



First Quarter Provider Webinar

Housekeeping

- ▶ Please mute your phone.
- ▶ Please do not place this call on hold as all attendees will hear your hold music.
- ▶ Please hold all questions until the end of the presentation.
- ▶ This presentation will be posted to the Arkansas Health & Wellness website soon.








Disclaimer

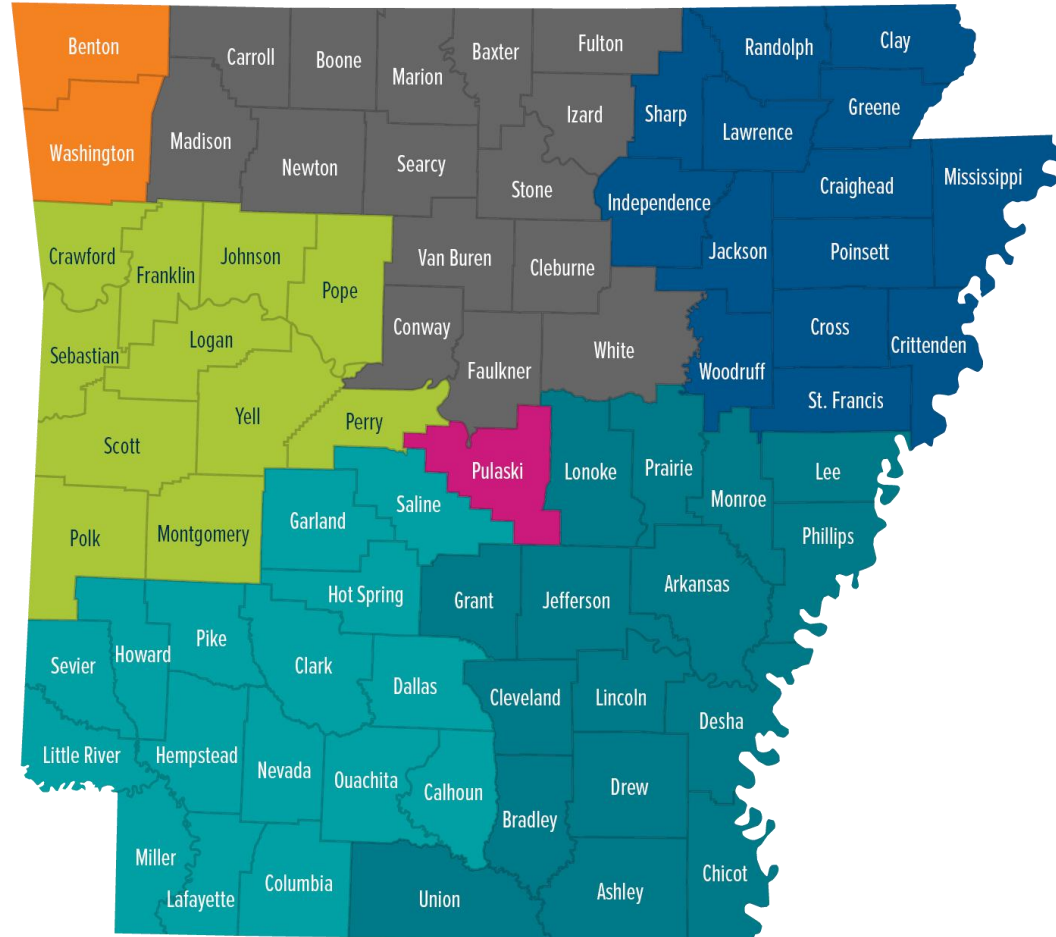
- ▶ Arkansas Health & Wellness has produced this material as an informational reference for providers furnishing services in our contract network. Arkansas Health & Wellness employees, agents and staff make no representation, warranty, or guarantee that this compilation of information is error-free and 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 but is not a legal document.
- ▶ Although every reasonable effort has been made to ensure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice.
- ▶ All Current Procedural Terminology (CPT®) codes are copyrighted 2023 by the American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Government use is subject to applicable Federal Acquisition Regulation (FARS/DFARS) restrictions. The AMA assumes no liability for the data contained or not contained herein.

Agenda

- ▶ Provider Relations Territories
- ▶ How to Join Our Email List
- ▶ Clinical and Payment Policy Updates
- ▶ Vision Updates
- ▶ Wellcare by Allwell Clinical Policy Notification
- ▶ Appointment Availability
- ▶ New Provider Payment Method
- ▶ Prior Authorizations
- ▶ Pre-Auth Check Tool
- ▶ Provider Portal
- ▶ Provider-Led Trainings
- ▶ Risk Adjustment
- ▶ Quality
- ▶ Contact Information

Provider Relations Territories

-  Kari Murphy
-  Faye Washington
-  Randal Bailey
-  Rachel Baney
-  Rose Pennick
-  Tamesa Sutton
-  Valinda Perkins



Join Our Email List Today



Arkansas Health & Wellness provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- For Ambetter information, please visit our [Ambetter website](#).
- For Wellcare by Allwell information, please visit our [Wellcare by Allwell website](#).

