



arkansas  
total care™

4th Quarter 2025  
Provider Webinar

# Housekeeping Rules

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- ▶ Please mute your phone.
- ▶ Please avoid placing this call on hold to prevent us from listening to hold music.
- ▶ Please hold all questions until the end of the presentation.
- ▶ This presentation will be posted to the Arkansas Total Care website soon.

# Disclaimer



- ▶ Arkansas Total Care has produced this material as an informational reference for providers furnishing services in our contract network and Arkansas Total Care employees, agents, and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.
- ▶ The presentation is a general summary that explains certain aspects of the program and is not a legal document.
- ▶ Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies, and/or guidelines cited in this publication are subject to change without further notice.
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## Arkansas Total Care Updates

- ▶ Provider Newsletter Articles
- ▶ Clinical & Payment Policies
- ▶ Appointment Availability & Wait Times
- ▶ Reconsiderations or Disputes
- ▶ Arkansas Total Care Updates
  - T2028 Billing Changes
  - New Medicaid ID Requirement
  - New Roster Update
- ▶ Cultural Competency Trainings
- ▶ Provider Training
- ▶ Fraud, Waste, & Abuse
- ▶ Provider Demographic Accuracy
- ▶ Prior Authorizations
- ▶ Availability Essentials
- ▶ Secure Provider Portal
- ▶ Contact Information

# Provider Newsletter Articles



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

The screenshot shows the Arkansas Total Care website's navigation and content. At the top left is the logo. To the right are links for 'For Members', 'For Providers', and 'Contact Us'. A left-hand navigation menu lists various provider resources, with 'Provider News' selected and highlighted in blue. The main content area is titled 'Provider News' and lists three articles:

- August**  
[IMPORTANT UPDATES TO CLINICIAN ADMINISTERED DRUG POLICIES – PLEASE REVIEW](#)  
08/28/25
- July**  
[JULY PROVIDER NOTIFICATION](#)  
07/30/25
- [JUNE PROVIDER NOTIFICATION](#)  
07/01/25
- May**  
[IMPORTANT UPDATES TO CLINICIAN ADMINISTERED DRUG POLICIES – PLEASE REVIEW](#)  
05/06/25

# Clinical & Payment Policies

# Clinical and Payment Policy Updates



Please see updates to Clinical, Payment, and Pharmacy Policies on the Arkansas Total Care website that will be implemented in November and December:

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## Policy Updates: Effective November 1, 2025



[CP.MP.185 Skin and Soft Tissue Substitutes for Chronic Wounds \(PDF\)](#)

[CP.MP.49 PT OT ST \(PDF\)](#)

[AR.CP.BH.503 Home and Community Based Services \(HCBS\) \(PDF\)](#)

[ARTC25-H-128 Clinical Policy Bone-Anchored Hearing Aids \(PDF\)](#)

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## Policy Updates: Effective December 1, 2025



[CP.MP.165 - SNRB and TFESI \(PDF\)](#)

[CP.MP.166 - Sacroiliac Joint Interventions for Pain Management \(PDF\)](#)






# Clinical & Payment Policies



**Arkansas Total Care Clinical and Payment Policies can be found on the public website.**

- ▶ The Clinical, Payment, and Pharmacy policies can be found by going to:
  - ArkansasTotalCare.com
  - Hover over the “For Providers” tab at the top of the screen
  - Select “Provider Resources” from the drop-down menu
  - Select Clinical and Payment Policies on the left
- ▶ Use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number, or effective date.

**If you have questions, please call 1-866-282-6280.**

<b>For Providers</b>
<a href="#">Training Attestation</a>
<a href="#">Provider Relations</a>
<a href="#">Login </a>
<a href="#">Become a Provider </a>
<a href="#">Provider Financial Support &amp; Resources</a>
<a href="#">Provider Training </a>
<a href="#">Pharmacy </a>
<a href="#">Provider Webinars</a>
<b>Provider Resources </b>
<a href="#">Coding Tip Sheets And Forms</a>
<b>Clinical &amp; Payment Policies</b>
<a href="#">Pre-Auth Check</a>
<a href="#">Clinical Coverage/Medical Policy Updates</a>
<a href="#">Turning Point Prior Authorization</a>
<a href="#">Archived Policies</a>

## Clinical & Payment Policies

To easily search for a policy, use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number, or effective date.

