



arkansas
health & wellness™

Third 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 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.
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Agenda

- ▶ Provider Relations Territories
- ▶ Provider News Blog
- ▶ How to Join Our Email List
- ▶ Clinical and Payment Policy Updates
- ▶ Appointment Availability
- ▶ Eligibility and Redeterminations
- ▶ New Claim Payment Method
- ▶ Prior Authorizations
- ▶ Secure Provider Portal
- ▶ Risk Adjustment
- ▶ Quality Improvement
- ▶ Contact Information

New Blog!

Arkansas Health & Wellness has a new blog on the public website for providers! Check out the Provider News page at ARHealthWellness.com.

This is the fastest way to get up-to-date information posted for you to see. We will continue sending newsletters in addition to updating the blog.

FOR PROVIDERS

- Login
- Become a Provider +
- Pre-Auth Check +
- Provider Financial Support & Resources
- Pharmacy
- Provider Resources +
- QI Program +
- Provider Relations
- Coronavirus Information for Providers +
- Provider News +

Provider News

March

VISIT OUR PROVIDER RESOURCES PAGE FOR HELPFUL TOOLS AND RESOURCES

03/07/23

February

ARHOME REDETERMINATION

02/28/23

WE ARE CHANGING THE WAY WE DO PROVIDER WEBINARS!

02/22/23

December

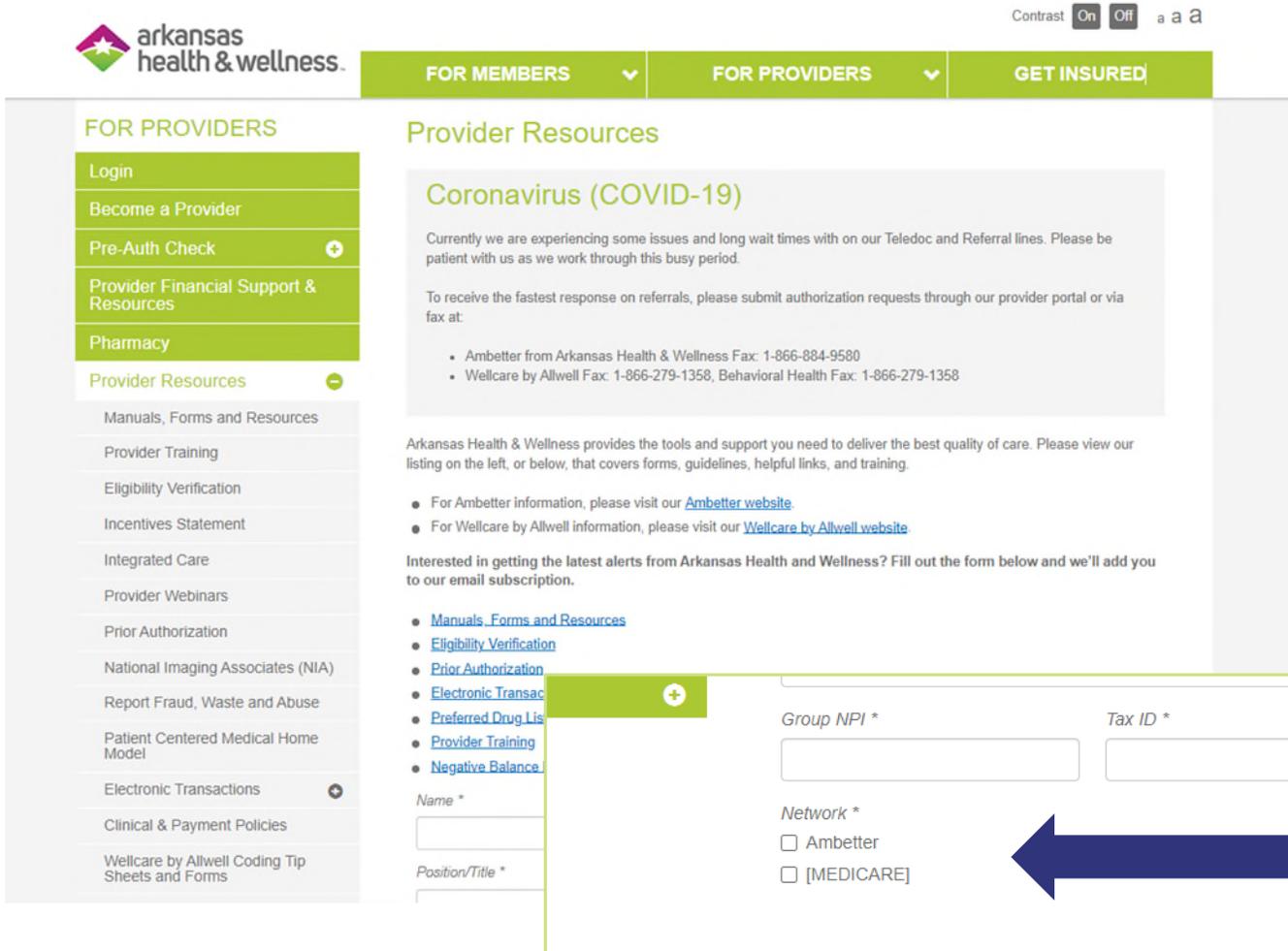
2020-2021 COMMUNITY IMPACT REPORT

12/15/22

HANDWASHING AWARENESS WEEK

12/05/22

Join Our Email List Today



arkansas health & wellness.