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

- [Manuals, Forms and Resources](#)
- [Eligibility Verification](#)
- [Prior Authorization](#)
- [Electronic Transactions](#)
- [Preferred Drug Lists](#)
- [Provider Training](#)
- [Negative Balance How-To Guide \(PDF\)](#)

Name *

Position/Title *

Email *

Phone Number *

Group Name *

Group NPI *

Tax ID *

Network*

- Ambetter
- [MEDICARE]



Receive current updates:

- ▶ ARHealthWellness.com/providers/resources

Choose the network you wish to receive information on: Ambetter or Wellcare by Allwell

Clinical and Payment Policy Updates









Clinical and Payment Policy Updates

Arkansas Health & Wellness is amending or implementing new policies that can be found on the public website.

- ▶ Clinical, payment, and pharmacy policies are available on our website at ARHealthWellness.com.
 - Select the For Providers tab at the top of the screen, then Provider Resources
 - Select Clinical & Payment Policies from the drop-down menu
 - Select from Ambetter or Wellcare by Allwell Clinical, Payment, or Pharmacy Policies.
- ▶ 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 1-877-617-0390 (TTY: 1-877-617-0392) or email Providers@ARHealthWellness.com.

Clinical and Payment Policy Updates

For Providers	Provider Resources		
Login			
Become a Provider 			
Pre-Auth Check 			
Provider Financial Support & Resources			
Pharmacy			
Provider Resources 	<div style="border: 1px solid black; padding: 5px;"><h3>Coronavirus (COVID-19)</h3><p>Currently we are 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.</p><p>To receive the fastest response on referrals, please submit authorization requests through our provider portal or via fax at:</p><ul style="list-style-type: none">Ambetter from Arkansas Health & Wellness Fax: 1-866-884-9580Wellcare by Allwell Fax: 1-866-279-1358, Behavioral Health Fax: 1-866-279-1358</div>		
Manuals, Forms and Resources	Arkansas Health & Wellness provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.		
Provider Training 	<ul style="list-style-type: none">For Ambetter information, please visit our Ambetter website.For Wellcare by Allwell information, please visit our Wellcare by Allwell website.		
ASAM Training	Interested in getting the latest alerts from Arkansas Health and Wellness? Fill out the form below and we'll add you to our email subscription.		
Cultural Competency Training	<ul style="list-style-type: none">Manuals, Forms and ResourcesEligibility VerificationPrior AuthorizationElectronic TransactionsPreferred Drug ListsProvider TrainingNegative Balance How-To Guide (PDF)		
Secure Provider Portal Quick Start Guide	Newsletters		
Special Needs Plan Model of Care Self-Study Program	<ul style="list-style-type: none">[Plan Specific/Newsletters]		
Wellcare by Allwell Coding Tip Sheets and Forms			
Ambetter Coding Tip Sheets and Forms			
Provider Attestation			

Ambetter Coding Tip Sheets and Forms	
Provider Attestation	
Submit Attestations Online for Chronically Ill Members	
Eligibility Verification	
Incentives Statement	
Integrated Care	
Provider Webinars	
Prior Authorization	
National Imaging Associates (NIA)	
Report Fraud, Waste and Abuse	
Patient Centered Medical Home Model	
Electronic Transactions 	
Clinical & Payment Policies 	
Ambetter Clinical Coverage/Medical Policy Updates	

Newsletters

- [Plan Specific/Newsletters]

Helpful Links

- [Plan Specific/Helpful Links]

Name ^{*}

Position/Title ^{*}

Email ^{*}

Phone Number ^{*}

Group Name ^{*}

Group NPI ^{*} Tax ID ^{*}

Network ^{*}

Ambetter

Wellcare by Allwell

Vision Updates

Ambetter Vision Changes Effective January 1, 2024



- ▶ Ambetter will assume the management of medical eye care services.
- ▶ Envolve Vision will continue to manage routine eye care services and full scope of licensure optometric services for our members. However, beginning January 1, 2024, Ambetter will be responsible for the following functions for medical eye care services:
 - Contracting and credentialing
 - Claim processing and appeals
 - Provider services
 - Provider partnership management
 - Provider education and resource materials (e.g. provider manual, training)
 - Provider web portal
 - Prior authorization, retrospective utilization review, and medical necessity appeals
 - Provider complaints

Wellcare by Allwell Vision Changes Effective January 1, 2024



- ▶ Effective January 1, 2024, Wellcare by Allwell will assume the management of medical eye care services.
- ▶ Premier Eye Care will manage routine eye care services and full scope of licensure optometric services for our members.
- ▶ Beginning January 1, 2024, Wellcare by Allwell will be responsible for the following functions for medical eye care services:
 - Contracting and credentialing
 - Claim processing and appeals
 - Provider services
 - Provider partnership management
 - Provider education and resource materials (e.g. provider manual, training)
 - Provider web portal
 - Prior authorization, retrospective utilization review, and medical necessity appeals
 - Provider complaints

Wellcare by Allwell Clinical Policy Notification

Wellcare by Allwell Clinical Policy Notification

- ▶ Wellcare by Allwell is amending or implementing new policies effective January 1, 2024.
- ▶ Wellcare by Allwell's clinical, payment, and pharmacy policies can be found on our website.
- ▶ To navigate to our policies:
 - Visit ARHealthWellness.com
 - Select the For Providers tab at the top of the screen, then Provider Resources
 - Select Clinical & Payment Policies from the drop-down menu
 - To expand and view our policies, choose from Wellcare Clinical Policies, Wellcare Payment Policies, and Wellcare Pharmacy Policies

Medicare PA Changes Effective October 1, 2023

- ▶ The prior authorization process is initiated by the physician, and it is the ordering/prescribing provider's responsibility to determine which codes require prior authorization.
- ▶ Please verify eligibility and benefits prior to rendering services to patients.
 - Payment, regardless of authorization, is contingent on the member's eligibility at the time the service is rendered.
- ▶ Nonparticipating providers and facilities require authorization for all services except where otherwise indicated.

