



arkansas  
health & wellness™

# Fourth Quarter Provider Webinar

# Housekeeping

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- ▶ 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

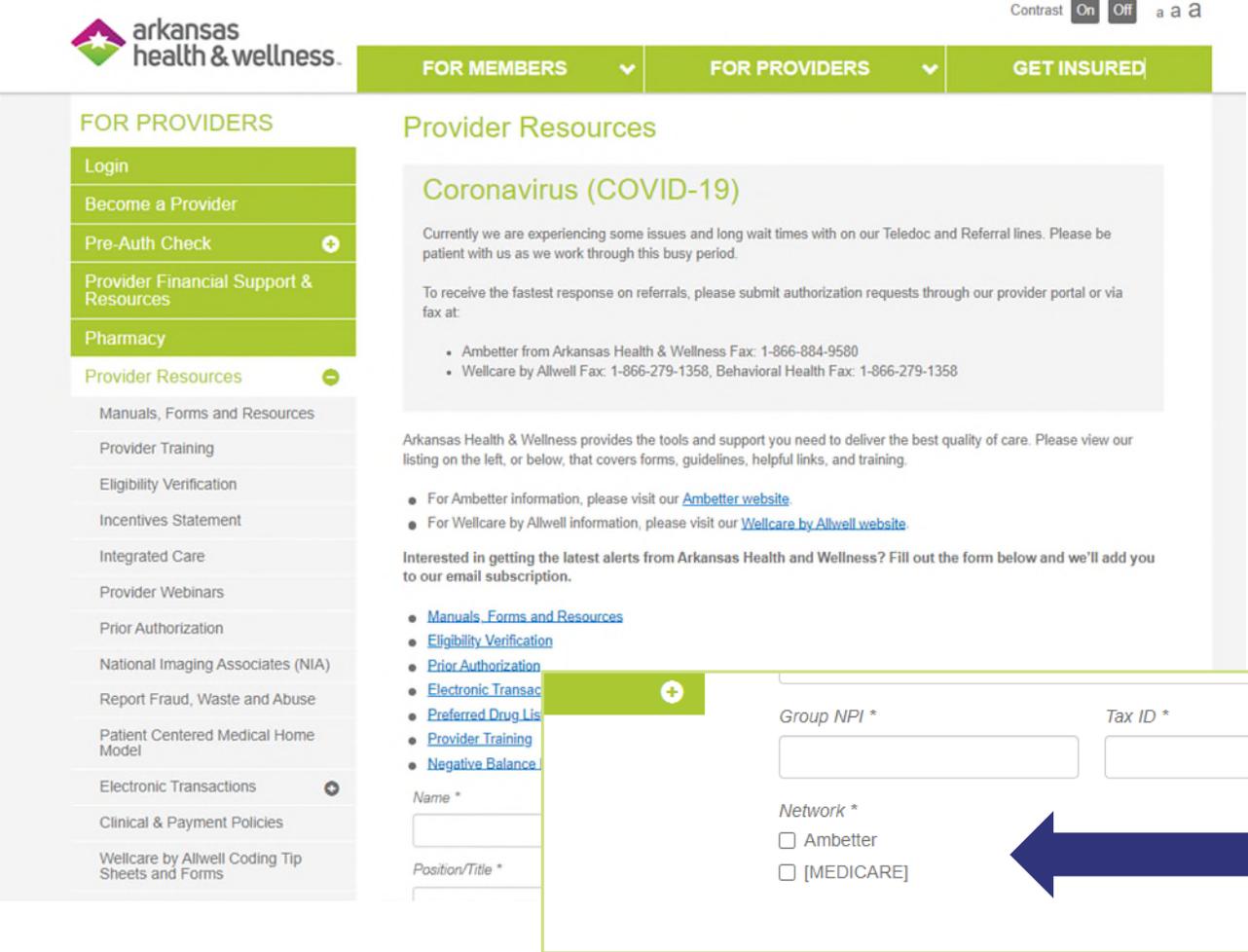
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- The presentation is a general summary that explains certain aspects of the program but is not a legal document.
- Although every reasonable effort has been made to ensure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of program requirements. Any regulations, policies, and/or guidelines cited in this publication are subject to change without further notice.
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# Agenda

