



# 4<sup>rd</sup> Quarter Provider Webinar December 4th, 2019

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# Housekeeping

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

# Disclaimer

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# Agenda

- Introductions
- 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 +





# Provider Updates

# Credentialing

- Providers have been notified by letter if a credentialing application is needed before **3/31/19**
  - **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)	<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

\*will be required starting 1/1



# 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

FOR MEMBERS

FOR PROVIDERS

CONTACT US

## FOR PROVIDERS

QI Program



Provider Relations

Login

Become a Provider

Pharmacy

Provider Webinars

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 \(PDF\)](#)



# TurningPoint

- Starting 12/16/19 providers will be required to submit prior authorizations to TurningPoint. Starting 12/16/19 auth requests may be submitted
- ONLY for musculoskeletal surgical procedures
- TurningPoint will be hosting webinars throughout December and January

## Program Highlights:

- Administrative Tools
- Specialized “Peer to Peer” Engagement
- Clinical Support Tools
- Reporting and Analytics
- FDA Recall Tracking and Monitoring



## MUSCULOSKELETAL

### Orthopedic Surgical Procedures

*Including all associated partial, total, and revision surgeries*

- ✓ Knee Arthroplasty
- ✓ Unicompartmental/Bicompartmental Knee Replacement
- ✓ Hip Arthroplasty
- ✓ Shoulder Arthroplasty
- ✓ Elbow Arthroplasty
- ✓ Ankle Arthroplasty
- ✓ Wrist Arthroplasty
- ✓ Acromioplasty and Rotator Cuff Repair
- ✓ Anterior Cruciate Ligament Repair
- ✓ Knee Arthroscopy
- ✓ Hip Resurfacing
- ✓ Meniscal Repair
- ✓ Hip Arthroscopy
- ✓ Femoroacetabular Arthroscopy
- ✓ Ankle Fusion
- ✓ Shoulder Fusion
- ✓ Wrist Fusion
- ✓ Osteochondral Defect Repair

### Spinal Surgical Procedures

*Including all associated partial, total, and revision surgeries*

- ✓ Spinal Fusion Surgeries
  - ✓ Cervical
  - ✓ Lumbar
  - ✓ Thoracic
  - ✓ Sacral
  - ✓ Scoliosis
- ✓ Disc Replacement
- ✓ Laminectomy/Discectomy
- ✓ Kyphoplasty/Vertebroplasty
- ✓ Sacroiliac Joint Fusion
- ✓ Implantable Pain Pumps
- ✓ Spinal Cord Neurostimulator
- ✓ Spinal Decompression

### Contact Information

Web Portal Intake: <http://www.myturningpoint-healthcare.com>

Phone Intake: (501) 263-8850 | (866) 619-7054 (Toll-Free)