Appointment Availability & Wait Times



Appointment Availability & Wait Times



Ambetter follows the accessibility and appointment wait time requirements set forth by applicable regulatory and accrediting agencies. Ambetter 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. The table on the right depicts the appointment availability for members:

Appointment Type	Access Standard
PCPs - Routine visits	30 calendar days
PCPs - Adult Sick Visit	48 hours
PCPs - Pediatric Sick Visit	24 hours
Behavioral Health – Non-life Threatening Emergency	6 hours
Specialist	Within 30 calendar days
Urgent Care Providers	24 hours
Behavioral Health Urgent Care	48 hours
After Hours Care	Office number answered 24 hours/7 days a week by answering service or instructions on how to reach a physician
Emergency Providers	24 hours a day, 7 days a week

New Provider Payment Method

New Provider Payment Method

- ▶ Ambetter from Arkansas Health & Wellness is working to improve our provider payment methods. To reduce the environmental impact of our payments and to enhance the provider experience, all payments for Marketplace claims will be issued via Virtual Credit Card (VCC) effective September 9, 2023. Medicare claims payment via VCC begins in early 2024 for all states.
- ▶ The VCC program from Change Healthcare is a widely used payment option in healthcare that we are making available to our provider network. Providers wishing to receive electronic funds transfer (EFT) rather than VCC payments may elect to do so.

New Provider Payment Method

VCC Payments

VCC payments function just like any other credit card payment. You will follow the same process as taking a credit card payment from a patient. Here's how it works:

- ▶ You receive a printed Explanation of Payment (EOP) that includes a 16-digit card number.
- ▶ You enter the card number and the full amount of the payment into your credit/debit point-of-sale terminal before the expiration date.
- ▶ You receive funds in the same timeframe as your other credit card payments.
- ▶ There is no need to enroll to receive VCC payments as they are processed under the merchant agreement with your banking partner.
- ▶ Note that your merchant/banking partner charges fees for the payment transaction.

New Provider Payment Method

- ▶ These fees are in lieu of the check clearing fees you currently pay.
- ▶ Providers not enrolled for EFT payments with Marketplace started receiving payments via the VCC program in September 2023.

Other Payment Options:

- ▶ You may opt out of the VCC program at any time by calling 1-800-317-9280 or visiting echovcards.com/letter. To access this site, you will need your Tax ID and verification access code.
- ▶ Providers can also sign up for PaySpan Health to provide an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment.

Visit PaySpan's website for more information: PaySpanHealth.com

PaySpan EFT/ERA

Arkansas Health & Wellness and Arkansas Total Care partner with PaySpan Health to provide an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment.

Benefits include:

- ▶ Elimination of paper checks — all deposits transmitted via EFT to the designated bank account
- ▶ Convenient payments and retrieval of remittance information
- ▶ Electronic remittance advices presented online
- ▶ HIPAA 835 electronic remittance files for download directly to a HIPAA-Compliant Practice Management for Patient Accounting System
- ▶ Reduce accounting expenses — Electronic remittance advices can be imported directly into practice management or patient accounting systems, eliminating the need for manual re-keying
- ▶ Improve cash flow — Electronic payments can mean faster payments, leading to improvements in cash flow
- ▶ Maintain control over bank accounts — You keep TOTAL control over the destination of claim payment funds. Multiple practices and accounts are supported
- ▶ Match payments to advices quickly — You can associate electronic payments with electronic remittance advices quickly and easily
- ▶ Manage multiple Payers — Reuse enrollment information to connect with multiple Payers Assign different Payers to different bank accounts, as desired
- ▶ Visit PaySpan’s website for more information: PaySpanHealth.com

Prior Authorizations

Pre-Auth Check Tool



For Members ▼ For Providers ▼ Get Insured

For Providers
Login
Become a Provider ▼
Pre-Auth Check ▲
Ambetter Pre-Auth
Wellcare by Allwell Pre-Auth
Provider Financial Support & Resources
Pharmacy
Provider Resources ▼
QI Program ▼
Provider Relations

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.

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

Pre-Auth Check Tool - [Ambetter](#) | [Wellcare by Allwell](#)

Pre-Auth Check Tool



Pre-Auth Needed?

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 need to be verified by [Envolve Dental](#)
Behavioral Health/Substance Abuse need to be verified by Arkansas Health & Wellness
Complex Imaging, MRA, MRI, PET and CT Scans need to be verified by [Evolent](#).
Prior Authorizations for Musculoskeletal Procedures should be verified by [TurningPoint](#)
Speech, Occupational and Physical Therapy need to be verified by [Evolent](#). For Chiropractic providers, no authorization is required.