All policies found in the Arkansas Total Care Clinical Policy Manual apply to Arkansas Total Care members. Policies in the Arkansas Total Care Clinical Policy Manual may have an "Arkansas Total Care" or a "Centene" heading. Arkansas Total Care uses InterQual® criteria for services for which an Arkansas Total Care clinical policy does not exist. InterQual is a nationally recognized, evidence-based decision support tool. You may access the InterQual SmartSheets™ for adult and pediatric procedures, durable medical equipment (DME), and imaging procedures by logging in to our [Secure Provider Portal !\[\]\(e10773081adcaeab632f9dd4c8931cd5\_img.jpg\)](#) or calling Arkansas Total Care at [1-866-282-6280](tel:1-866-282-6280) (TTY: [711](tel:711)).

Arkansas Total Care may use a vendor for the utilization management of certain services. In such cases, the vendor's guidelines may also be used to support medical necessity and other coverage decisions. Other non-clinical policies, such as payment policies, or contract terms may also be used to determine if a service that is not addressed in the Clinical Policy Manual or InterQual criteria is payable by Arkansas Total Care.

Arkansas Total Care has partnered with Evolent for prior authorization requests for the following services:


- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)
- Sacroiliac Joint Injections

Clinical Policies for these procedures can be found at the [RadMD website !\[\]\(0ac73c45806a78de248a19d9a2dbe7a6\_img.jpg\)](#).

Clinical Policies for CT/CTA/CCTA, MRI, MRA, and Pet scans can also be found at the Evolent Website [RadMD website !\[\]\(147b0c7dce349edf02b6b21226344f99\_img.jpg\)](#).

Clinical policies for musculoskeletal procedures can be found on the Turning point website at [TurningPoint Healthcare !\[\]\(ac7494f141109b59d18bf9c3aeb84d93\_img.jpg\)](#).

Clinical policies for Continuous Glucose Monitors may be found on the [Arkansas Medicaid Prime Therapeutics website !\[\]\(d5831b2ac75eb48b4c49d27e61d24c03\_img.jpg\)](#).

Clinical Policies 

# Appointment Availability and Wait Times



# Appointment Availability and Wait Times



Arkansas Total Care follows the accessibility and appointment wait time requirements set forth by applicable regulatory and accrediting agencies. Arkansas Total Care monitors participating provider compliance with these standards at least annually and will use the results of appointment standards monitoring to ensure adequate appointment availability and access to care, and to reduce inappropriate emergency room utilization.

## Appointment access audits:

- ▶ Arkansas Total Care may conduct appointment accessibility surveys telephonically and/or on-site or ad hoc for complaint/grievance investigation to determine appointment availability based on requirements outlined in the provider manual and state contract for each line of business.
- ▶ Arkansas Total Care may survey their top five specialties to ensure that specialty access standards are being met. The state may determine which specialties are to be audited, and the health plan should comply with those requirements.
- ▶ Arkansas Total Care may assess all PCPs and providers in each geographic region and randomly audit to ensure that the below services are available.

# Appointment Availability & Wait Times



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

# Reconsiderations or Disputes

# Request for Reconsiderations



Claim Reconsiderations — A Provider disagrees with the original claim outcome (payment amount, denial reason, etc.).

## Reconsiderations may be submitted using one of the following ways:

- ▶ Calling the provider services department
- ▶ Provider Portal
- ▶ Using the Request for Reconsideration form found on our website (preferred method)
- ▶ Sending a written letter that includes a detailed description of the reason for the request
  - To ensure timely processing, the letter must include sufficient identifying information, which includes, at a minimum, member name, member ID number, date of service, total charges, provider name, original EOP, and/or the original claim number found in Box 22 of the CMS 1500 form or Field 64 of the UB-04 form.

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

Written requests for reconsideration and any applicable attachments must be mailed to:

**Arkansas Total Care  
Attn: Request for Reconsideration  
P.O. Box 8020  
Farmington, MO 63640-8020**

## **Claim Dispute — A provider disagrees with the outcome of the request for reconsideration.**

- ▶ A claim dispute/claim appeal should be used only when a provider has received an unsatisfactory response to a request for reconsideration. If a dispute form is submitted and a reconsideration request is not located in our system, then the dispute will be considered a reconsideration.
- ▶ A claim dispute/appeal must be submitted on the claim dispute form located under the Provider Resources tab of ArkansasTotalCare.com. The form must be completed in its entirety.