Fax Intake: (501) 588-0994

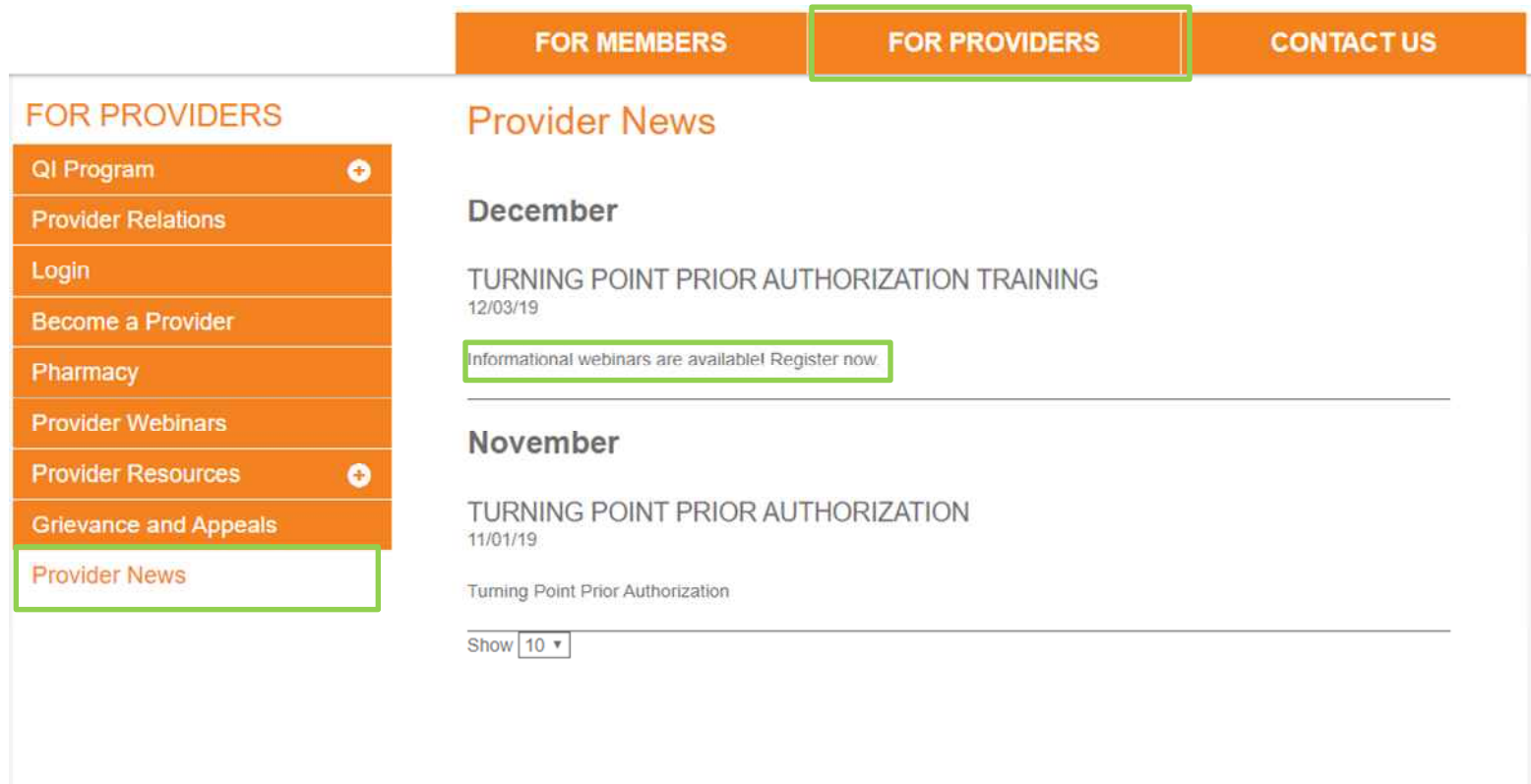
# Turning Point

## Webinar Dates

- 12/10, 12/11, 1/7, 1/8, 1/9, 1/14, 1/15, 1/16

Providers may sign up at our website:

<https://www.arkansastotalcare.com/providers/providernews.html>



The screenshot shows the website's navigation menu with three tabs: 'FOR MEMBERS', 'FOR PROVIDERS', and 'CONTACT US'. The 'FOR PROVIDERS' tab is selected and highlighted with a green border. Below the navigation, a sidebar menu lists various provider resources, with 'Provider News' highlighted in a green box. The main content area displays 'Provider News' for December, featuring a webinar titled 'TURNING POINT PRIOR AUTHORIZATION TRAINING' on 12/03/19. A green box highlights the text 'Informational webinars are available! Register now.' Below this, the November section shows a webinar titled 'TURNING POINT PRIOR AUTHORIZATION' on 11/01/19. A 'Show 10' dropdown menu is visible at the bottom of the content area.