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- ▶ Provider Relations Territories
- ▶ How to Join Our Email List
- ▶ Clinical and Payment Policy Updates
- ▶ Important Vision Updates
- ▶ Appointment Availability
- ▶ New Provider Payment Method
- ▶ Prior Authorizations
- ▶ Pre-Auth Check Tool
- ▶ Provider Portal
- ▶ Provider-Led Trainings
- ▶ Risk Adjustment
- ▶ Key Contacts

# Join Our Email List Today



The screenshot shows the Arkansas Health & Wellness website. At the top, there is a navigation bar with the logo on the left and 'Contrast On Off a a a' on the right. Below the navigation bar are three main menu items: 'FOR MEMBERS', 'FOR PROVIDERS', and 'GET INSURED'. The 'FOR PROVIDERS' menu is expanded, showing a list of links including 'Login', 'Become a Provider', 'Pre-Auth Check', 'Provider Financial Support & Resources', 'Pharmacy', and 'Provider Resources'. The 'Provider Resources' link is highlighted with a green plus sign. The main content area is titled 'Provider Resources' and features a 'Coronavirus (COVID-19)' section with a message about telemedicine wait times and a list of contact numbers for Ambetter and Wellcare. Below this is a sign-up form for email alerts, which is highlighted with a green box. The form includes fields for 'Name \*', 'Position/Title \*', 'Group NPI \*', 'Tax ID \*', and 'Network \*'. The 'Network \*' section has two radio button options: 'Ambetter' and '[MEDICARE]'. A large blue arrow points to the '[MEDICARE]' option.

Sign up to receive updates:

[ARHealthWellness.com/providers/resources.html](https://ARHealthWellness.com/providers/resources.html)

- ▶ 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.

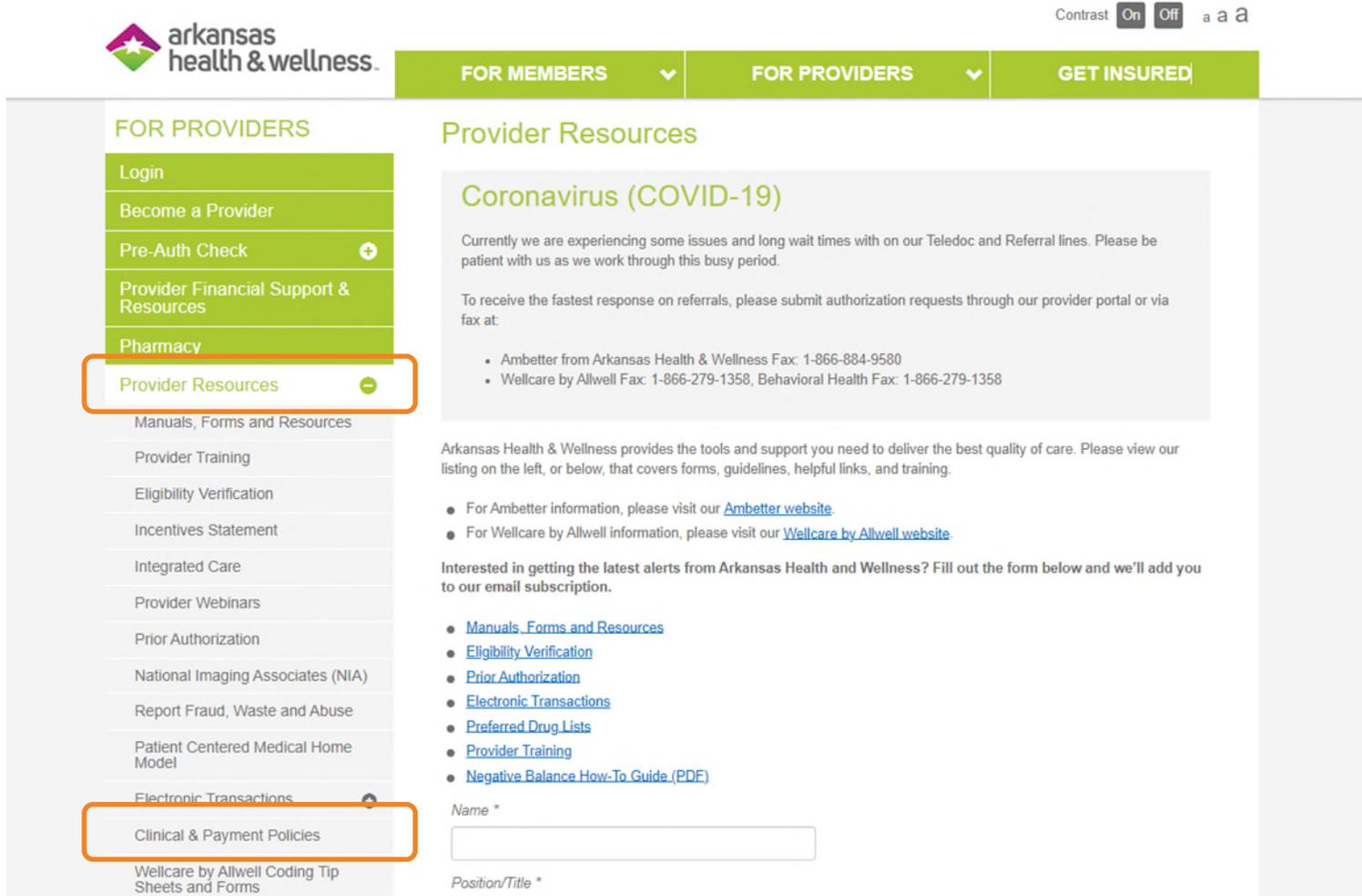
▶ Clinical, payment, and pharmacy policies are available at [ARHealthWellness.com](https://ARHealthWellness.com).