**The completed form may be mailed to the following address:**

**Arkansas Total Care  
Attn: Claim Dispute  
P.O. Box 8020  
Farmington, MO 63640-8020**

A claim dispute/appeal will be resolved within 30 calendar days. The provider who filed the dispute/appeal will receive a written letter detailing the decision to overturn or uphold the original decision.

# Arkansas Total Care Updates

# T2028 Billing Changes

# Effective January 1, 2026



Arkansas Total Care is publishing payment policies to keep you informed about acceptable billing practices and reimbursement methodologies for procedures and services. We will apply these policies as medical claims reimbursement edits within our claims adjudication system. These changes are in addition to all other reimbursement processes that we currently employ.

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

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

# New Arkansas Medicaid ID Requirement



# Arkansas Medicaid ID Requirement

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Effective **October 15, 2025**, providers that meet the below criteria will be required to submit their Arkansas Medicaid ID to Arkansas Total Care on each claim submission.

1. All atypical providers and practitioners that bill for the following provider types:  
67, 70, 71, 72, 73,74, 75, 82, 84, 86, 87, 95, 96, 97
2. All providers that bill under a single NPI number with multiple associated Medicaid IDs.

Beginning **October 15, 2025**, all claims meeting the above criteria will be denied, when the Arkansas Medicaid ID is not billed.

# Arkansas Medicaid ID Requirement



Professional EDI Claims Billing Provider NPI, Taxonomy, and Medicaid ID:

## 2010BB — Billing Provider Secondary Identification

2010BB – Billing Provider Secondary Identification	REF	For healthcare providers, submit the Medicaid Provider ID in REF02, the NPI in Loop 2010AA, and taxonomy in Loop 2000A. For atypical providers, submit the Medicaid ID only in REF02.	
		REF01	Value=G2 (Provider Commercial Number)
		REF02	Length = 9 Value = Billing Provider Secondary Identification (Medicaid Provider ID)

# Arkansas Medicaid ID Requirement



Professional EDI Claims Rendering Provider Medicaid ID:

## 2310B — Rendering Provider Secondary Identification

2310B — Rendering Provider Secondary Identification	REF	For healthcare rendering providers, submit the Medicaid Provider ID in REF02 and submit the NPI and Taxonomy in Loop 2310B.	
		REF01	Value=G2 (Provider Commercial Number)
		REF02	Length = 9 Value = Rendering Provider Secondary Identification (Medicaid Provider ID)

# New Roster Notification

# Coming Soon New Roster Notification



Arkansas Medicaid PASSE programs has been working with other Carriers to streamline its enrollment processes to create a uniform roster template.

This will allow providers to fill out a single roster that every Carrier can accept for adding, terminating, or updating provider information.

Rosters will continue being submitted to [ArkCredentialing@centene.com](mailto:ArkCredentialing@centene.com)

Practitioners that require credentialing must still include the following:

- ▶ Attestation
- ▶ Disclosure of Ownership
- ▶ CAQH ID
  - MD/DOs are required to submit our MD/DO specific application
  - If you do not have a CAQH ID, you are required to submit our application

Required fields left blank will be returned to the provider for completion.

Features of the new roster include:

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

## For Providers

[Training Attestation](#)[Provider Relations](#)[Login](#) [Become a Provider](#) ^[Credentialing Forms](#)[Provider Financial Support & Resources](#)[Provider Training](#) ▾[Pharmacy](#) ▾[Provider Webinars](#)[Provider Resources](#) ▾[Provider News](#) ▾[QI Program](#) ▾[Grievance and Appeals](#)[Coronavirus Information for Providers](#) ▾