Contrast On Off a a a

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
- 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
- Wellcare by Allwell Coding Tip Sheets and Forms

Provider Resources

Coronavirus (COVID-19)

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.

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

- Ambetter from Arkansas Health & Wellness Fax: 1-866-884-9580
- Wellcare by Allwell Fax: 1-866-279-1358, Behavioral Health Fax: 1-866-279-1358

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 Transac](#)
- [Preferred Drug Lis](#)
- [Provider Training](#)
- [Negative Balance](#)

Name *

Position/Title *

Group NPI *

Tax ID *

Network *

Ambetter

[MEDICARE]

Sign up to receive updates:

ARHealthWellness.com/providers/resources.html

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

Clinical & Payment Policy Updates

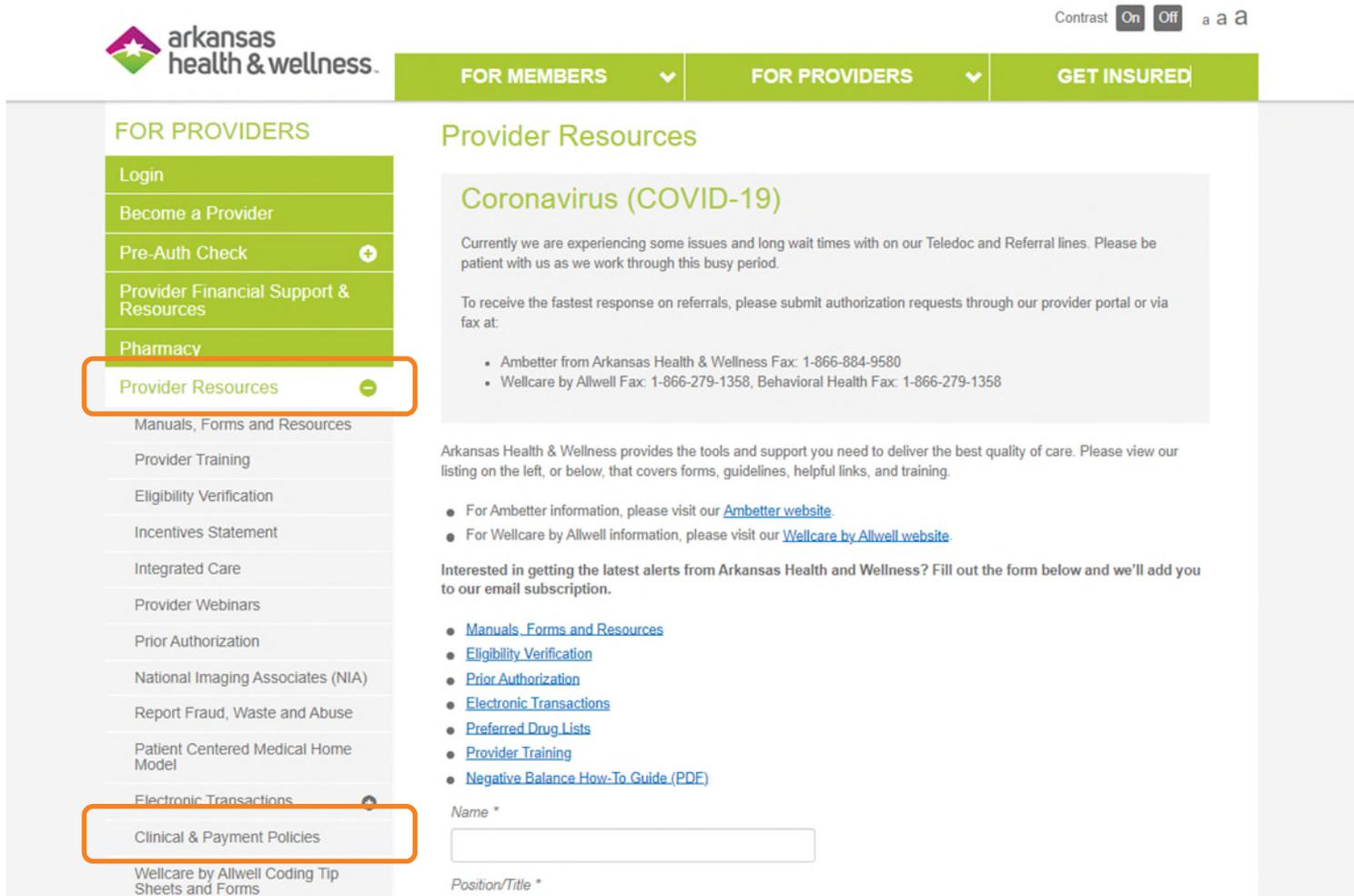
Clinical & Payment Policy Updates

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

- ▶ Clinical, payment, and pharmacy policies are available at ARHealthWellness.com.
 - Select the For Providers tab at the top of the screen
 - Select Clinical and Payment Policies from the drop-down menu
 - Choose between Ambetter or 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 & Payment Policy Updates



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- [Electronic Transactions](#)
- [Preferred Drug Lists](#)
- [Provider Training](#)
- [Negative Balance How-To Guide \(PDE\)](#)

Name *

Position/Title *

Important Policy Updates

Inappropriate Primary Diagnosis

Effective June 1, 2023, the below changes were made to align with current guidance from the Centers for Medicare & Medicaid Services (CMS). They are not health plan policy updates.