- 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](mailto:Providers@ARHealthWellness.com)

# Clinical & Payment Policy Updates



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

Name \*

Position/Title \*

# Important Policy Updates

# Interim Claims

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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

# Important 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.

## **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 education and resource materials (e.g., provider manual, training)
- ▶ Provider partnership management
- ▶ Provider web portal
- ▶ Prior authorization, retrospective utilization review, and medical necessity appeals
- ▶ Provider complaints

# Wellcare by Allwell Vision Changes 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 web portal
- ▶ Provider education and resource materials (e.g. provider manual, training)
- ▶ Prior authorization, retrospective utilization review, and medical necessity appeals
- ▶ Provider complaints

# 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

# New Provider Payment Method



# Provider Payment Method

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- ▶ 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.



# 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.
- ▶ Enter the card number and the full amount of the payment into your credit/debit point-of-sale terminal before the expiration date.
- ▶ You will 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 may charge fees for the payment transaction. These fees are in lieu of the check clearing fees you currently pay.
- ▶ Providers not enrolled for electronic funds transfer (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

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- ▶ You may opt out of the VCC program at any time by calling 1-800-317-9280 or visiting [echovcards.com/letter](https://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 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](https://payspanhealth.com)**



# PaySpan EFT/ERA

Arkansas Health & Wellness partners with PaySpan Health to provide an innovative web-based solution for EFTs and ERAs. This service is provided at no cost to providers and allows online enrollment.