Note: It is the responsibility of the facility, in coordination with the rendering practitioner to ensure that an authorization has been obtained for all inpatient and selected outpatient services, except for emergency stabilization services. All inpatient admissions require prior authorization. To determine if a specific outpatient service requires prior authorization, utilize the Pre-Auth Needed tool below by answering a series of questions regarding the Type of Service and then entering a specific CPT code. Any anesthesia, pathology, radiology or hospitalist services related to a procedure or hospital stay requiring a prior authorization will be considered downstream and will not require a separate prior authorization. However, services related to an authorization denial for an outpatient procedure or hospital stay will result in denial of all associated claims, including anesthesia, pathology, radiology and hospitalist services.

Are Services being performed in the Emergency Department?

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 dental surgeries?	<input type="radio"/>	<input type="radio"/>
Is the member receiving Gender Reassignment services?	<input type="radio"/>	<input type="radio"/>

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

How to Secure Prior Authorization

Prior Authorizations can be requested in the following ways:



Secure Web Portal: This is the preferred and fastest method

- ▶ Ambetter and Wellcare by Allwell: Provider.ARHealthWellness.com



Phone

- ▶ Ambetter: 1-877-617-0390
- ▶ Wellcare by Allwell: 1-855-565-9518



Fax — IP and OP paper forms available on the website on the Provider Resources page

- ▶ Ambetter: 1-866-884-9580
- ▶ Wellcare by Allwell: 1-833-562-717

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.

Secure Provider Portal

Secure Provider Portal – Create An Account

Registration is free and easy

▶ ARHealthWellness.com/login



Log In

Username (Email)

LOG IN

[Create New Account](#)



Secure Portal Features

- ▶ 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
- ▶ Ability to attach required documentation when filing a reconsideration
- ▶ Ability to upload records for care gap information
- ▶ Option to 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.

Provider Self-Led Trainings

Provider Self-Led Trainings



For Members ▾ For Providers ▾ Get Insured

For Providers

[Login](#)

[Become a Provider](#) ▾

[Pre-Auth Check](#) ▾

[Provider Financial Support & Resources](#)

[Pharmacy](#)

Provider Resources ^

[Manuals, Forms and Resources](#)

Provider Training ^

[ASAM Training](#)

[Cultural Competency Training](#)

[Secure Provider Portal Quick Start Guide](#)

Provider Training

Welcome to Arkansas Health & Wellness. We thank you for being part of our network of participating physicians, hospitals and other healthcare professionals.

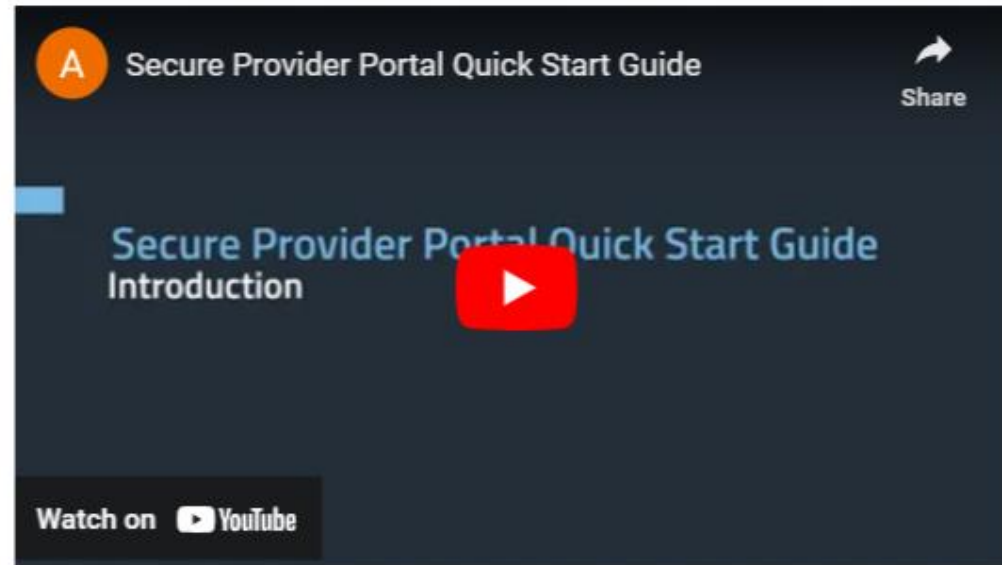
Arkansas Health & Wellness provides several self-led provider trainings. This is an annual training that is offered to every provider and is available 24/7 on the [Provider Training Page](#). After completion of the training, providers will then need to complete the [Attestation Form](#).

- [Cultural Competency Training](#)
- [Secure Provider Portal Quick Start Guide](#)
- [Special Needs Plan Model of Care Self-Study Program](#)
- [Allwell 2023 Annual Model of Care Provider Training Letter \(PDF\)](#)

Provider Self-Led Trainings

Secure Provider Portal Quick Start Guide

Arkansas Health & Wellness provides a Secure Provider Portal quick start guide that delivers a comprehensive overview of the Secure Provider Portal, including registration and account setup, member eligibility and patient listings, health records and care gaps, prior authorizations, claim submission and status, and corrected claims and adjustments. This training 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](#).