## Credentialing Forms

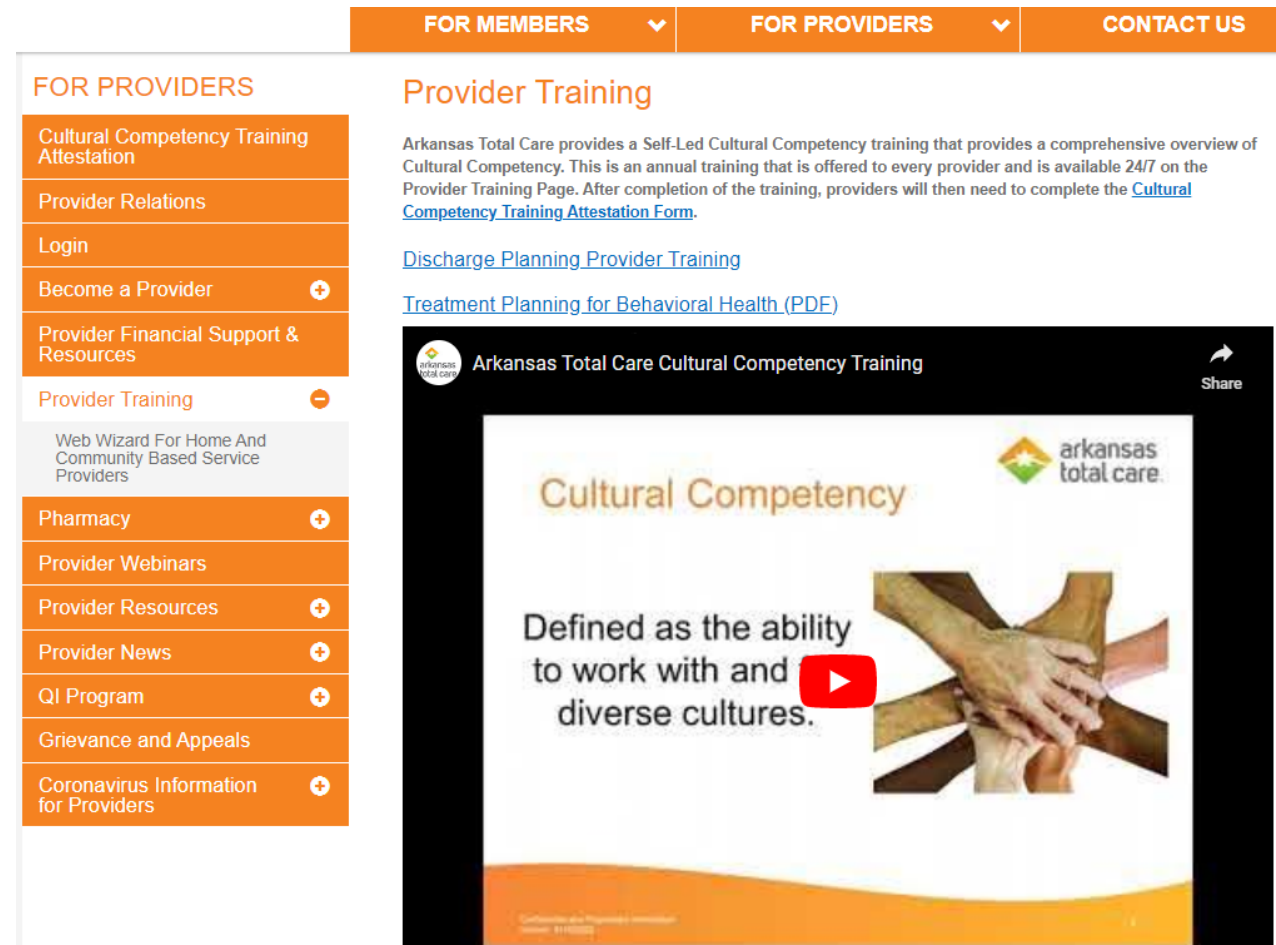
If you would like to become a provider within our network, please fill out the [Become A Provider form](#). Or call us at [1-866-282-6280](#) or TTY: [711](#).