## Benefits include:

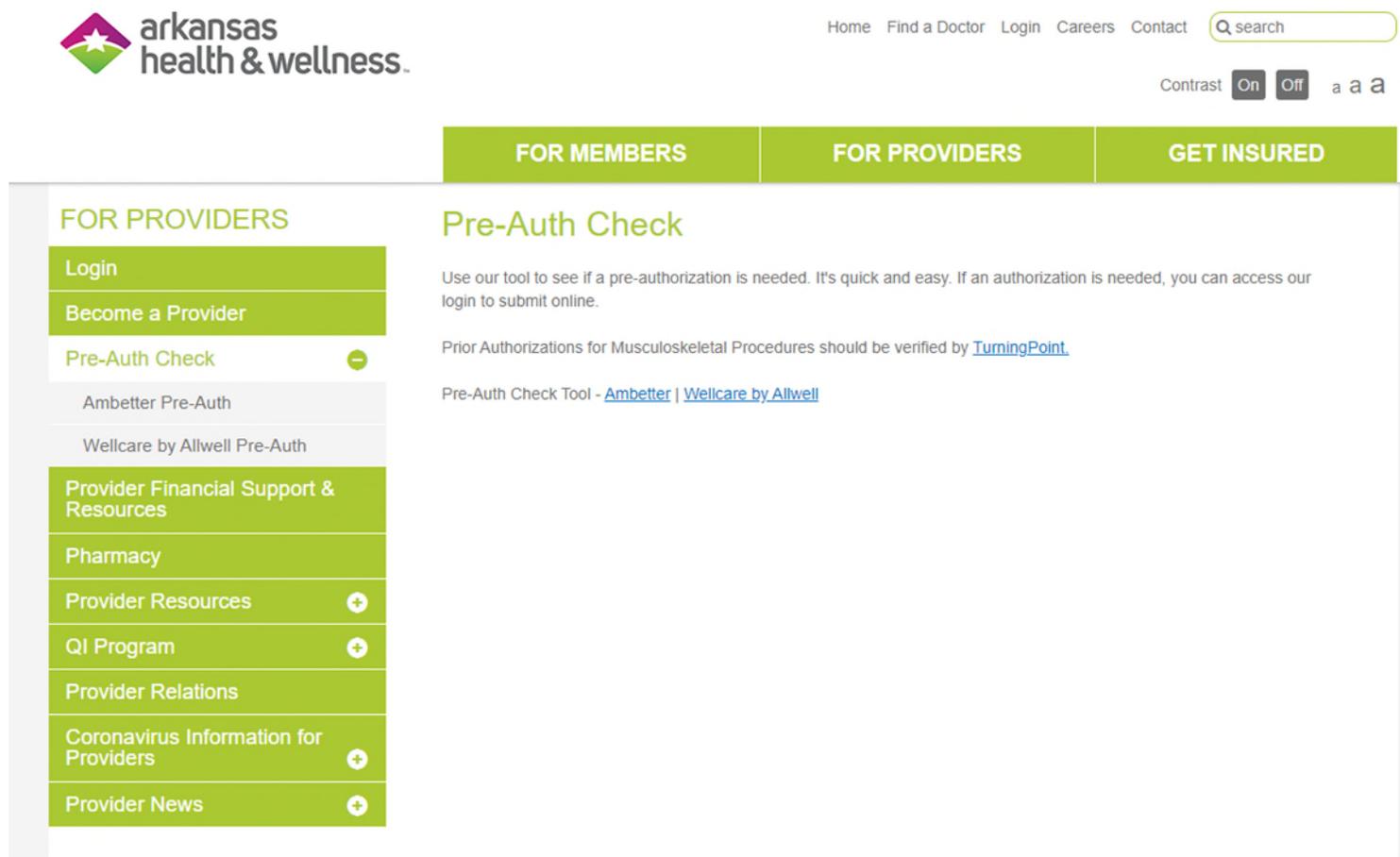
- ▶ Elimination of paper checks — all deposits transmitted via EFT to the designated bank account
- ▶ Convenient payments and retrieval of remittance information
- ▶ ERAs presented online
- ▶ HIPAA 835 electronic remittance files for download directly to a HIPAA-Compliant Practice Management for Patient Accounting System
- ▶ Reduced accounting expenses — ERAs can be imported directly into practice management or patient accounting systems, eliminating the need for manual re-keying
- ▶ Improved cash flow — electronic payments can mean faster payments, leading to improvements in cash flow
- ▶ Maintained control over bank accounts — you keep total control over the destination of claim payment funds. Multiple practices and accounts are supported
- ▶ Ability to match payments quickly — associate electronic payments with ERAs quickly and easily
- ▶ Ability to manage multiple payers — reuse enrollment information to connect with multiple payers. Assign different payers to different bank accounts as desired
- ▶ Visit [payspanhealth.com](https://payspanhealth.com) for more information

# Prior Authorizations

# Prior Authorization 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.

# Pre-Auth Check Tool



The screenshot shows the website's navigation and main content area. At the top left is the Arkansas Health & Wellness logo. To the right are navigation links: Home, Find a Doctor, Login, Careers, Contact, and a search bar. Further right are contrast settings (On/Off) and font size controls (a a a). Below the navigation is a green bar with three tabs: FOR MEMBERS, FOR PROVIDERS (selected), and GET INSURED. The left sidebar contains a menu for FOR PROVIDERS with items: Login, Become a Provider, Pre-Auth Check (expanded), Ambetter Pre-Auth, Wellcare by Allwell Pre-Auth, Provider Financial Support & Resources, Pharmacy, Provider Resources (+), QI Program (+), Provider Relations, Coronavirus Information for Providers (+), and Provider News (+). The main content area is titled 'Pre-Auth Check' and contains the following text: '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.' Below this is a link to 'TurningPoint' for musculoskeletal procedures and another link to the 'Pre-Auth Check Tool' for Ambetter and Wellcare by Allwell.