# 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

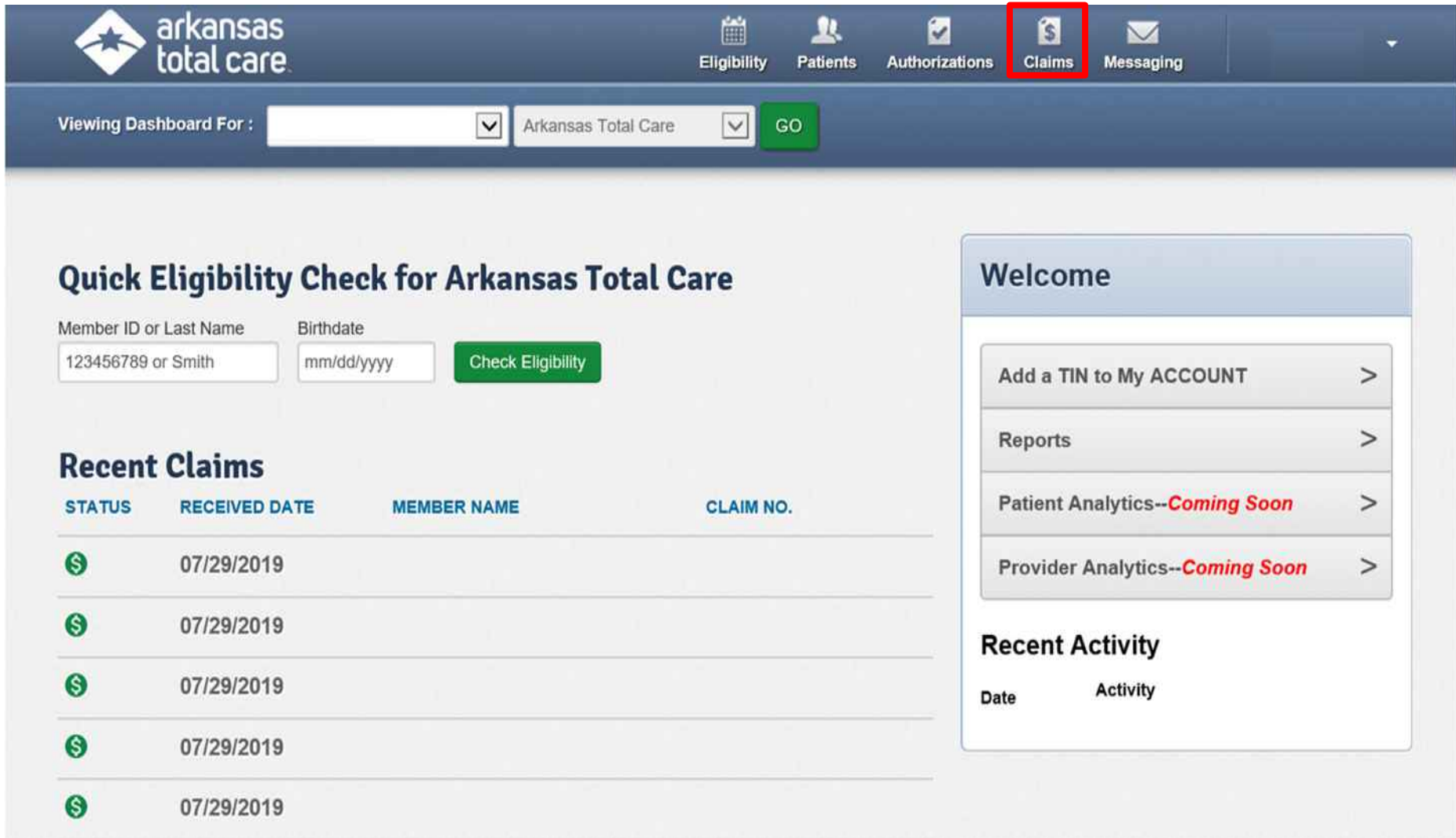
- **Clean Claim Definition:**
  - A clean claim means a claim received by ARTC for adjudication, in a nationally accepted format in compliance with standard coding guidelines and which requires no further information, adjustment, or alteration by the provider of the services in order to be processed 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.

# Secure Provider Portal Claim Submission – Preferred Method



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

# Taxonomy Code

- Claims must be submitted with the rendering provider's taxonomy code:
  - CMS 1500 form:
    - ✓ If the rendering NPI and billing NPI are different, the taxonomy code is entered in the **shaded** portion of Box 24J and the Taxonomy qualifier "ZZ" in the **shaded** portion of Box 24I

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From		To				PLACE OF		(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS	EP/SDT	ID.	RENDERING
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER		POINTER		OR	Priority	QUAL.	PROVIDER ID. #
															NPI	