Risk Adjustment



Risk Adjustment Overview

- ▶ Risk Adjustment is the method developed and used by the Department of Health & Human Services (HHS) to predict health costs of members
- ▶ The purpose of risk adjustment is to deter plans from developing products that only attract the healthiest members – protect against adverse selection
- ▶ Center for Medicaid and Medicare Services uses the Hierarchical Condition Category (HCC) grouping logic as basis of risk adjustment

Hierarchical Condition Categories

- ▶ HCCs assign risk factor scores based on chronic health conditions and demographics information:
 - Age
 - Gender
 - If member is community-based or institution-based
 - Interaction between disease categories within the hierarchy
 - Chronic conditions

- ▶ HCCs help predict healthcare costs for plan enrollees

- ▶ HCCs are based on encounter or claims data collected from providers

- ▶ Not all diagnoses map to an HCC

Risk Adjustment Requirements

CMS and HHS **REQUIRE** health plans to report complete and accurate diagnostic information on enrollees **ANNUALLY**

- ▶ Conditions not documented annually do not exist

Opportunity for providers to provide comprehensive care with every face-to-face encounter

- ▶ Document chronic conditions, co-existing conditions, active status conditions, and pertinent past conditions

Risk Adjustment Projects

Medical Record Review

- ▶ Contracted vendors: Datafied and Ciox (Datavant)
- ▶ Project Dates:
 - Medicare: Scheduled to Launch May 2024
 - Ambetter: Launched September 2023–April 2024

Prospective Provider Programs

- ▶ Continuity of Care (CoC) Program — Internal
- ▶ In-Office Assessment (IOP) Program — Contracted Vendor Optum

Continuity of Care (CoC)

- ▶ CoC is a proactive provider engagement program incentivizing providers incrementally for their work on addressing chronic conditions that are risk adjusted. The goal is to recognize and reward providers who collaborate with Arkansas Health & Wellness to deliver quality care and improve documentation of care for members.
- ▶ CoC is a claims-based program requiring:
 - Targeted member to have a DOS with provider within assigned TIN during the program year (January through December)
 - Claim identifying any active condition with ICD-10 code
 - Active condition supported in the medical record
 - Completed agenda with all identified conditions assessed indicating if condition is valid/active or resolved/no longer present
- ▶ Providers are assigned a Risk Adjustment Specialist who serves as a resource to educate, train, and provide reporting to ensure success.

For more information on ways to increase revenue for your clinic while also providing quality care via the CoC program, please reach out to our team and attend one of our CoC webinars.

Risk Adjustment Best Practices

Take a comprehensive care approach

- ▶ Address all chronic conditions each visit
- ▶ Code to the highest specificity

Document Diagnosis

- ▶ Place applicable ICD-10 codes on claims to document conditions that exist
- ▶ Provide documentation for each diagnosis in the medical record

Utilize Health Data Proactively

- ▶ Provider Analytics Tool
- ▶ Appointment Agenda Data for CoC Program
- ▶ In-Office Assessment Forms

Risk Adjustment Contacts

- ▶ Operations and Management
Sherrill Montgomery
Director, Risk Adjustment
Sherrill.S.Montgomery@Centene.com
- ▶ Project Initiatives
Miranda Rowe
Supervisor, Risk Adjustment
Miranda.R.Rowe@Centene.com
- ▶ Coding Education
Haley Hicks
Senior Coding Analyst, Risk Adjustment
Haley.M.Hicks@Centene.com

Quality Improvement Partnership for Quality Program

2024 Primary Care Physician Medicare Incentive Programs

Unlock the Benefits of Partnership!

Earn up to **\$1,865** per member with Wellcare’s Physician Medicare Incentive Programs.*

The physician-patient relationship is a key component in fostering good health and satisfaction among your patients. Quality care is at the heart of this relationship, and Wellcare is pleased to offer a variety of Incentive Programs that reward the superior care you provide your patients throughout the year.

*See program details.

PCP Incentive Program	Maximum Incentive Opportunity**
Partnership for Quality (P4Q) Medicare	Earn up to \$75 per HEDIS® measure gap by scheduling and conducting care gap closure (e.g., Care for Older Adult Assessments, Breast Cancer Screening, Diabetes Screenings, etc.) – 16 measures ranging between \$25 and \$75.
Continuity of Care (CoC)	Earn up to \$400 per each completed Appointment Agenda (Health Condition History only) with a qualified claim.
RxEffect	Earn up to \$600 per member by utilizing the RxEffect tool. Bonus amount depends on market & number of eligible adherence therapies per member.
Mock CAHPS Medicare Member Experience	Earn up to \$40 per assigned member achieving an <i>aggregate</i> Mock CAHPS rating of 3.5 or higher across impactable CAHPS measures on the 2024 Mock CAHPS survey.

**Payment is dependent on program specific guidelines and physician practice eligibility.

Please contact your local Provider Engagement representative for additional details on the above programs.



Incentive Program Important Notes

- ✓ Measurement periods will vary based on program type.
- ✓ Exact payment will be based on specific program methodology.

This flyer is not a representation of all provider incentive programs offered.

Questions?

Contact your local Wellcare representative or call Provider Services at **1-855-538-0454** (TTY: 711) for specific questions.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Partnership for Quality

Arkansas Health & Wellness is pleased to introduce the 2024 Medicare Partnership for Quality (P4Q) program. This initiative aims to recognize and reward Primary Care Physicians for improving healthcare quality and care gap closures.