- [Allied and Advance-Practice Nurse Credentialing Application \(PDF\)](#)
- [Medical Doctor or Doctor of Osteopathy Credentialing Application \(PDF\)](#)
- [Arkansas Total Care Personal Care Roster Template](#)
- [Arkansas State Medical Board Attestation Form 2020 \(PDF\)](#)  
This form must be returned with your [MD/DO Credentialing Application \(PDF\)](#) in order to complete your submission.
- [Arkansas Total Care Atypical & HCBS Provider Application \(PDF\)](#)

# Cultural Competency Trainings

# Cultural Competency Trainings

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



The screenshot shows the Arkansas Total Care website interface. At the top, there are three navigation tabs: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". The "FOR PROVIDERS" tab is active, displaying a sidebar menu with the following items: "Cultural Competency Training Attestation", "Provider Relations", "Login", "Become a Provider", "Provider Financial Support & Resources", "Provider Training", "Web Wizard For Home And Community Based Service Providers", "Pharmacy", "Provider Webinars", "Provider Resources", "Provider News", "QI Program", "Grievance and Appeals", and "Coronavirus Information for Providers". The "Provider Training" item is highlighted. The main content area shows the "Provider Training" section with a description: "Arkansas Total Care provides a Self-Led Cultural Competency training that provides a comprehensive overview of Cultural Competency. This is an annual training that is offered to every provider and is available 24/7 on the Provider Training Page. After completion of the training, providers will then need to complete the [Cultural Competency Training Attestation Form](#)." Below this, there are links for "Discharge Planning Provider Training" and "Treatment Planning for Behavioral Health (PDF)". A video player is embedded, showing a slide titled "Cultural Competency" with the Arkansas Total Care logo and the text "Defined as the ability to work with and diverse cultures." The video player includes a play button and a "Share" icon.

# Cultural Competency Training Attestation



Home Find a Doctor Contact

Contrast  On  Off a a a language

FOR MEMBERS

FOR PROVIDERS

CONTACT US

## FOR PROVIDERS

Cultural Competency Training Attestation

Provider Relations

Login

Become a Provider

Provider Financial Support & Resources

Provider Training

Pharmacy

Provider Webinars

Provider Resources

Provider News

QI Program

Grievance and Appeals

Coronavirus Information for Providers

## Cultural Competency Training Attestation

Cultural Competency Trainings needs to be completely every year. Providers who have completed the Cultural Competency Trainings can complete the form below.

Practice Name \*

TIN \*

Practitioner Name \*

Practice Phone Number \*

What type of training did you attend? \*

- Attended an ARTC presented webinar
- Attended another Cultural Competency training

The year attestation completed \*

Check Box for attestation\*

- Attest

Electronic Signature \*

Submit

Arkansas Total Care provides several self-led provider trainings. This is an annual training that is offered to every provider and is available 24/7 on the [Provider Training Page](#). After completion of the training, providers will then need to complete the [Attestation Form](#).

[Cultural Competency Training](#)

[Discharge Planning Provider Training](#) 

[Secure Provider Portal Quick Start Guide](#)


Treatment Planning for Behavioral Health (PDF)



For Members ▾

For Providers ▾

Contact Us

<b>For Providers</b>
<a href="#">Training Attestation</a>
<a href="#">Provider Relations</a>
<a href="#">Login</a> 
<a href="#">Become a Provider</a> ▾
<a href="#">Provider Financial Support &amp; Resources</a>
<b>Provider Training</b> ▲
<a href="#">Discharge Planning Provider Training</a>
<a href="#">Web Wizard For Home And Community Based Service Providers</a>
<a href="#">Cultural Competency Training</a>
<a href="#">Secure Provider Portal Quick Start Guide</a>
<a href="#">Pharmacy</a> ▾
<a href="#">Provider Webinars</a>



## Provider Resources

### Coronavirus (COVID-19)

We are currently experiencing some issues and long wait times with our Teledoc and Referral lines. Please be patient with us as we work through this busy period.

To receive the fastest response on referrals, please submit authorization requests through our provider portal or via fax at: 1-833-632-6934


#### COVID-19 Resources:

- [COVID-19 In-Home Care Guidance \(PDF\)](#)
- [CES Waiver Emergency Request Form \(PDF\)](#)
- [COVID-19 Extended Coverage Announcement \(PDF\)](#)
- [Supplemental Support Service \(PDF\)](#)

[Learn More About the Coronavirus.](#)

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

## Reference Materials

- [2024 Provider Manual \(PDF\)](#)
- [2023 Provider Manual \(PDF\)](#)
- [2022 Provider Manual \(PDF\)](#) 
- [2021 Provider Manual \(PDF\)](#)
- [2019 Provider Manual \(PDF\)](#)
- [Quick Reference Guide \(PDF\)](#)

# Fraud, Waste, & Abuse

# Fraud, Waste, and Abuse

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- ▶ Arkansas Total Care takes the detection, investigation, and prosecution of fraud, waste, and abuse very seriously and has a FWA program that complies with the federal and state laws.
- ▶ Arkansas Total Care routinely conducts audits to ensure compliance with billing regulations.
- ▶ The Centene Special Investigation Unit (SIU) performs retrospective audits, which may result in taking actions against providers who commit fraud, waste, and abuse.