- ✓ If the rendering NPI and billing NPI are the same, the applicable taxonomy code utilizing the "ZZ" Qualifier is filed in Box 33b
  - CMS 1450 form (UB) – Box 81 CC, Taxonomy code with B3 Qualifier
  - **The claim will reject if the taxonomy code is not present**
- The following website can be utilized to verify a taxonomy code:
  - [www.findacode.com/tools/taxonomy-codes.html](http://www.findacode.com/tools/taxonomy-codes.html)

# 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

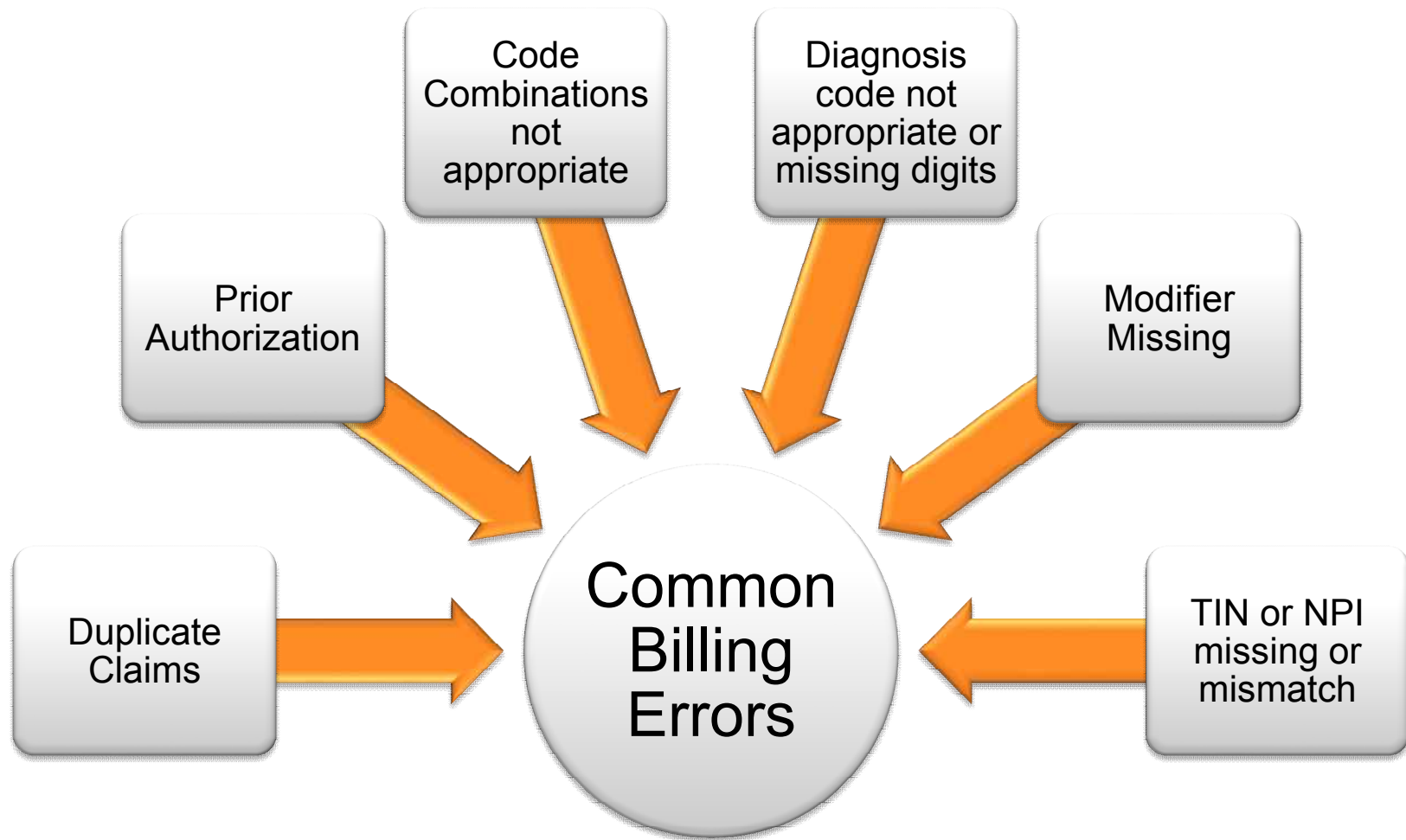
\* Must be received in-house by 5:00 p.m. | \*\*Must be payable by 5:00 a.m. on the previous day

