



# Third 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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- ▶ 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 assure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice.
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# Agenda

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

# 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.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.

- ▶ The clinical, payment, and pharmacy policies can be found by visiting [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 from 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 and Payment Policy Updates

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

## 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.

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- [Provider Training](#)
- [Negative Balance How-To Guide \(PDF\)](#)

Name \*

# 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 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

# Appointment Availability & Wait Times

Wellcare by Allwell follows the accessibility and appointment wait time requirements set forth by applicable regulatory and accrediting agencies. Wellcare by Allwell 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 AVAILABILITY

The following standards are established regarding appointment availability:

Type of Care	Accessibility Standard*
<b>PRIMARY CARE</b>	
Emergency	Same day or within 24 hours of member's call
Urgent care	Within 2 days of request
Routine	Within 21 calendar days of request
<b>SPECIALTY REFERRAL</b>	
Emergency	Within 24 hours of referral
Urgent care	Within 3 days of referral
Routine	Within 45 days of referral
<b>MATERNITY</b>	
1st trimester	Within 14 days of request
2nd trimester	Within 7 days of request
3rd trimester	Within 3 days of request
High-risk pregnancies	Within 3 days of identification or immediately if an emergency exists
<b>DENTAL</b>	
Emergency	Within 24 hours of request
Urgent care	Within 3 days of request
Routine	Within 45 days of request

The in-office wait time is less than 45 minutes, except when the provider is unavailable due to an emergency.

# Prior Authorizations

# How to Secure Prior Authorization

Prior Authorizations can be requested in the following ways:



## Secure Web Portal — 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 are available on the Provider Resources page of our website.

- ▶ 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.

# Pre-Auth Check Tool



Home Find a Doctor Login Careers Contact

Contrast  On  Off a a a

- 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
- 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 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 anesthesiology, 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 anesthesiology, 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 pain management or dental surgeries?	<input type="radio"/>	<input type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input type="radio"/>
Are services being rendered in the home, excluding Sleep Studies, DME, Medical Equipment Supplies, Orthotics and Prosthetics?	<input type="radio"/>	<input type="radio"/>

Enter the code of the service you would like to check:

Check

N **99214** - OFFICE/OUTPATIENT VISIT EST  
 No authorization required.

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

# Secure Provider Portal

# Secure Provider Portal — Create an Account

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



## Log In

Username (Email)

LOG IN

[Create New Account](#)



# Secure Provider Portal — Features

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- ▶ A member eligibility overview page that reflects all critical data in a single view
- ▶ Ability to submit and track the status of claim reconsiderations online
- ▶ Expanded free text fields for reconsideration comments and explanations
- ▶ 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
- ▶ Option to void/recoup claims already adjudicated by the health plan  
(see page 92 of manual within Secure Provider Portal)

# Patient Overview — Document Resource Center

[Back to Eligibility Check](#) **MEMBER'S DOCUMENTS**

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 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.

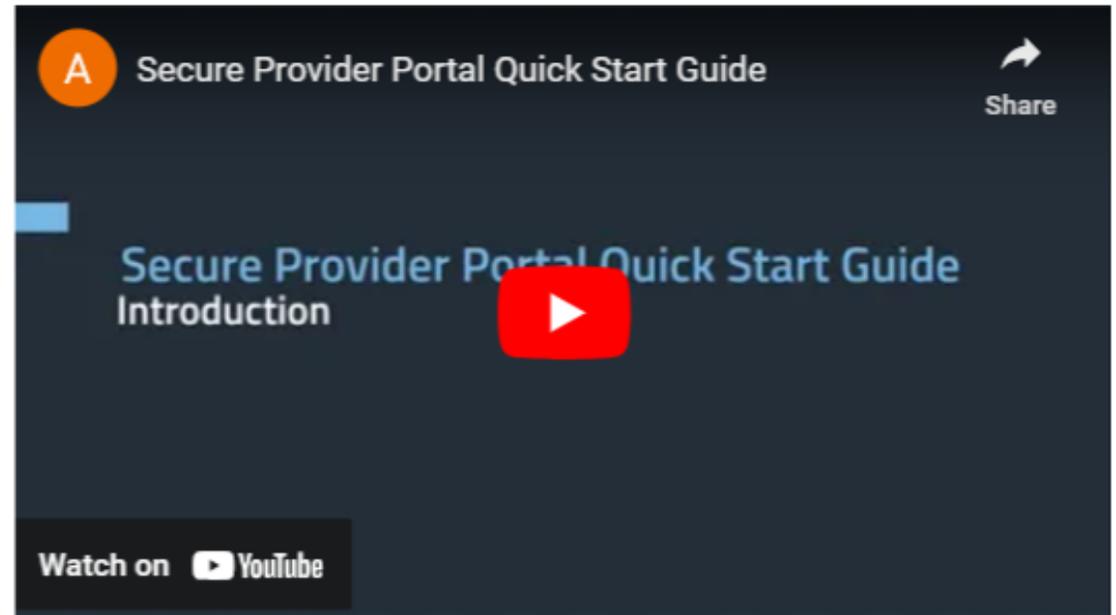
Arkansas Health & Wellness provides several self-led provider trainings. This is an annual training that is offered to every provider and is available 24/7 on the [Provider Training Page](#). After completion of the training, providers will then need to complete the [Attestation Form](#).

