



arkansas  
health & wellness™

## 4<sup>th</sup> Quarter Updates

*Provider Webinar*

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2020



# Housekeeping

- Please mute your phone
- Please do not put this call on hold—we will hear your hold music
- All questions will be answered at the end of the presentation through the Q&A feature
- A copy of this presentation will be posted soon

# Disclaimer

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# Agenda

- 4<sup>th</sup> Quarter Provider Updates
  - COVID-19 Update
  - Clinical & Payment Policies
  - Envolve Pharmacy
  - Appeal Process – Medical Necessity and Retro Authorization
  - Clinical Laboratory Improvement Amendments (CLIA)
- Healthcare Effectiveness Data & Information Set (HEDIS)
- National Imaging Associates, Inc. (NIA)
- Turning Point
- Important Reminders
  - Hearing Care Solutions
  - Fraud, Waste & Abuse
  - Cultural Competency Training
- Contact Information

# Join Our Email List Today

- Receive current updates:
  - [arhealthwellness.com/providers/resources.html](http://arhealthwellness.com/providers/resources.html)
- Choose the network you wish to receive information

## Provider 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.

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

Name \*

Position/Title \*

Email \*

Phone Number \*

Group Name \*

Group NPI \*      Tax ID \*

Network\*

Ambetter

Allwell

# 4<sup>th</sup> Quarter Updates and Reminders



# COVID-19 Public Health Emergency Extended by Federal Government into 2021

- On October 5, 2020, HHS Secretary Alex Azar renewed the COVID-19 Public Health Emergency. This extends flexibilities and funding tied to the public health emergency (PHE) to continue through January 21, 2021
- With this renewal the various testing, screening, billing, and telehealth coverages that were implemented in response to the COVID-19 Public Health Emergency earlier this year will be extended to Arkansas Health & Wellness members through late January, until the PHE is either terminated or extended again
- This extension does not affect Arkansas Health & Wellness's additional Medicare coverages that are set to expire on December 31, 2020

# COVID-19 – Updated Guidance for Arkansas Health & Wellness

- In accordance with this extension, Arkansas Health & Wellness has updated the General Guidance for COVID-19 Testing, Screening, and Treatment document, as well as the COVID-19 Telehealth Guidance for Providers documents posted on our website at:
  - <https://www.arhealthwellness.com/providers/coronavirus-information.html>
- If you have any questions about this extension or the covered benefits impacted by it, please contact Provider Services at 1-800-294-3557



# Certain Additional Expenses During Public Health Emergencies

## \*NEW\* Codes



Code	Description
99072	<p>Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease.</p> <ul style="list-style-type: none"><li>-Code 99072 will not be separately reimbursable as stated per CMS guidelines.</li><li>-Explanation Code EX13 will be utilized for claim denials when this code is not treated as a bundled service.</li></ul>
86413	<p>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative.</p> <ul style="list-style-type: none"><li>- reimburse code at \$0 member liability and waive non par auth requirement</li></ul>

\*Rate not yet available for either code.



# Clinical & Payment Policies

FOR MEMBERS **FOR PROVIDERS** GET INSURED

**FOR PROVIDERS**

- Login
- Become a Provider
- Pre-Auth Check
- Pharmacy
- Provider Resources
  - Manuals, Forms and Resources
  - Provider Training
  - 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**

### Clinical & Payment Policies

[WHAT ARE CLINICAL POLICIES?](#)

[WHAT ARE PAYMENT POLICIES?](#)

### Ambetter Policies

[AMBETTER CLINICAL POLICIES](#)


[AMBETTER PAYMENT POLICIES](#)

[AMBETTER PHARMACY POLICIES](#)

### Allwell Policies

[ALLWELL CLINICAL POLICIES](#)

POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
<a href="#">2019 Novel Coronavirus testing (PDF)</a>	CP.MP.183	3/16/2020
<a href="#">3-Day Payment Window (PDF)</a>	CC.PP.500	7/1/2014



# Clinical & Payment Policies

## New Clinical Policies Effective 11/1/20:

- Allogeneic Hematopoietic Cell Transplants for Sickle Cell Anemia and  $\beta$ -Thalassemia
- Durable Medical Equipment (DME)
- Evoked Potentials
- Fertility Preservation
- Lysis of Epidural Lesions
- Pediatric Liver Transplant