*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

# Facility Billing Info



Inpatient Services	Revenue Code	Supplemental Payment
Acute Inpatient Psychiatric	0114	YES
RTC attached to acute hospital	0124	NO
Residential Treatment Unit only	0129	NO

# 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** | **PASSE Logo**

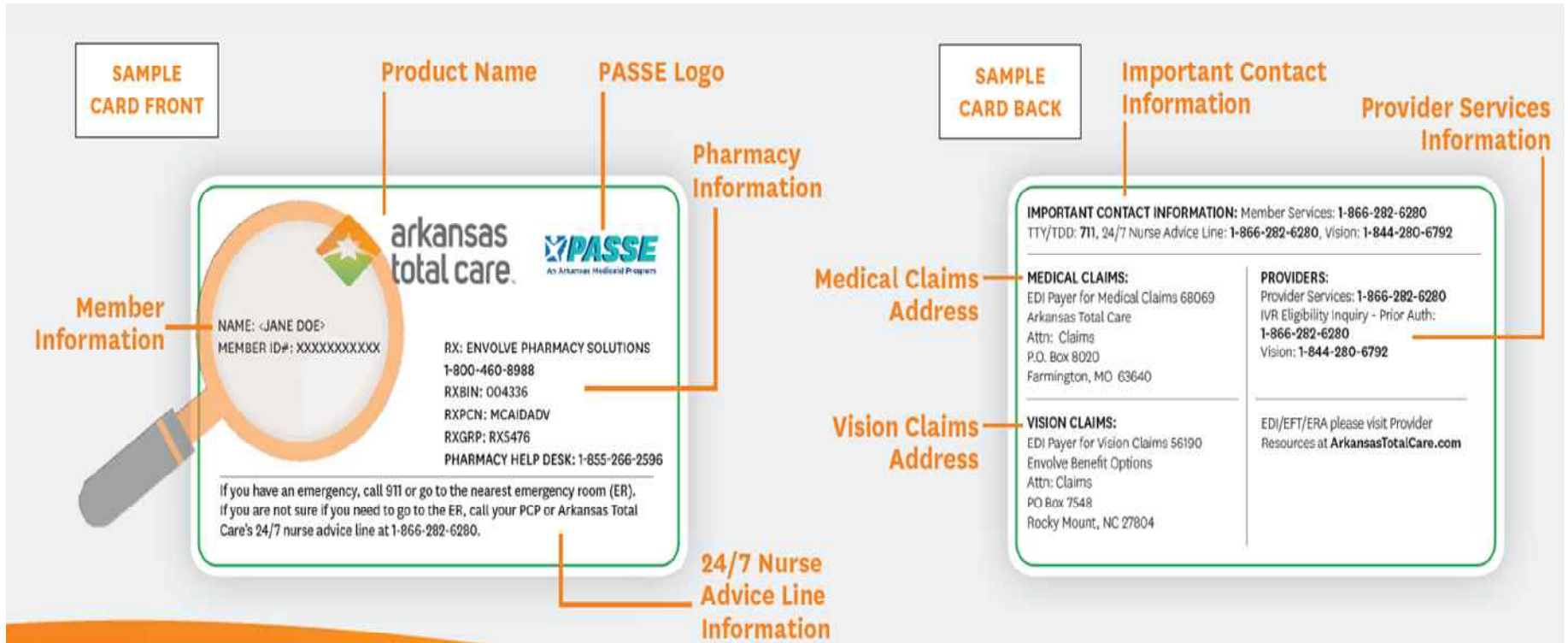
**Member Information** | **Pharmacy Information**

**24/7 Nurse Advice Line Information**

**SAMPLE CARD BACK**

**Important Contact Information** | **Provider Services Information**

**Medical Claims Address** | **Vision Claims Address**



**NAME:** <JANE DOE>  
**MEMBER ID#:** XXXXXXXXXX

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

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.