- [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

# Risk Adjustment Overview

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- ▶ 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.
- ▶ The Centers for Medicare & Medicaid Services (CMS) uses the Hierarchical Condition Category (HCC) grouping logic as the basis for risk adjustment.

# Hierarchical Condition Categories

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- ▶ HCCs assign risk factor scores based on chronic health conditions or demographics.
  - 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

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- ▶ CMS & HHS **REQUIRE** health plans to report complete **and** accurate diagnostic information on enrollees **ANNUALLY**.
  - Conditions not documented annually do not exist.
  
- ▶ This encourages 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 Program Purpose

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- ▶ Assist providers with engaging patients and actively address chronic conditions
- ▶ Ensure risk-adjusted conditions are accurately coded and documented annually
- ▶ Develop relationship with provider partners to serve as a resource and assist with strategy to target patients
- ▶ Increase recapture and persistency rates
- ▶ Decrease members without visit (MWOV) rates

# Risk Adjustment Projects

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## Medical Record Review

- ▶ Contracted vendors: Datafied and Ciox (Datavant)
- ▶ Project Dates:
  - Medicare: May 2024
  - Ambetter: September 2024–April 2025

## Prospective Provider Programs (may be targeted for both; only work one)

- ▶ Continuity of Care Program — Internal
- ▶ In-Office Assessment 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 a provider within the assigned TIN during the program year (January – December)
  - Claim identifying any active condition, with ICD-10 code(s) on the claim
  - 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

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## Take a comprehensive care approach

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

## Document Diagnoses

- ▶ 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 Analytic Tool
- ▶ EMR Feed (Epic Payor Platform, Healow, Moxe, Athena)
- ▶ Appointment Agenda Data for CoC Program
- ▶ In-Office Assessment Forms

# Quality Improvement

# Medicare 2024 Peak Performance Program

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Wellcare's Peak Performance PCP Program rewards primary care providers for improving member health outcomes. Providers can earn a bonus by scheduling appointments and addressing the target measures listed on the next slide, ensuring essential care is delivered between September and the end of the year.

- ▶ Bonuses are in addition to the compensation you may receive under the Partnership for Quality (P4Q) program.
- ▶ All claims, encounter files, and/or approved NCQA supplemental electronic flat files must be submitted by January 31, 2025.

# Target Measures and Bonus Amounts

Measure	Amount
BCS – Breast Cancer Screening	\$75
CBP – Controlling High Blood Pressure	\$25
COA – Care of Older Adult – Pain Screening*	\$25
COL – Colorectal Cancer Screen	\$50
EED – Diabetes – Dilated Eye Exam	\$25
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
GSD – Diabetes HbA1c $\leq$ 9	\$75
KED – Kidney Health for Patients With Diabetes	\$50
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

\*Special Needs Plan (SNP) members only

# Peak Performance Bonus Instructions

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1. By **December 31, 2024** — Contact members, order tests and screenings, and schedule appointments as applicable to ensure that the member completes the needed tests/screenings.
2. By **January 31, 2025** — Upon completion of the exam, document care and diagnosis in the patient's medical record and submit the claims, encounter files, and/or approved NCQA supplemental electronic flat files containing all relevant ICD-10, CPT, and CPT II codes.
3. Review all tests and screening results with patients.

# RxEffect® Bonus Program



## Incentive payment for Stars adherence measures

Wellcare is offering additional financial incentives to providers who use RxEffect to identify and take action with the Star Ratings medication therapy areas of diabetes, blood pressure, and cholesterol. Track your progress through RxEffect and use the Bonuses sub-tab to guide interventions for increasing your bonus incentives.