# Clinical & Payment Policies cont.



Effective 2/01/2021

- Acupuncture
- Fixed Wing Air Transportation
- Gender Reassignment
- Home Births
- Low-Frequency Ultrasound Wound Therapy
- Neurofeedback for Behavioral Health Disorders
- Polymerase Chain Reaction Respiratory Viral Panel Testing
- Transcranial Magnetic Stimulation
- Trigger Point Injections for Pain Management
- Vagus Nerve Stimulation

# Engolve Pharmacy

- Engolve Pharmacy Solutions is simplifying the prescriber process with a prior authorization process that can be accessed online through CoverMyMeds. CoverMyMeds automates drug prior authorizations for any medication and allows prescribers to begin the process electronically.
- Access it at <https://pharmacy.engolvehealth.com/prescribers.html> under the “CoverMyMeds” link.

## Reconsideration/Appeals for Pharmacy

- If you believe the member has met the criteria, please resubmit your request with additional clinically supportive documentation for consideration.
- **Engolve RX Reconsideration**
- Ambetter Fax: 1-866-833-4566
- Allwell Fax: 1-844-273-2671

# Ambetter Medical Necessity Appeal Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Ambetter from Arkansas Health & Wellness Health Plan.
- Follow the appeal instructions provided in the denial letter

## When to request a Medical Necessity Appeal:

- An authorization request resulted in a denial
- A Peer-to-Peer or Reconsideration Review was or was not completed within 10 calendar days and the denial remains

## Required information:

- A written letter requesting an appeal regarding the authorization denial
- Include 2 to 3 forms of identifiable member information (i.e. Member name, DOB, member ID, member address) and the authorization number
- Additional medical information or a letter from the referring physician with information regarding why they disagree with the decision

## Ways to Submit an Appeal



Mail to:

Ambetter Grievances &  
Appeals Dept.  
P.O. Box 25538  
Little Rock, AR 72221



Fax to:

Attn: Appeals  
Department  
1-866-811-3255

# Allwell Medical Necessity Appeal Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Allwell from Arkansas Health & Wellness Health Plan.
- Follow the appeal instructions provided in the denial letter

## When to request a Medical Necessity Appeal:

- An authorization request resulted in a denial
- A Peer-to-Peer or Reconsideration Review was or was not completed within 10 calendar days and the denial remains

## Required information:

- A written letter requesting an appeal regarding the authorization denial
- Include 2 to 3 forms of identifiable member information (i.e. Member name, DOB, member ID, member address) and the authorization number
- Additional medical information or a letter from the referring physician with information regarding why they disagree with the decision

## Ways to Submit an Appeal



### Mail to:

Attn: Medicare  
Grievances and  
Authorization Appeals  
(Medicare Operations)  
7700 Forsyth Blvd  
St. Louis, MO 63105



### Fax to:

Attn: Appeals  
Department  
1-844-273-2671

# Urgent/Expedited Appeals Process

- Expedited provider requests must demonstrate that the standard timeframe for an appeal decision could seriously jeopardize the life or health of the member, or the member's ability to regain maximum function
- Correspondence will be provided to the member and/or provider detailing the determination of the medical necessity review:
  - Expedited Appeals = within 72 hours, mailed and faxed
  - Standard Appeals = within 30 Calendar Days, mailed
- The above information is also noted in each authorization denial letter



# Retro Authorization Appeals

In the event the Facility/Provider failed to obtain an authorization prior to rendering services, submit a Retro Authorization Appeal to the appropriate health plan.

Submit the Provider Request for Reconsideration and Claim Dispute Form  
- Mail to addresses are located on the bottom of the form

Submit via the Secure Provider Portal

Provide justification detailing why authorization was not obtained prior to rendering the service

Attach medical records to the justification to allow a proper review if approved for medical necessity review by the Administrative Appeals Committee.