How It Works

- ▶ Providers have the opportunity to earn a bonus by successfully addressing the measures outlined on next slide
- ▶ Schedule and conduct appointments to close care gaps, review medications, and strategize a plan for maintaining your patient's well-being

2024 P4Q Program

Program Measures	Amount Per
BCS – Breast Cancer Screening	\$75
CBP – Controlling High BP	\$25
COA – Care for Older Adults – Pain Assessment*	\$25
COA – Care for Older Adults – Review*	\$25
COL – Colorectal Cancer Screen	\$50
EED – Diabetes – Dilated Eye Exam	\$25
FMC – F/U ED Multiple High Risk	\$50
HBD – Diabetes HbA1c<=9	\$75
Medication Adherence – Blood Pressure Medications	\$50
Medication Adherence – Diabetes Medications	\$75
Medication Adherence – Statins	\$75
OMW – Osteoporosis Management in Women Who Had Fracture	\$50
SPC – Statin Therapy for Patients with CVD	\$50
SUPD – Statin Use in Persons with Diabetes	\$75
TRC – Medication Reconciliation Post Discharge	\$50
TRC – Patient Engagement after Inpatient Discharge	\$50

4 Payment Cycles

Earnings in Cycles 1, 2, 3

- ▶ First three earnings less than \$100 will automatically be rolled to the next payment cycle (any balances under \$100 will be disbursed in cycle 4)

Earnings in Cycle 4

- ▶ Payments for Medication Adherence measures – CBP-Controlling High Blood Pressure; HBD-Diabetes HbA1c \leq 9 – will only be included in cycle 4

CPT II Coding Importance

What are CPT II Codes?

- ▶ CPT II codes are tracking codes that facilitate data collection for the purposes of performance measurement.

Why should my organization use CPT II Codes?

- ▶ Fewer dropped codes by billing companies due to non-payable codes
- ▶ Better reporting of open and closed care needs for your assigned members
- ▶ Increase in P4Q due to submission of additional codes
- ▶ Collection of HEDIS measure data year-round, resulting in fewer chart requests during chart collection season
- ▶ Gap closure is reflected timelier with code submission versus medical records

CPT II coding/Claims

CPT II codes are billed in the procedure code field, just as CPT I codes are billed. CPT II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. With Arkansas Health & Wellness, CPT II codes are billed with a \$0.01 billable charge amount.

CATEGORY OF CODES	CPT II CODES	HCPCS CODES
HbA1c Results	<ul style="list-style-type: none"> • 3044F Most recent hemoglobin A1c (HbA1c) <7% • 3046F Most recent hemoglobin A1c (HbA1c) >9% • 3051F Most recent hemoglobin A1c (HbA1c) result >=7% and <8% • 3052F Most recent hemoglobin A1c (HbA1c) result >=8% and <=9% 	
Eye Exams	<ul style="list-style-type: none"> • 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed • 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence or retinopathy • 2024F Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy • 2025F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2026F Eye Imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed; with evidence of retinopathy • 2033F Eye Imaging validated to match diagnosis from seven standard field stereoscopic photos, results documented and reviewed; without evidence of retinopathy • 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) 	<ul style="list-style-type: none"> • S0621 Diabetic Retinal Screening • S0620 Diabetic Retinal Screening • S3000 Diabetic Retinal Screening
Advance Care Planning	<ul style="list-style-type: none"> • 1123F Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record • 1124F Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan • 1157F Advance care plan or similar legal document present in the medical record • 1158F Advance care planning discussion documented in the medical record 	

CATEGORY OF CODES	CPT II CODES	HCPCS CODES
Blood Pressure Control (Includes Diabetics)	<ul style="list-style-type: none"> • 3074F Most recent Systolic <130mm Hg • 3075F Most recent Systolic 130–139mm Hg • 3077F Most recent Systolic ≥140mm Hg • 3078F Most recent Diastolic <80mm Hg • 3079F Most recent Diastolic 80–89mm Hg • 3080F Most recent Diastolic ≥90mm Hg 	
Medication Review (2 codes: Review and List)	<ul style="list-style-type: none"> ✓ Medication List • 1159F Bill with 1160F Medication list in the medical record ✓ Medication List • 1160F Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record 	G8427 Medication List
Medication Reconciliation	<ul style="list-style-type: none"> • 1111F Discharge medications reconciled with the current medication list in the outpatient record. 	
Functional Status Assessment	<ul style="list-style-type: none"> • 1170F Functional status assessed 	
Pain Assessment	<ul style="list-style-type: none"> • 1125F pain present; pain severity quantified • 1126F no pain present; pain severity quantified 	

Annual Wellness Visit (AWV)

A Successful Annual Wellness Visit will:

- ▶ Identify patients who need disease management or intervention
- ▶ Improve meaningful data exchanges between the health plan and providers
- ▶ Improve the quality of care provided and patient health outcomes

Annual Wellness Visits			
Welcome to Medicare Exam G0402 (Once-in-a- lifetime benefit)	Initial Annual Wellness Visit G0438 (Once-in-a- lifetime benefit)	Subsequent Annual Wellness Visit G0439 (All subsequent visits)	The Annual wellness Visit (AWV) includes personalized prevention plan services (PPPS) that focus on disability and disease prevention. This service is covered once per calendar year. Refer to the Medicare Claims Processing Manual for other services covered at the time of an IPPE or AWV.