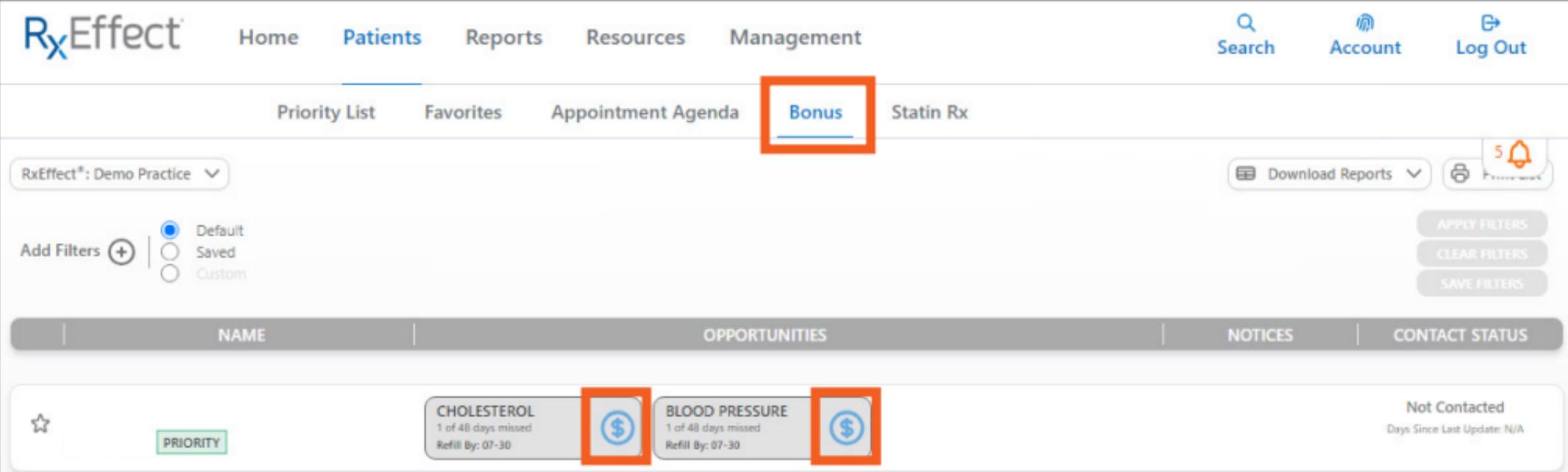
## Incentive details

This program offers a predetermined dollar amount per Qualifying Member Therapy depending on your market (maximum \$300–\$600\* per member depending on number of therapy areas and market). The bonus rewards providers whose patients obtain a final fill of their medication and become adherent for the calendar year. Bonus eligibility is dynamic and will be updated weekly. Bonuses may be awarded for each of the following:

1. 90-day conversion — The bonus icon will appear for therapies that are converted to a 90-day fill that the patient is adherent to that therapy in 2024.
2. Last fill — The bonus icon will appear for patient therapies that need one fill in order for the patient to become adherent to that therapy in 2024.

# RxEffect Quick List Sub-Tab

Use the quick list sub-tab to access all patients with bonus eligible opportunities, indicated with a “\$.”



The screenshot shows the RxEffect software interface. At the top, there is a navigation bar with the RxEffect logo and menu items: Home, Patients, Reports, Resources, and Management. On the right side of the navigation bar are Search, Account, and Log Out buttons. Below the navigation bar, there is a sub-tab menu with options: Priority List, Favorites, Appointment Agenda, Bonus (highlighted with an orange box), and Statin Rx. The main content area includes a dropdown menu for 'RxEffect®: Demo Practice', a 'Download Reports' button, and a notification bell icon with the number 5. There are also buttons for 'APPLY FILTERS', 'CLEAR FILTERS', and 'SAVE FILTERS'. Below this is a table with columns: NAME, OPPORTUNITIES, NOTICES, and CONTACT STATUS. The table contains one row of data with a star icon, a 'PRIORITY' tag, and two opportunity cards: 'CHOLESTEROL' and 'BLOOD PRESSURE'. Both cards show '1 of 48 days missed' and 'Refill By: 07-30'. Each card has a blue dollar sign icon (\$), which is highlighted with an orange box. The 'CONTACT STATUS' column shows 'Not Contacted' and 'Days Since Last Update: N/A'.

NAME	OPPORTUNITIES	NOTICES	CONTACT STATUS
 <b>PRIORITY</b>	<b>CHOLESTEROL</b> 1 of 48 days missed Refill By: 07-30 	<b>BLOOD PRESSURE</b> 1 of 48 days missed Refill By: 07-30 	Not Contacted Days Since Last Update: N/A

# Earning Incentives

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**To receive your bonus, you must take the following steps:**

1. Visit [RxEffect.com](https://www.RxEffect.com) to review the patient therapies eligible to receive a bonus. The priority or bonus lists must be viewed while the therapy is eligible to receive payment.
2. Help ensure the member meets the adherence criteria by filling a pharmacy claim through their Wellcare prescription benefit for that therapy while eligible for the bonus (displaying the bonus icon).