# Provider Request for Reconsideration & Claim Dispute Form


- You will find the form on each of the websites under Provider Resources listed as the “Claim Dispute Form”
- All fields are required when completing the form.
- The appropriate address is listed on the bottom of each document.
- Links for each form:
  - Ambetter:
    - [https://ambetter.arhealthwellness.com/content/dam/centene/Ambetter%20of%20Arkansas/PDFs/AMB-AR\\_ClaimDesputeForm\\_Optimized\\_20180125.pdf](https://ambetter.arhealthwellness.com/content/dam/centene/Ambetter%20of%20Arkansas/PDFs/AMB-AR_ClaimDesputeForm_Optimized_20180125.pdf)
  - Allwell:
    - [https://www.arhealthwellness.com/content/dam/centene/ar-health-wellness/AllwellProviderDocs/AR\\_001AlwelPrvClaimDisForm\\_01292018\\_optimized\\_revised.pdf](https://www.arhealthwellness.com/content/dam/centene/ar-health-wellness/AllwellProviderDocs/AR_001AlwelPrvClaimDisForm_01292018_optimized_revised.pdf)

# Clinical Laboratory Improvement Amendments (CLIA)

- The CLIA number is required on the claim in all instances in which a CLIA waived or CLIA certified laboratory service is performed
- CLIA certification number billed was either missing or invalid:
  - The CLIA number should be populated in Box 23 on a paper CMS 1500 claim
    - CLIA numbers are 10 digits with letter “D” in third position
  - The CLIA number should be populated in Box 23b on the Secure Web Portal
  - The CLIA number electronically goes in Loop: 2300, Segment: REF02, REF01=X4

# CLIA Facts

- There are five levels of CLIA Certification:
  - Certification of Waiver (COW)
  - Certification of Provider Performed Microscopy (PPM) procedures
  - Certificate of Registration
  - Certificate of Compliance (COC)
  - Certificate of Accreditation (COA)
- Providers are required to have the appropriate level of CLIA certification for the test that they are performing.
- CLIA Waived Test are subject to CLIA requirements.
- A certificate of Waiver permits a provider to perform only CLIA waived tests.



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Home > Regulations and Guidance > Clinical Laboratory Improvement Amendments (CLIA) > Clinical Laboratory Improvement Amendments (CLIA)

### Clinical Laboratory Improvement Amendments (CLIA)

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). In total, CLIA covers approximately 251,000 laboratory entities. The Division of Laboratory Services, within the Survey and Certification Group, under the Center for Clinical Standards and Quality (CCSQ) has the responsibility for implementing the CLIA Program.

The objective of the CLIA program is to ensure quality laboratory testing. Although all clinical laboratories must be properly certified to receive Medicare or Medicaid payments, CLIA has no direct Medicare or Medicaid program responsibilities.

For the following information, refer to the downloads/links listed below:

- For additional information about a particular laboratory, contact the appropriate State Agency or Regional Office CLIA contact (refer to State Agency or Regional Office CLIA link found on the left-hand navigation pane);
- Information about what is CMS' authority regarding Laboratory Developed Tests (LDTs) and how does it differ from FDA's authority is found in the downloads section in the file called "LDT and CLIA FAQs";
- CMS Blog - FDA & CMS Form Task Force on LDT Quality Requirements;
- Information on research testing and CLIA is found in the file called "Research Testing and CLIA";
- Information about direct access testing (DAT) and the CLIA regulations is included in the Direct Access Testing download;
- OIG reports relating to CLIA;
- Guidance for Coordination of CLIA Activities Among CMS Central Office, CMS Regional Offices, State Agencies (including State with Licensure Requirements), Accreditation Organizations and States with CMS

**Clinical Laboratory Improvement Amendments (CLIA)**

- [How to Apply for a CLIA](#)
- [Certificate, Including International Laboratories](#)
- [State Agency & Regional Office](#)
- [CLIA Contacts](#)
- [Accreditation](#)
- [Organizations Exempt States](#)
- [Categorization of Tests](#)
- [Certificate of Waiver Laboratory Project](#)
- [Certification Boards for Laboratory Directors of High Complexity Testing](#)
- [CLIA Brochures](#)
- [CLIA Regulations and Federal Register Documents](#)
- [CLIA Related Hearing Decisions and Compliance Topics](#)

# Healthcare Effectiveness Data and Information Set (HEDIS)

# New & Revised Measures 2020

Acronym	HEDIS Measure	Timeline	Type of Measure
CRE	Cardiac Rehabilitation	New	Admin Only
KED	Kidney Health Evaluation for Patients with Diabetes	New	Admin Only
OSW	Osteoporosis Screening	New	Admin Only
W30	Well-Child Visits in the first 30 months of Life	Revised-Previously W15	Admin with year round medical record review
WCV	Child and Adolescent Well-Care Visits	Revised-Previously W34 & AWC	Admin with year round medical review