**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

<p><b>MEDICAL CLAIMS:</b> EDI Payer for Medical Claims 68069 Arkansas Total Care Attr: Claims P.O. Box 8020 Farmington, MO 63640</p>	<p><b>PROVIDERS:</b> Provider Services: 1-866-282-6280 IVR Eligibility Inquiry - Prior Auth: 1-866-282-6280 Vision: 1-844-280-6792</p>
<p><b>VISION CLAIMS:</b> EDI Payer for Vision Claims 56190 Envolve Benefit Options Attr: Claims PO Box 7548 Rocky Mount, NC 27804</p>	<p>EDI/EFT/ERA please visit Provider Resources at <a href="http://ArkansasTotalCare.com">ArkansasTotalCare.com</a></p>

# Clinical and Payment Policies



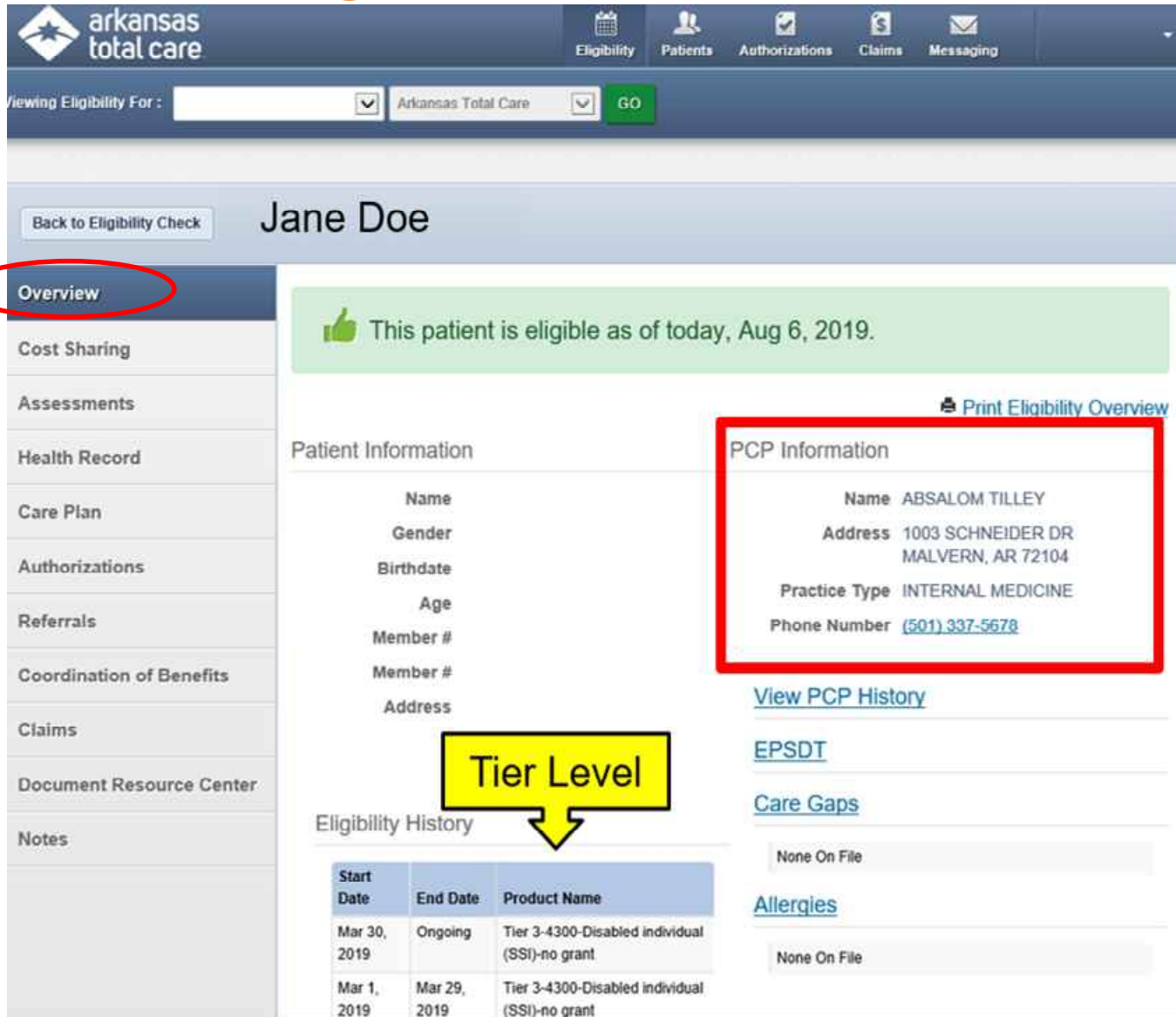
Check the Clinical and Payment Policies for updates. Sign up for the newsletter so you don't miss out on changes!