Annual Physical Exams			
Exam Type	Initial	Subsequent	Annual Physical Exams include an appropriate history/exam with risk counseling and/or quality intervention. The extent and focus of the exam depends on the age and biological sex of the patient. This service is covered once per calendar year. Refer to the CPT code book for further guidance, and to view other services covered at the same time of a preventive medicine exam.
Ages 18-39	99385	99395	
Ages 40-64	99386	99396	
Ages 60+	99387	99397	

Required Components of AWW

Annual Wellness Visit	Welcome to Medicare Exam	Annual Physical Exam						
<p>Establish/Review or Update:</p> <ul style="list-style-type: none"> • Health Risk Assessment (HRA), if needed. • Medical, social, and family history. List current providers. • Risk Factor Screenings: <ul style="list-style-type: none"> • Depression and mood disorders • Functional ability • Level of safety • Written preventive screening schedule. • Risk factors/conditions that need and/or receive intervention. <ul style="list-style-type: none"> • Treatment options with associated risks/benefits • Personalized health advice/referrals provided to patient. • Health education/counseling/preventive services: <table border="0" data-bbox="351 1106 904 1216"> <tr> <td>Weight loss</td> <td>Smoking cessation</td> </tr> <tr> <td>Physical activity</td> <td>Fall prevention</td> </tr> <tr> <td>Nutrition</td> <td></td> </tr> </table> 	Weight loss	Smoking cessation	Physical activity	Fall prevention	Nutrition		<p>Review:</p> <ul style="list-style-type: none"> • Medical and social history. • Risk factors for depression and mood disorders. • Functional ability and level of safety. <p>Examine:</p> <ul style="list-style-type: none"> • Height, weight, and BMI. • Blood pressure. • Visual acuity screen. • Any other factors based on patient’s medical and social history. <p>Include:</p> <ul style="list-style-type: none"> • End of life planning — patient may decline. • Education, counseling, and referral as appropriate. <ul style="list-style-type: none"> • Based on review and exam assessment • To obtain screenings and other preventive services • Brief written plan — provided to the patient. 	<p>Exam focused on modifiable risk factors and disease prevention.</p> <p>No chief complaint Not due to present illness</p> <ul style="list-style-type: none"> • Comprehensive history and physical exam findings. <ul style="list-style-type: none"> • Complete systems review • Past medical, social, and family history • Pertinent risk factors • Description and status of chronic conditions that are not significant enough to require additional work-up. • Description and care plan for minor problems that do not require additional work-up. • Risk factor and age-appropriate counseling, screening labs, tests, and vaccines including orders and/or referrals. <p><i>Document and code any abnormalities found, regardless of whether the finding requires an additionally reported service.</i></p>
Weight loss	Smoking cessation							
Physical activity	Fall prevention							
Nutrition								

Notification of Hospital Admission

Date: [Day, Month XX, YYYY]

From: Arkansas Health & Wellness **Sender Fax:** [1-xxx-xxx-xxxx]

Department: Quality Improvement

Patient: [Patient first name] [Patient last name]

To: [Provider first & last name] **Recipient Fax:** [1-xxx-xxx-xxxx]

Recipient Phone: [1-xxx-xxx-xxxx]

DOB: [mm/dd/yyyy]

Dear [Provider first & last name],

You are receiving this notification because you are identified as the above member's primary care provider in our records.

This is to notify you that your patient was admitted to the hospital on [Day, Month XX, YYYY].

Once your patient is discharged from the hospital, we will fax the notification of discharge to you to assist in scheduling a timely post-discharge appointment.

It is our goal to coordinate care with you. If you have any questions, please feel free to contact us at 1-800-294-3557 (TTY: 1-877-617-0392). We look forward to collaborating with you to provide the best care for our member.

Sincerely,

Arkansas Health & Wellness

Medication Adherence

World Health Organization Guidelines for Adherence:

- ▶ Adherence — the extent to which a person’s behavior, such as taking medication, following a diet or healthy lifestyle changes, coincides with recommendations from a health care provider
- ▶ Medication Adherence — the patient’s conformance with the provider’s recommendation with respect to timing, dosage, and frequency of medication-taking during the prescribed length of time

Measuring Medication Adherence



Proportion of Days Covered (PDC) — the days-supply received in observation period divided by the total days in the observation period



Observation Period — the time from the first fill of a medication in a medication adherence measure until the end of the year

Promoting Medication Adherence



Prescribe 90-day prescriptions supply

For chronic medications, prescribe a 90-day quantity.



Review medications regularly

During each visit, review all medications with the patient.

When possible, remove medications no longer needed and reduce dosages.



Check for understanding

Make sure your patients knows why you are prescribing a medication.

clearly explain what they are, what they do and how to manage potential side effects.

Maintaining Medication Adherence

Patient barriers	Talking points
Medications cost too much.	Check for medications in a lower tier on formulary.
Can't remember to refill their medications.	Talk to your patients about how they can enroll in a refill reminder program with their pharmacy. If a patient has a smart device, have them add calendar reminders (alerts) for medication refills.
Hard to get to the pharmacy.	Have the patient check if their pharmacy offers delivery service. Ask the patient to check with family members or a caregiver for help.
Too many medications to track.	Ask the patient's pharmacy to synchronize medications so they are all filled on the same day. Encourage the use of a pillbox or phone alarms to help patients take their medications each day at the correct time.