## These actions may include but are not limited to:

- ▶ Remedial education and/or training to prevent the billing irregularity
- ▶ More stringent utilization review
- ▶ Recoupment of previously paid monies
- ▶ Termination of provider agreement or other contractual arrangement
- ▶ Civil and/or criminal prosecution
- ▶ Any other remedies available to rectify

## Some of the most common FWA submissions seen are:

- ▶ Unbundling of codes
- ▶ Up-coding services
- ▶ Add-on codes without primary CPT
- ▶ 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.**

# Provider Demographic Accuracy

# Provider Demographic Accuracy



**Help us ensure the information provided to Arkansas Total Care members for your service location is up to date!**

- ▶ This can be through credentialing, rosters, provider date change forms, and third-party vendor requests, such as LexisNexis.
- ▶ Maintaining correct clinic information ensures our members are able to locate the providers they need through the Arkansas Total Care provider directory posted online.
- ▶ Changes can be submitted through the secure provider portal or by submitting a provider data change form to [\*\*ArkCredentialing@centene.com\*\*](mailto:ArkCredentialing@centene.com)
- ▶ Changes can include, but are not limited to:
  - Adding or removing a location
  - Updating your phone number
  - Removing inactive practitioners
- ▶ We are required to report directory accuracy to the state.

# Prior Authorizations

# Prior Authorizations

Prior Authorizations can be requested in the following ways:



**Secure Provider Portal: This is the preferred and fastest method**

▶ [Provider.ArkansasTotalCare.com](https://Provider.ArkansasTotalCare.com)



**Phone**

▶ 1-866-282-6280 (TTY: 711)



**Fax — IP and OP paper forms available on the website under Provider Resources.**

▶ Arkansas Total Care: 1-833-249-2342

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

## FOR PROVIDERS

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

## Pre-Auth Check

Use our tool to see if a pre-authorization is needed. It's quick and easy. If an authorization is needed, you can access our login to submit online. For the best experience, please use the Pre-Auth Tool in Chrome, Firefox, or Internet Explorer 10 and above.

**DISCLAIMER:** All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response

[Vision Services need to be verified by 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.](#)  
 Prior Authorizations for Musculoskeletal Procedures should be verified by [TurningPoint](#).

Non-participating providers must submit Prior Authorization for all services.  
[For non-participating providers, Join our Network.](#)

Would this be Emergency or Urgent Care, Dialysis, or are these family planning services billed with a contraceptive management diagnosis?

Yes  No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	_____	_____
Are anesthesia services being rendered for pain management?	_____	_____
Are oral surgeon services being rendered in the office?	_____	_____
Are chiropractic services being rendered?	_____	_____
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	_____	_____
Are hospice services being provided?	_____	_____

# Important Prior Authorization (PA) Updates (Effective February 1, 2026)



As part of our ongoing work to improve the PA process for both providers and members, Arkansas Total Care wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care.

A full list of code changes for Arkansas Total Care can be found on our Prior Authorization page. These changes may include:

- ▶ Removing PA requirements based on criticality of review and clinical need
- ▶ Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement Representative or contact Arkansas Total Care's Provider Services team at [Providers@ArkansasTotalCare.com](mailto:Providers@ArkansasTotalCare.com).

# Availity Essentials

## Arkansas Total Care has a new platform for the secure provider portal called Availity

### Benefits of Availity:

- ▶ Validate eligibility and benefits
- ▶ Submit Claims
- ▶ Check Claim Status
- ▶ Submit Authorizations
- ▶ Access Arkansas Total Care payer resources
- ▶ If you are already working in Essentials, you can log in to your existing Essentials account External Link to enjoy these benefits for Arkansas Total Care’s members.
- ▶ If you are new to Availity Essentials, getting your Essentials account and delegating an Availity administrator for your provider organization is the first step toward working with Arkansas Total Care on Availity.