# Retired Measures 2020-2021

Acronym	HEDIS Measure	Timeline
ABA	Adult BMI Assessment	2020
MMA	Medication Management for People with Asthma	2020
ART	Disease-modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	2021
MRP	Medication Reconciliation Post Discharge	2020
OTO	Osteoporosis Testing in Older Women	2020
CAP	Children and Adolescent Access to Primary Care Practitioners	2020
BCR	Board Certification	2020

# Telehealth Services

- As of March 1, 2020, telehealth services furnished to patients are broader so that beneficiaries can receive healthcare without having to travel to a healthcare facility during the COVID-19 Public Health Emergency.
- Telehealth refers to a broad collection of electronic and telecommunications technologies that support delivery of health care services from distant locations. Forms of telehealth include Telemedicine, Virtual Check-Ins, E-Visits, and Telephone visits, among others.
- Telemedicine is the practice of medicine using technology to deliver care at a distance. A practitioner in one location (distant site) uses telecommunications to deliver care to a patient at another location (originating site).
  - These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Services that can be provided via telemedicine include, among others, office/outpatient visits, annual wellness visits, emergency department or initial inpatient consultations, ESRD- related services, individual and group diabetes self-management training, and individual psychotherapy.
- Practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers, and registered dietitians.



# Telehealth Services

- HEDIS Measures can be impacted and closed by telehealth visits. Examples\* of these measures include:
  - Care for Older Adults (COA)
  - Transitions of Care (TRC)
  - Adults' Access to Preventive/Ambulatory Health Services (AAP)
  - Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
  - Prenatal and Postpartum Care (PPC)
  - Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)
  - Controlling High Blood Pressure (CBP)
  - Statin Use in Persons with Cardiovascular Disease (SPC)
  - Follow Up Care for Children Prescribed ADHD Medication (ADD)
- Please follow up with the HEDIS team for more information.

\*Example list is not all-inclusive

# CPT® Category II Codes

- **What are they?**
  - CPT Category II codes are reporting codes that relay important information to the health plan. This information can close quality care gaps related to specific health outcome measures.
- **Why are they Important?**
  - CPT Category II codes should be submitted in conjunction with CPT or other codes used for billing and will decrease the need for record abstraction and chart reviews, minimizing your administrative burden.
- **How to bill CPT Category II codes:**
  - CPT Category II codes are billed in the procedure code field, just as CPT Category I codes are billed. CPT Category II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT Category II codes are billed with a \$0.00 or \$0.01 billable charge amount.
- **How can CPT Category II codes be used to close quality gaps in care on specific HEDIS measures?**
  - CPT Category II codes can relay important information related to health outcome measures such as:
    - ACE/ARB Therapy Controlling blood pressure
    - Comprehensive diabetes care
    - Care of Older Adults
    - Medication Reconciliation
    - Prenatal and Postpartum Care

# CPT<sup>®</sup> Category II Codes



Quality Measures	Indicator or Description	CPT Category II Codes
Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	ACE/ARB Therapy	4010F
Controlling High Blood Pressure	Blood Pressure Readings	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Comprehensive Diabetes Care	A1C Results	3044F, 3046F, 3051F, 3052F
	Eye Exam	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
	Nephropathy Screening	3060F, 3061F, 3062F, 3066F, 4010F
Care of Older Adults	Advance Care Planning	1123F, 1124F, 1157F, 1158F
	Functional Status Assessment	1170F
	Medication Review	1111F, 1159F, 1158F
	Pain Screening	1125F, 1126F
Medication Reconciliation after Discharge	Medication Reconciliation	1111F
Prenatal and Postpartum Care	Prenatal Visit	0500F, 0501F, 0502F
	Postpartum Visit	0503F

# Medical Record Requests

- Medical record requests are sent to providers.
- The request includes a member list identifying assigned measures and the minimum necessary information needed.
- Data collection methods include: fax, email, secure provider portal, onsite for larger requests, remote EMR system access, and electronic data interchange via a secure site (SFTP).
- Due to the data collection time frame, a five- to seven-day turnaround is appreciated.
- We recommend uploading records to our secure site to allow for optimal tracking of information submitted.
- The records you provide during this process help us validate the quality of care provided to our members.
- We appreciate your cooperation and timeliness in submitting the requested medical record information.