The screenshot shows a website interface with three main navigation tabs: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". The "FOR PROVIDERS" tab is active, displaying a sidebar menu on the left and a main content area on the right. The sidebar menu includes items like "Login", "Become a Provider", "Pharmacy", "Provider Webinars", "Provider Resources", "Clinical & Payment Policies" (highlighted with a green border), "Pre-Auth Check", "Provider News", "Grievance and Appeals", and "QI Program". The main content area features a heading "Clinical & Payment Policies" followed by expandable sections: "WHAT ARE CLINICAL POLICIES?", "WHAT ARE PAYMENT POLICIES?", "Arkansas Total Care Policies" (with sub-sections "ARTC CLINICAL POLICIES", "ARTC PAYMENT POLICIES", and "ARTC PHARMACY POLICIES"), and "QI Program".



# Secure Provider Portal Updates

# PCP Assignment and Tier Level



arkansas total care

Eligibility Patients Authorizations Claims Messaging

Viewing Eligibility For :  Arkansas Total Care

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

**Overview**

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

**This patient is eligible as of today, Aug 6, 2019.**

[Print Eligibility Overview](#)

**Patient Information**

Name  
Gender  
Birthdate  
Age  
Member #  
Member #  
Address

**PCP Information**

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

[View PCP History](#)

[EPSDT](#)

[Care Gaps](#)

None On File

[Allergies](#)

None On File

**Tier Level**

**Eligibility History**

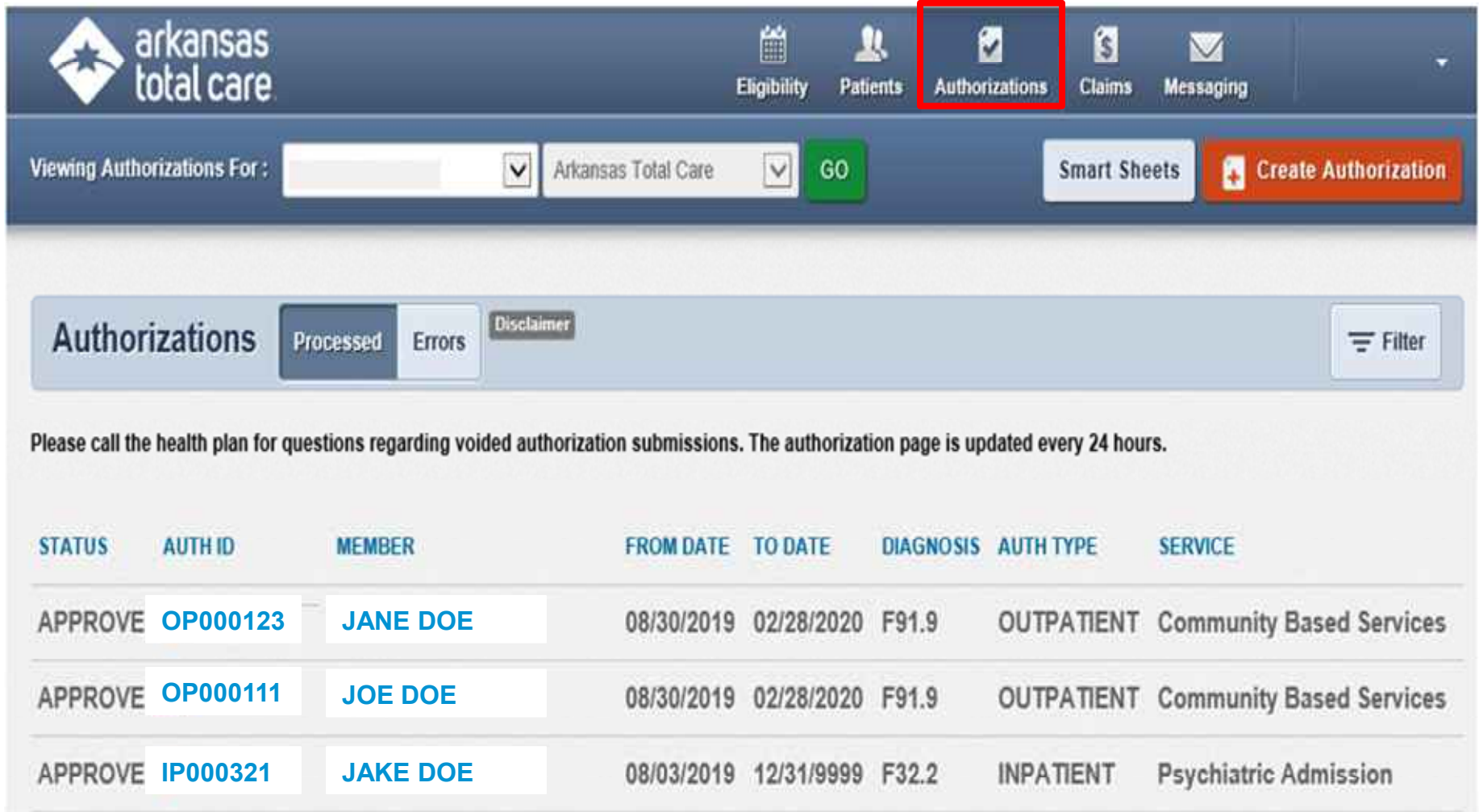
Start Date	End Date	Product Name
Mar 30, 2019	Ongoing	Tier 3-4300-Disabled individual (SSI)-no grant
Mar 1, 2019	Mar 29, 2019	Tier 3-4300-Disabled individual (SSI)-no grant