Inappropriate Primary Diagnosis

- ▶ **Description:** Denies or limits diagnosis codes based on coding guidelines supported by CMS and ICD-10. Claims will be denied when billed with unacceptable primary/principal diagnosis, manifestation diagnosis, and sequela diagnosis in outpatient or inpatient facilities.
- ▶ **This impacts:** Ambetter from Arkansas Health & Wellness (Marketplace); Wellcare by Allwell (Medicare)

Interim Claims

Arkansas Health & Wellness has updated our payment and utilization policy on Interim Claims to ensure compliance with industry standards while delivering the best patient experience to our members.

Bill types ending in XX2 or XX3 will be denied when discharge status **30** is not present on the claim.

- ▶ **Effective June 1, 2023** — Wellcare by Allwell
- ▶ **Effective September 1, 2023** — Ambetter from Arkansas Health & Wellness

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 below 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 Threating 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 24/7 by answering service or instructions on how to reach a physician
Emergency Providers	24 hours a day, seven days a week

The logo for Ambetter, featuring the word "ambetter." in white lowercase letters inside a magenta circle. A small "TM" trademark symbol is located at the bottom right of the circle.

ambetter.TM

Eligibility and Redeterminations

CMS requires beneficiary eligibility when a Public Health Emergency (PHE) ends.

A decorative magenta wave graphic at the bottom of the slide.



Medicaid Eligibility and Redeterminations

The Arkansas Department of Human Services' (DHS) routine redetermination process resumed on April 1, 2023, and as a result, you may notice an increase in "Member Not Eligible" rejections and denials. You can check your patients' Medicaid eligibility status using the AR Medicaid Provider Portal to see if their coverage was truly terminated or if it has transitioned.

If the coverage is displayed and shows Ambetter coverage in MMIS, then you can confirm coverage in the Ambetter portal. If the coverage is showing as active, the claim can be resubmitted. If the member does not show as active on our portal, you can send an email to Providers@ARHealthWellness.com with "Member Eligibility" in the subject line. Please make sure to include the member's name, date of birth, and a screenshot of the MMIS eligibility.

We value your partnership and commitment to helping our members live well. If you have any questions about this email, or if you would like additional support, please contact us at 1-877-617-0390 (TTY: 1-877-617-0392).

New Provider Payment Method



Provider Payment Method

Ambetter 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) beginning September 9, 2023. Medicare claims payment via VCC will begin 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.



Provider Payment Method cont'd

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.



Provider Payment Method cont'd

These fees are in lieu of the check-clearing fees you currently pay.

Providers not enrolled for EFT payments with Marketplace will start receiving payments via the VCC program in September 2023. Payment information printed on your EOP will reflect the instructions outlined above.

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.

Prior Authorization

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

Coronavirus Information for Providers +

Provider News +

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

FOR PROVIDERS

- Login
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Ambetter Pre-Auth

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 [Opticare](#)
- Dental services need to be verified by [DentaQuest](#)
- Behavioral Health/Substance Abuse need to be verified by [Cenpatico](#)
- Complex imaging, MRA, MRI, PET, and CT Scans need to be verified by [NIA](#)
- Prior Authorizations for Musculoskeletal Procedures should be verified by [TurningPoint](#).

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 admissions require prior authorization. To determine if a Pre-Auth Needed tool below by answering a series of questions.

Any anesthesiology, pathology, radiology or hospital authorization will be considered downstream and will result in an authorization denial for an outpatient procedure if anesthesiology, pathology, radiology or hospital authorization is not obtained.

Are Services being performed?

Types of Services		YES	NO
Is the member being admitted to an inpatient facility?		<input type="radio"/>	<input type="radio"/>
Are anesthesia services being rendered for pain management or dental surgeries?		<input type="radio"/>	<input type="radio"/>
Is the member receiving hospice services?		<input type="radio"/>	<input type="radio"/>
Enter the code of the service you would like to check:			
<input type="text" value="99214"/>		<input type="button" value="Check"/>	
N No	99214 - OFFICE/OUTPATIENT VISIT EST No authorization required.		

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



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

- ▶ Ambetter: 1-866-884-9580
- ▶ Wellcare by Allwell: 1-833-562-7172

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 at ARHealthWellness.com/login.html



Log In

Username (Email)

LOG IN

[Create New Account](#)



Secure Portal Features

- ▶ 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
- ▶ 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.

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?



Submit your requests to:

Providers@ARHealthWellness.com



Thank you for joining us!