# HIPAA & HEDIS

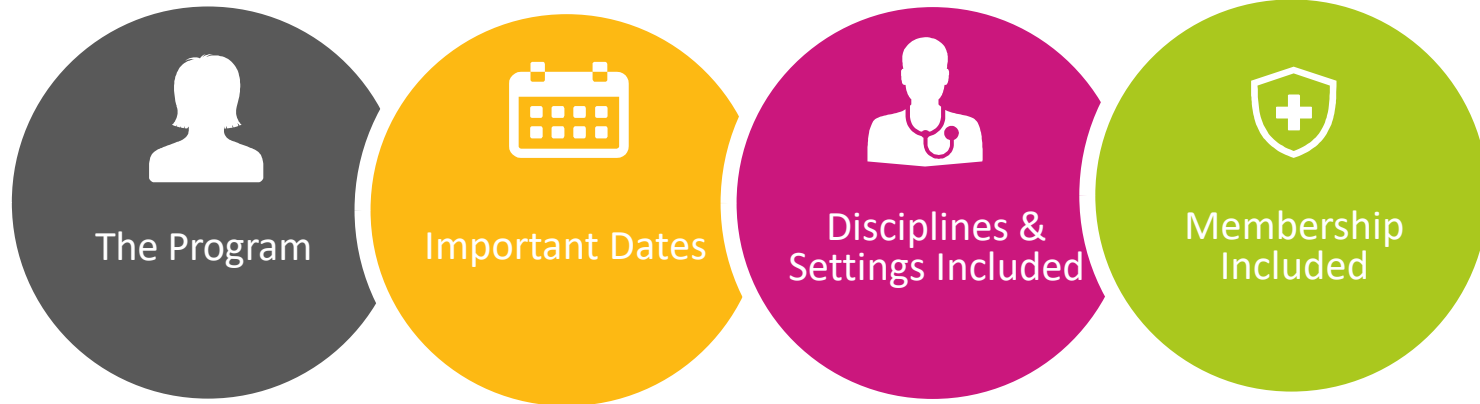
- Under the HIPAA Privacy Rule, release of information for the purpose of HEDIS data collection is permitted and does not require patient consent or authorization.
- Disclosure is permitted as part of quality assessment and improvement activities.
- All of the health plans' contracted providers' records are protected under this act.
- Member PHI that we collect is maintained in accordance with all federal and state laws.
- HEDIS data is reported collectively.
  - Rates represent aggregate data.
  - No individual identifiers are included.

# HEDIS Contact Information

- For further information on HEDIS gap closure, resources, special reporting, or any other HEDIS needs please reach out to the HEDIS team.
- Secure Email: [QI\\_AR\\_HEDIS@CENTENE.COM](mailto:QI_AR_HEDIS@CENTENE.COM)
- Secure Fax: 800-716-2380

# National Imaging Associates, Inc. (NIA)

# NIA's Physical Medicine Prior Authorization Program



- Ambetter from Arkansas Health & Wellness will begin a prior authorization program through NIA for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative care.

- Program start date: January 1, 2021
- Begin obtaining authorizations from NIA on December 14, 2020 for services rendered on or after January 1, 2021

- Disciplines:
- Physical Therapy
  - Occupational Therapy
  - Speech Therapy
- Settings:
- Office
  - Outpatient Hospital
  - Home Health

- Exchange Programs





# NIA's Physical Medicine Solution

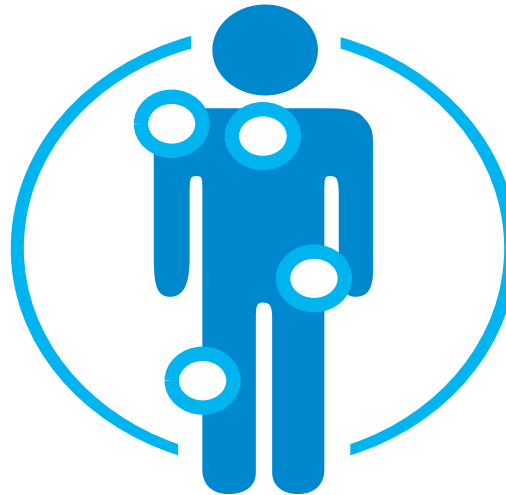
Procedures Performed on or after January 1, 2021 Require Prior Authorization