# Pre-Auth Check Tool

## FOR PROVIDERS

Login

Become a Provider

Pre-Auth Check −

Ambetter Pre-Auth

Allwell Pre-Auth

Pharmacy

Provider Resources +

QI Program +

Provider News +

Provider Relations

Coronavirus Information for Providers

Provider Financial Support & Resources

Risk Adjustment +

## 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 admission authorization will be considered downstream and an authorization denial for an outpatient procedure will not be considered anesthesiology, pathology, radiology, or hospital admission.

Are Services being provided?

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:

99214

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](https://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

# Create an Account

Registration is free and easy. Visit [Provider.ARHealthWellness.com](https://Provider.ARHealthWellness.com)



## Log In

Username (Email)

LOG IN

[Create New Account](#)



# Features

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- ▶ 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 (see page 92 of the portal manual)

# 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: 
  - Medical Necessity
  - Quality Management
  - Long Term Services And Support
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 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	
Special Needs Plan Model of Care Self-Study Program	

## Provider Training

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

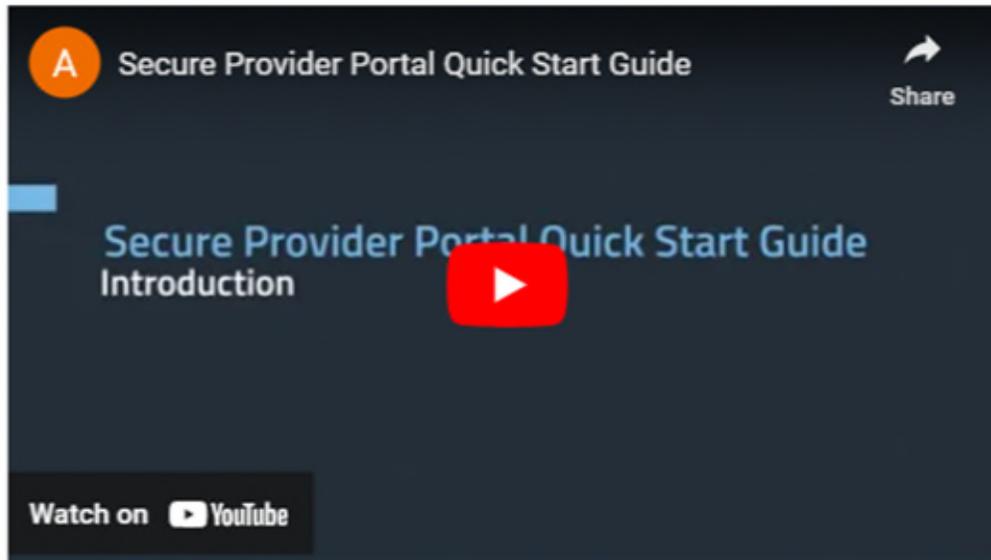
Arkansas Health & Wellness provides several self-led provider trainings. This is an annual training that is offered to every provider and is available 24/7 on the [Provider Training Page](#). After completion of the training, providers will then need to complete the [Attestation Form](#).

- [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



# What is Risk Adjustment?



CMS-HCC Risk Adjustment is the process by which the Centers for Medicare & Medicaid Services (CMS) adjusts payments to health plans based on the perceived healthcare needs (i.e., anticipated healthcare costs) of their members. These needs are determined using member demographics and reported diagnoses.

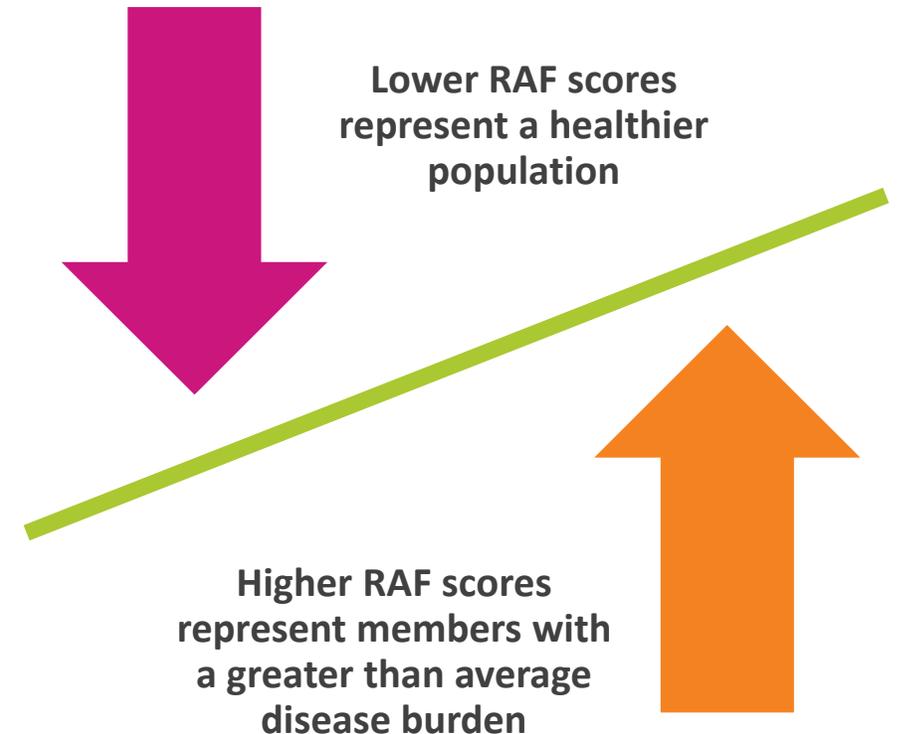
# What Are Hierarchical Condition Categories (HCCs)?