# 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

# 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
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations**
- Referrals
- Coordination of Benefits
- Claims

**Auth Status:** APPROVE  
**Auth Nbr:** OP000123  
**Service:** Community Based Services  
**Provider of Service(s):** AMY HARDEE  
[Diagnosis Code\(s\):](#) F91.9

**Explanation:** Pay  
**Auth Type:** OUTPATIENT  
**From Date:** 08/30/2019  
**To Date:** 02/28/2020  
[Procedure Code\(s\):](#) 90836  
**Notes & Attachments:**

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/

# Care Coordinator Assignment



arkansas  
total care™

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**

**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

**Care Plan**

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

# 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 for Supportive Living Services

- Provider requesting for change in Waiver Services must adhere to the following in their submission request:
  - Provide an updated budget sheet reflecting the most current proposed hours.  
[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)
  - Provide the previous year's approved PCSP
  - Provide a completed treatment plan (goals & objectives) for the upcoming plan year that is being requested.

## Additional information that may be requested from Service Provider

- Documentation showing efforts made to recruit, train and retain staff, if significant OT is being requested.
  - Documentation of the last 3-12 months of all Supportive Living Progress notes remitted by all DSP staff.
  - Justification of fringe amounts in excess of 25%
  - Provide hours and days of natural supports that are in place.
  - Justification for increased salary, if applicable
  - Any additional resources that have been explored.
  - Any additional information that could be used in a review determination.
- **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

# 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.

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

# HHAeXchange & EVV



- Arkansas EVV has been delayed until later in 2020
- Providers are not required to register for the HHAeXchange (HHAX) portal at this time

# 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 Analytics

To better collaborate and support provider efforts to care for our members, Daily Care Gaps information will be available to providers through Availity.

Availity's platform helps providers close care gaps and improve member health outcomes through real-time analytics. HEDIS care gap information is updated daily by Interpreta using data from pharmacy, membership and claims. This ensures providers have the most up-to-date information to provide the best care possible.

The information provided by Interpreta includes

- The date a member should be scheduled to see a provider when a gap has not yet been closed
- Percentages of total care gaps that have been closed
- Total care gaps that need to be closed
- Total care gaps that are past deadline for closure



# Provider Resources

**FOR MEMBERS**
**FOR PROVIDERS**
**CONTACT US**

## FOR PROVIDERS

Login

Become a Provider

Pharmacy

Provider Webinars

 Provider Resources 

Clinical &amp; 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**
**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 \**



# 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!**