NIA's Call Center and RadMD will open December 14, 2020



**Targeted Physical Medicine Procedures Performed in an Outpatient Hospital/Office/Home Health Setting:**

- Physical Therapy
- Speech Therapy
- Occupational Therapy



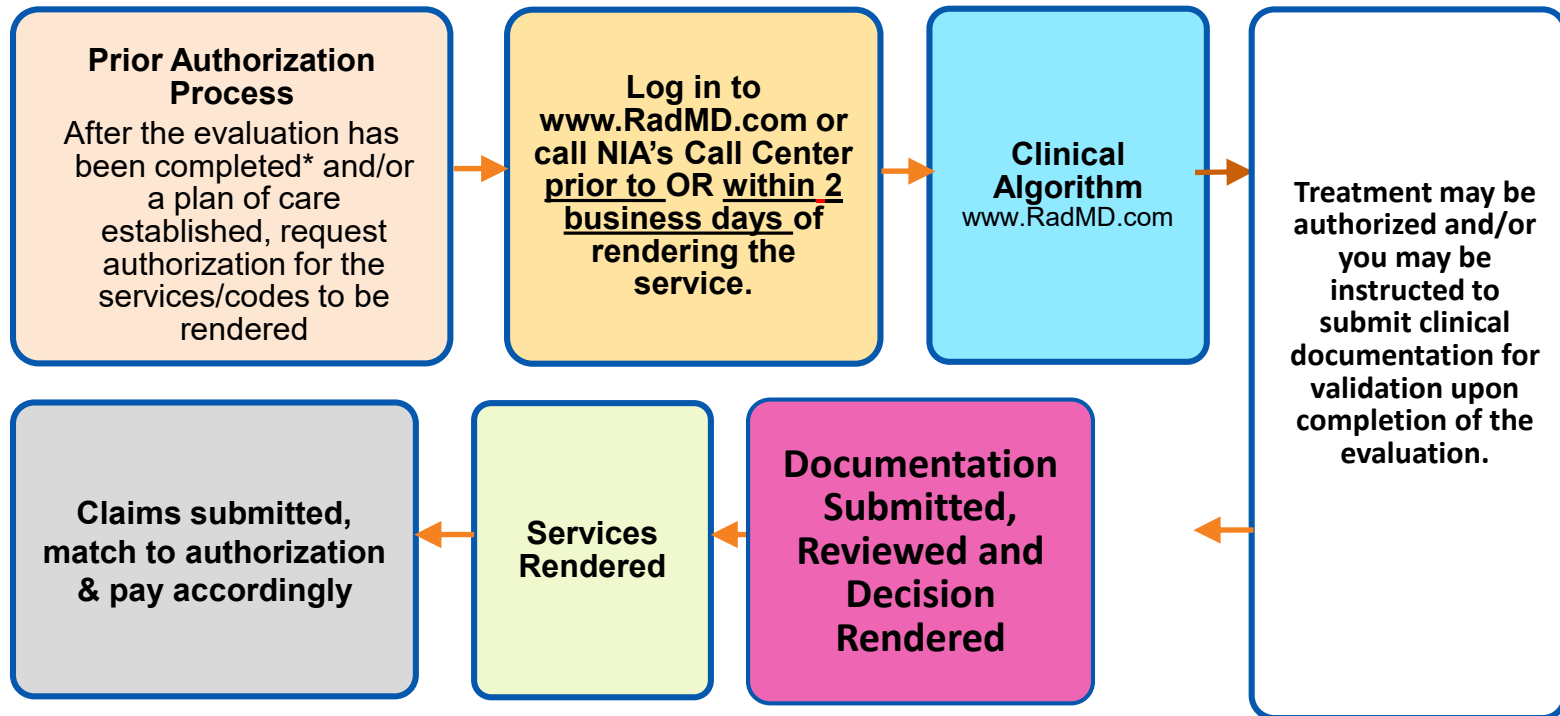
**Excluded from the Program Physical Medicine Procedures Performed in the following Settings:**

