claims received after the 365-day filing period will be considered a Provider liability and Members may not be billed for services
- The following options to submit claims to Envolve Vision:
  - Eye Health Manager at <https://visionbenefits.envolvehealth.com/logon>
  - Electronic Claim Submission:
    - ✓ Change Healthcare Payer ID#: 56190
  - Paper Claim Submission:
    - ✓ Envolve Vision, Inc.  
P.O. Box 7548  
Rocky Mount, NC 27804



# Important Tips and Reminders

# Provider Webinars

FOR MEMBERS

FOR PROVIDERS

CONTACT US

## FOR PROVIDERS

[Login](#)[Become a Provider](#)[Pharmacy](#)[Provider Webinars](#)[Provider Resources](#) [Provider News](#)[Grievance and Appeals](#)[PASSE Town Hall Webinar](#)

## Provider Webinars

This Provider Webinar Series offers the providers and their office staff the opportunity to learn from subject matter experts. Participants can ask questions about current topics and best practices. Registration is free and each webinar will be approximately one hour in length.

### 2019 Q1 Provider Webinar

**When:** March 6th, 2019 at 10 AM and 3 PM (CST)**Where:** Online session**Summary:** This webinar covers a general overview of ARTC, the PASSE model, billing, our provider portal, and contact information.

### Web Wizard For Home And Community Based Service Providers

**When:** March 8th, 2019 at 3:00 PM-4:00 PM (CST)**Where:** Online session**Summary:** This webinar covers a general overview of Web Wizard.*Webinars \**

Please choose which webinar(s) you would like to attend. Registration ends one hour before the scheduled class time.

*First Name \***Last Name \**

# Provider Resources

FOR MEMBERS

FOR PROVIDERS

CONTACT US

## FOR PROVIDERS

Login

Become a Provider

Pharmacy

Provider Webinars

Provider Resources 

Clinical & Payment Policies

Pre-Auth Check

Provider News

Grievance and Appeals

QI Program 

## Provider Resources

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

### Reference Materials

- [Provider Newsletter - Q1 2019 \(PDF\)](#)
- [2019 Provider Manual \(PDF\)](#)
- [Quick Reference Guide \(PDF\)](#)
- [Payspan \(PDF\)](#)
- [Secure Portal \(PDF\)](#)
- [Provider Education Member ID Card \(PDF\)](#)
- [Prior Authorization Guide \(PDF\)](#)
- [Incident Report \(PDF\)](#)

### Medical Management

- [Pre-Auth Needed?](#)
- [Inpatient Prior Authorization Fax Form \(PDF\)](#)
- [Outpatient Prior Authorization Fax Form \(PDF\)](#)

# 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
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## FOR PROVIDERS

- Login
- Become a Provider
- Pharmacy
- Provider Webinars
- Provider Resources +
- Provider News
- Grievance and Appeals
- QI Program +

## Become A Provider

Thank you for your interest in participating with Arkansas Total Care. We are excited for the chance to work with you to provide high-quality care.

If you are interested in joining our network call toll free 1-844-631-6830 or fill out the form below.

As a Arkansas Total Care provider, you can rely on:

- A comprehensive approach to care for your patients through disease management programs, healthy behavior incentives and 24-hour toll-free access to bi-lingual registered nurses
  - Initial and ongoing provider education through orientations, office visits, training and updates
  - A dedicated claims team to ensure prompt payment
  - Minimal referral requirements and limited prior authorizations
  - A dedicated provider relations team to keep you informed and maintain support in person, by email or by phone
  - The ability to check member eligibility, authorization and claims status online
- Healthcare collateral for your patients (e.g., information about our benefits and services) and educational displays for your office

Legal Practice Name or DBA \*

Specialty \*

Practice Address \*

# Waste, Abuse, and Fraud Program

ARTC takes the detection, investigation, and prosecution of fraud and abuse very seriously and has a WAF program that complies with the federal and state laws. ARTC, in conjunction with Centene, operates a WAF unit. Centene's Special Investigation Unit (SIU) performs back end audits which may result in taking appropriate action against those who commit waste, abuse, and/or fraud either individually or as a practice. 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 WAF 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**





# Contact Information

# Provider Services

## Provider Services Call Center:

**First line of communication- 1-866-282-6280**

- Answer questions regarding
  - Eligibility
  - Authorizations
  - Claims
  - Payment inquiries
- Available Monday through Friday, 8am to 5pm CST

# Arkansas Total Care

## Provider Services

Phone: 1-866-282-6280

Website: [arkansastotalcare.com](http://arkansastotalcare.com)

Email inquiries to:

[Providers@ArkansasTotalCare.com](mailto:Providers@ArkansasTotalCare.com)

# Contracting Department

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



Provider Contracting Email Address:

[ArkansasContracting@centene.com](mailto:ArkansasContracting@centene.com)

Regular contracting inquiries and contract requests

**Please use the Q & A  
feature to enter your  
questions.**

**Thank you for  
joining us!**