**For additional assistance with your registration, please call Availity Client Services at 1-800-AVAILITY (1-800-282-4548). Assistance is available Monday through Friday from 7 a.m. to 7 p.m. CT.**

# Secure Provider Portal

# Secure Provider Portal – Create An Account



Registration is free and easy.



## Log In

Email Address \*

CONTINUE

CENTENE SSO

[Create New Account](#)



# Secure Portal Features

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- ▶ A member eligibility overview page that reflects all critical data in a single view
- ▶ Ability to submit and track the status of claim reconsiderations online
- ▶ Expanded free text fields for reconsideration comments and explanations
- ▶ Attach required documentation when filing a reconsideration
- ▶ Upload records for care gap information
- ▶ Receive push notifications regarding reconsideration status changes
- ▶ Void/Recoup option on claims already adjudicated by the health plan
  - The manual inside the portal has instructions for this new feature on page 92

# Patient Overview — Document Resource Center



Back to Eligibility Check

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

**Document Resource Center**

Notes

**Document Upload** | **Document Review**

1. Document Category:
2. Document Type:
3. Upload File:  No file chosen
4.

Documents for the member can be uploaded here based on Document Category options.

# Contact Information

# Key Contacts



Department	Phone/Website	Fax/Email
HHAeXchange Support	1-855-400-4429	HHA Client Support Portal
<b>EDI Claims Assistance</b>	1-800-225-2573 ext. 6075525	EDIBA@centene.com
<b>TurningPoint</b>	501-263-8850/1-866-619-7054	501-588-0994
<b>Evolent</b> Advanced Imaging (MRI,CT, PET)	1-866-500-7685 RadMD.com	N/A
<b>Engage Vision</b>	1-844-280-6792 VisionBenefits.EngageHealth.com	N/A

# Provider Services Call Center



## First line of communication



Arkansas Total Care Provider Services Call Center

▶ 1-866-282-6280 (TTY: 711)

**Representatives are available  
Monday through Friday, 8 a.m.–5 p.m. CT.**

Provider Service Representatives can assist with questions regarding:

- ▶ Eligibility
- ▶ Authorizations
- ▶ Claims
- ▶ Payment inquiries
- ▶ Negative balance reports
- ▶ Appeals
- ▶ Check re-issue
- ▶ Secure Provider Portal password reset

# Provider Inquiries



- ▶ After speaking with a Provider Services Representative, you will receive a reference number, which will be used to track the status of your inquiry.
- ▶ If you need to contact your assigned Provider Relations Representative, you must have the following when submitting an email inquiry:
  - Reference number assigned by the Provider Services Center
  - Provider's Name
  - Tax ID
  - National Provider Identifier (NPI)
  - Summary of the issue
  - Claim numbers (if applicable)
- ▶ [Providers@ArkansasTotalCare.com](mailto:Providers@ArkansasTotalCare.com)

# 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 \*

# Contracting Department



Phone Number: **1-844-631-6830**

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



If you know  
your party's  
extension



Ambetter



Wellcare  
by Allwell



Arkansas  
Total Care



To repeat  
prompts



Provider Contracting Email Address: **ArkansasContracting@centene.com**

Regular contracting inquiries and contract requests

# Credentialing



Phone: **1-844-263-2437**



Fax: **1-844-357-7890**



Provider Credentialing Email:  
**ArkCredentialing@centene.com**



# Join Our Email List Today



Receive current updates:

Arkansas Total Care:

▶ [ArkansasTotalCare.com/providers.html](https://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 *
<input type="text"/>	<input type="text"/>
Email *	
<input type="text"/>	
Phone Number *	
<input type="text"/>	
Group Name *	
<input type="text"/>	
Group NPI	
<input type="text"/>	
Tax ID	
<input type="text"/>	

Submit

Login To Your Account

Access your secure provider information any time.

Login Now

# Questions?

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

**OR**



Send an email with “**Provider Webinar**” in the subject line to  
**[Providers@ArkansasTotalCare.com](mailto:Providers@ArkansasTotalCare.com)**