- Hospital Emergency Department
- Hospital status inpatient or observation
- Acute Rehab Hospital (Inpatient)
- Skilled Nursing (POS 31 & 32)

Ambetter from Arkansas Health & Wellness's network of Physical Medicine providers including therapists and facilities will be used for the Physical Medicine Program



# NIA's Physical Medicine Solution



*\*PT, OT and ST Initial Evaluation codes do not require authorization.*

# NIA's Physical Medicine Points



If multiple provider types are requesting services, they will each need their own authorization (i.e. PT, ST, and OT services).



The CPT codes for PT, OT and ST initial evaluations do not require an authorization. However, all other billed CPT codes even if performed on the same date as the initial evaluation will require authorization prior to billing.



After the initial visit, providers will have up 1 business days to request approval for the first visit. If requests are received timely, NIA is able to backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.



Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to [www.RadMD.com](http://www.RadMD.com) or faxed to NIA at 1-800-784-6864.



An authorization will consist of number of visits and a validity period. Each date of service is calculated as a visit.



30-day extensions to the end date of current authorizations can be added by utilizing the "Request Validity Date Extension" option on RadMD.

# Registering on RadMD.com to Initiate Authorizations



**Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.**

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physical Medicine Practitioner”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.



# When to Contact **NIA**

## Providers:

**Initiating or checking  
the status of an  
authorization**

- Website, [www.RadMD.com](http://www.RadMD.com)
- Toll-free number 1-877-617-0390 - Interactive Voice Response (IVR) System

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**Initiating a  
Peer to Peer**

- Call 1-888-642-7649

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**Technical  
Issues**

- [RadMDSupport@magellanhealth.com](mailto:RadMDSupport@magellanhealth.com)
- Call 1-800-327-0641

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**Provider Education  
requests or questions  
specific to NIA**

- Leta Genasci  
Provider Relations Manager  
1-800-450-7281 Ext. 75518  
[ljenasci@magellanhealth.com](mailto:ljenasci@magellanhealth.com)

# NIA – Upcoming Webinars

Arkansas Health & Wellness and NIA welcome providers to attend an upcoming provider education webinar on the NIA physical medicine program prior authorization process. Make plans to attend one of the sessions below:

Date	Time	Register at the link below:
12/10/2020	9:00 AM CST	<a href="http://bit.ly/NIA-Ambetter10">http://bit.ly/NIA-Ambetter10</a>
12/11/2020	9:00 AM CST	<a href="http://bit.ly/NIA-Ambetter11">http://bit.ly/NIA-Ambetter11</a>
12/14/2020	9:00 AM CST	<a href="http://bit.ly/NIA-Ambetter14a">http://bit.ly/NIA-Ambetter14a</a>
12/14/2020	12:00 PM CST	<a href="http://bit.ly/NIA-Ambetter14p">http://bit.ly/NIA-Ambetter14p</a>



# Turning Point Healthcare Solutions, LLC

- Arkansas Health & Wellness launched an innovative Surgical Quality and Safety Management Program with TurningPoint Healthcare Solutions, LLC, which became effective 1/1/2020
- TurningPoint is responsible for processing prior authorizations requests for medical necessity and appropriate length of stay for Musculoskeletal Surgical procedures
- This new process applies to: Allwell and Ambetter
- Physicians began submitting requests to TurningPoint for prior authorization on 12/1/1 for dates of service on or after 1/1/2020



## 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

#### Clinical Categories:

- **Orthopedics**
- **Spine**

#### Clinical Coding:

- **Clinical coding is available by request by calling TurningPoint at 855-275-4500 or through your Provider Relations Specialist. Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted.**

Clinical policies and processes are easily accessible to providers via several access points.