RxEffect – Right Patients, Right Time, Right Action

RxEffect Adherence Workflow Solution



Targeted patient lists

Predictive analytics choosing a subset of patients to optimize outreach efforts

Timely and regular updates

Data is updated daily and adjusted based on user feedback

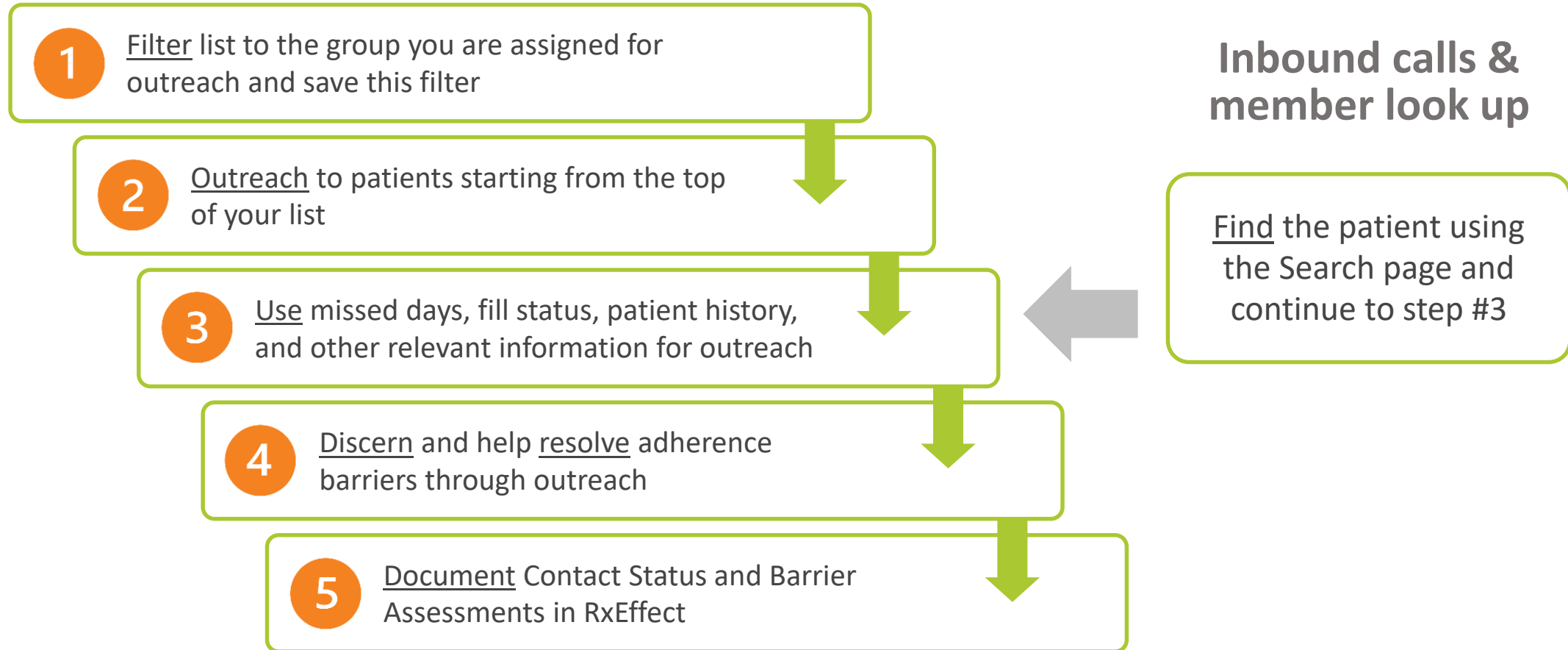
Easy to use and document

Simplistic design and documentation makes it easy to use and train others

Strong workflow support

Intuitive platform and flexible features adapt easily to your workflow

RxEffect Workflow



Provider Website

Please access any Provider Resources documents on our website:

Wellcare by Allwell

ARHealthWellness.com/providers/allwell-providers



Annual Physical & Wellness Visits

A successful Annual Wellness Visit will:

- Identify patients who need disease management or intervention.
- Improve meaningful data exchanges between the health plan and providers.
- Improve the quality of care provided and patient health outcomes.

The medical record must support all diagnoses and all services billed on the claim. It must:

Questions/Training Request

Sherene Woolcock

Supervisor, Quality Improvement

Sherene.Woolcock@Centene.com

Caprice Brown

Director, Quality Improvement

Caprice.Brown@Centene.com

Contact Information

Provider Services Call Center



First line of communication

- ▶ Ambetter Provider Services
1-877-617-0390 (TTY: 1-877-617-0392)
- ▶ Wellcare by Allwell Provider Services
1-855-565-9518 (TTY: 711)

Representatives are available Monday through Friday from 8 a.m. to 5 p.m. CT

Provider Service Representatives can assist with questions regarding:

- ▶ Member Eligibility
- ▶ Claim Inquiry
- ▶ Prior Authorization
- ▶ Network Verification
- ▶ Appeal Status
- ▶ Payment Inquiries
- ▶ Check Stop Pay or Check Reissues
- ▶ Negative Balance Report
- ▶ Provider Demographic Change Request
- ▶ Secure Portal Password Reset

Contracting Department



Phone Number: 1-844-631-6830

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



Provider Contracting Email Address: ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Credentialing Department



Arkansas Health & Wellness Credentialing Department

Phone: 1-844-263-2437

Fax: 1-844-357-7890



Provider Credentialing Email:

ArkCredentialing@Centene.com

Education Requests

Would you like training for you and your staff?



You can submit your requests to

Providers@ARHealthWellness.com



Thank you for joining us!