## HCCs reflect hierarchies among related disease categories

- ▶ Only the most severe HCC is calculated in RAF
- ▶ HCCs captured from unrelated diagnoses are cumulative

## CMS determines the qualifying ICD-10 diagnosis codes for each category and assigns the risk factor value

- ▶ Not all diagnoses map to an HCC
- ▶ Some diagnoses map to multiple HCCs



# Why Is Risk Adjustment Important?



Accuracy in member  
health status profile



Improved quality of care  
through disease  
management programs



Appropriate risk  
premium from CMS

# Continuity of Care (CoC) Program

Continuity of Care is a **provider engagement** program focused on incentivizing providers incrementally for their work on addressing chronic conditions to improve the health of your members and provide appropriate clinical quality care.

Appointment Agendas serve as a valuable tool in providing offices with insight into historical diagnosis data and clinical services to assist providers in assessing their patients' chronic conditions, which are required by CMS to be reported annually.

Arkansas Health & Wellness pays **INCENTIVES** for completed and verified Appointment Agendas and/or submission of Comprehensive Exam medical records.

Providers can access CoC data via the Secure Provider Portal, under the "Provider Analytics" section.

Measurement Period: January 1, 2023 – December 31, 2023

# Continuity of Care (CoC) Program

## Targeted Lines of Business

- ▶ Wellcare (Medicare) — does not replace or duplicate existing program(s)
- ▶ Ambetter from Arkansas Health & Wellness (Marketplace)
- ▶ Wellcare by Allwell (Medicare)

## Who is included in the program?

- ▶ Members included are those with disease conditions that are required to be assessed, addressed, and reported annually.
- ▶ Member selections are identified at the beginning of the program and are subject to change throughout the program year.
- ▶ Incremental additions due to new members enrolling into the health plan and member attribution changes may contribute to additions, deletions, and changes to Appointment Agendas during the program year.
- ▶ Members are listed under their assigned provider's CoC dashboard within the Secure Provider Portal.

# Provider Bonuses for CoC Program

- ▶ \$100 for every assessed member with a completed Appointment Agenda and verified/documented diagnosis
- ▶ Can increase up to \$200 and \$300 based on meeting the thresholds outlined below
- ▶ Bonus eligibility requires a qualified visit and a paid risk-adjustable claim with a 2023 date of service
- ▶ Medicare Bonus Increase — an additional \$100 for completing valid office or telehealth visits for Medicare members with a 2023 date of service, and an Appointment Agenda with an active diagnosis verified on the claim.