### Authorization Submission:

- **Web:** <https://myturningpoint-healthcare.com>
- **Fax:** 501-588-0994
- **Phone:** 501-263-8850 | 866-619-7054

### Provider Resources:

- Program PowerPoint presentation
- Frequently Asked Questions (FAQ) document
- TurningPoint Provider Manual
- Instructional Webinars
- TurningPoint medical professionals on-call 24 hours a day, 7 days a week

# Important Reminders

# Hearing Care Solutions

- Hearing exams, hearing aids, and hearing aid fittings must be made directly with Hearing Care Solutions
- Providers selling hearing aids must be contracted with Hearing Care Solutions
- All claims are submitted directly to Hearing Care Solutions
- Contact information:
  - 1-866-344-7756 (TTY: 711)
  - Monday – Friday: 6:00 AM to 6:00 PM

# Fraud, Waste & Abuse

- AHW takes the detection, investigation, and prosecution of fraud and abuse very seriously and has a FWA program that complies with the federal and state laws
- Centene's Special Investigation Unit (SIU) performs back end audits which may result in taking appropriate action against those who commit waste, abuse and fraud.
- AHW, in conjunction with its parent company, Centene, operates a waste, abuse, and fraud unit.
- AHW routinely conducts audits to ensure compliance with billing regulations.
- The Centene Special Investigation Unit (SIU) performs retrospective audits, which, in some cases, may result in taking actions against providers who commit waste, abuse, and/or fraud

# Fraud, Waste & 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 WAF submissions seen are:
  - Unbundling of codes
  - Up-coding services
  - Add-on codes without primary CPT
  - Diagnosis and/or procedure code not consistent with the member's age and/or gender
  - Use of exclusion codes
  - Excessive use of units
  - Misuse of benefits
  - Claims for services not rendered

**If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call our anonymous and confidential hotline at 1-866-685-8664**

# Cultural Competency Training



Join the Cultural Competency Trainings through the Provider Webinar link:  
<https://www.arhealthwellness.com/providers/resources/provider-webinars.html>

## Cultural Competency and Disability Sensitivity Training

Date: December 15, 2020

Time: 10am – 11am

Audience: All Ambetter and Allwell Providers

Description: This course will assist providers with how to service the member's health care needs in a culturally competent manner.

**\*All providers must attest annually to completing a Cultural Competency training\***

- **Topics will include:**
  - Health Communication
  - Health Literacy
  - Auxiliary Aids and Interpreter Services
  - How to become culturally competent
  - Changing attitudes
  - Ensuring compliance

Need to contact us?



# Provider Services Call Center

- First line of communication
  - Ambetter Provider Services Call Center  
**1-877-617-0390 (TDD/TTY: 1-877-617-0392)**
  - Allwell Provider Services Call Center  
**1-855-565-9518 (TDD/TTY: 711)**
- Prior Service Representatives can assist with questions regarding:
  - Eligibility
  - Authorizations
  - Claims
  - Payment inquiries
- Representatives are available Monday through Friday, 8 am to 5 pm (CST)

# Provider Inquires

- After speaking with a Provider Service Representative you will receive the following:
  - All inquiries are assigned 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 should have the following when calling or 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)

# Where to Find Us



**Doug Kabrey**



**Kari Murphy**



**Meghan Hunt**



**Patrice Eackles**



**Tanya Redden**



**Valinda Perkins**



# Education Requests

**Would you like training for you and your staff?**

You can submit your requests to:  
[providers@arhealthwellness.com](mailto:providers@arhealthwellness.com)



## Arkansas Health & Wellness Contracting

Phone Number: 1-844-631-6830

Hours of Operation: 8am – 4:30pm (CST)



Provider Contracting Email Address:

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

Regular contracting inquiries and contract requests



## **Arkansas Health & Wellness Credentialing**

Phone Number: 1-844-263-2437

Fax: 1-844-357-7890

**Provider Credentialing Email:**  
[arkcredentialing@centene.com](mailto:arkcredentialing@centene.com)

## **Ambetter from Arkansas Health & Wellness**

### **Provider Services**

Phone Number: 1-877-617-0390

TTY/TDD: 1-877-617-0392

[ambetter.arhealthwellness.com](http://ambetter.arhealthwellness.com)

## **Allwell from Arkansas Health & Wellness**

### Provider Services

Phone Number: 1-855-565-9518

TTY/TDD: 711

[allwell.arhealthwellness.com](http://allwell.arhealthwellness.com)



## Questions?

Please submit any questions by using the Q&A feature or in an email with “**Provider Webinar**” in the subject line to **[providers@arhealthwellness.com](mailto:providers@arhealthwellness.com)**.

# Thank you!