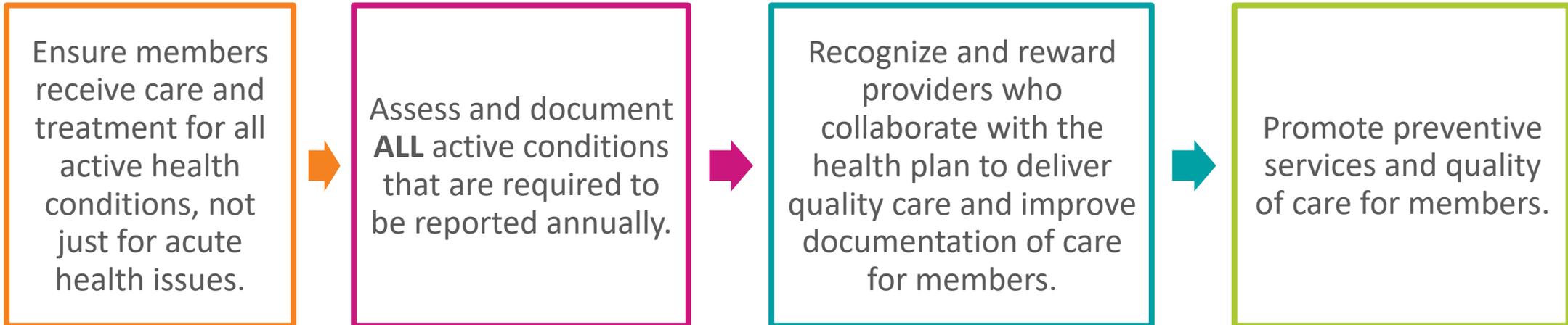
% of Appointment Agenda Completed/Paid	Bonus Amount Per Paid Appointment Agenda
<50%	\$100
>50 – <80%	\$200
>80%	\$300

# To qualify as an assessed member:

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- ▶ 100% of diagnosis coding gaps must have been assessed
- ▶ Diagnosis gaps must have been assessed by submitting diagnosis code(s) on a medical claim, OR
- ▶ Gaps must have been assessed by checking “Assessed and Documented” or the “Resolved/Not Present” box, or by submitting a Comprehensive Physical Exam Medical Record along with a completed Appointment Agenda
- ▶ Provider must submit an acceptable claim with all “Assessed and Documented” diagnosis codes included to demonstrate that an assessment was completed during the program year

# 2023 CoC Program Goals



*NOTE: Participation in the CoC program may result in a request for medical records. The request may be part of an internal health plan, state, and/or federal audit or any NCQA program such as HEDIS®.*

# Roles & Responsibilities

## Health Plan

Introduce the program and guide to targeted providers and serve as a resource for engagement and education throughout the program year

## Provider

- ▶ Schedule and conduct an exam with targeted members, using the Appointment Agenda as a guide to proactively assess the validity of each condition identified
- ▶ Document care and diagnosis in the medical record, following appropriate coding and documentation guidelines
- ▶ Submit the claim using the correct ICD-10, CPT, CPT II, or NDC codes within the timely filing period
- ▶ Use the Secure Provider Portal to electronically submit completed Appointment Agendas, OR
  - Fax completed agendas to 1-813-464-8879, OR
  - Securely email completed agendas to [agenda@centene.com](mailto:agenda@centene.com) or [agenda@wellcare.com](mailto:agenda@wellcare.com), OR
  - Submit Comprehensive Exam Medical Records in lieu of completed Appointment Agendas

# 2023 CoC Submission Methods

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- ▶ Electronically submit completed Appointment Agenda or Comprehensive Exam Medical Record via the Continuity of Care Dashboard on the Secure Provider Portal
- ▶ Fax completed Appointment Agenda or Comprehensive Exam Medical Record to 1-813-464-8879. Retain a copy of all faxed agendas.
- ▶ Securely email completed Appointment Agenda or Comprehensive Exam Medical Record to [agenda@wellcare.com](mailto:agenda@wellcare.com) or [agenda@centene.com](mailto:agenda@centene.com). Retain a copy of all emailed agendas.
- ▶ (Risk Adjustment Only) Securely email an Active Diagnosis File to [RAPSAActiveDX@Wellcare.com](mailto:RAPSAActiveDX@Wellcare.com). A completed Appointment Agenda is also required.
- ▶ Bi-directional feed using third-party vendor
- ▶ (Medicare Line of Business Only) RX Effect
- ▶ Contact your Assigned Risk Adjustment Specialist for alternate options

[RiskAdjustment@arhealthwellness.com](mailto:RiskAdjustment@arhealthwellness.com)

OR

Contact your assigned Risk Adjustment  
Specialist

# Key Contacts



# 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](mailto:ArkansasContracting@centene.com)

Regular contracting inquiries and contract requests

# Credentialing Department

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## Arkansas Health & Wellness Credentialing Department

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

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



## Provider Credentialing Email:

ArkCredentialing@centene.com

# Education Requests

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



**Submit your requests to:**

[Providers@ARHealthWellness.com](mailto:Providers@ARHealthWellness.com)



Thank you for joining us!