## **Bonus program payout**

- ▶ Payments will be made by Wellcare to the provider on file for the patient at year end.

# Partnership for Quality (P4Q)

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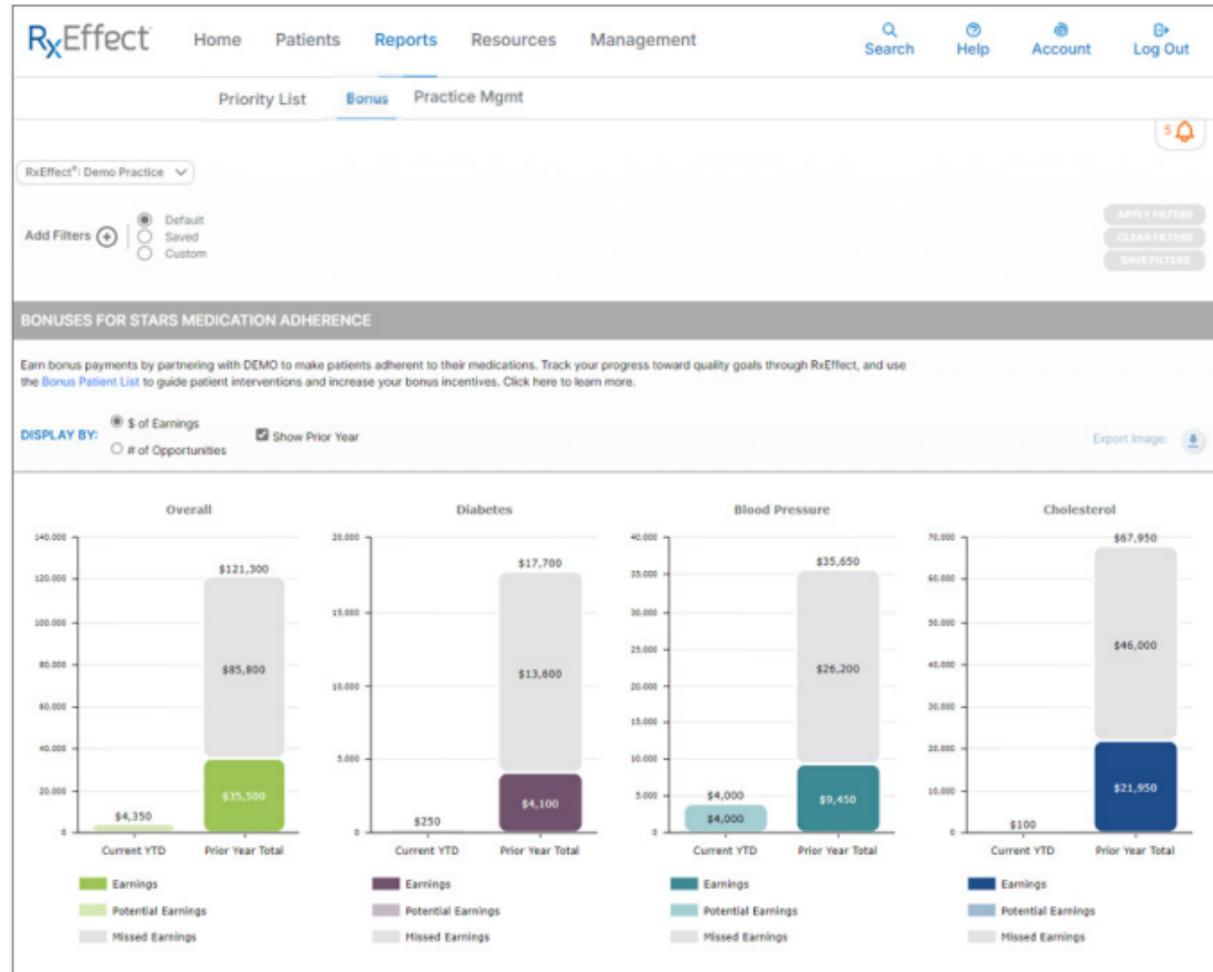
We are pleased to introduce the 2024 Medicare Partnership for Quality (P4Q) program. This initiative aims to recognize and reward Primary Care Physicians for improving healthcare quality and care gap closures.

## How It Works

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

# Bonus Progress View

The Reports tab on RxEffect will display your completed bonus earnings and remaining potential. View overall opportunities for a practice or filter to an individual provider. Reports will be updated daily as bonus eligibility is updated.



# 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 Provider 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

# Arkansas Health & Wellness Credentialing Department



**Arkansas Health & Wellness Credentialing Department**

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

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



**Provider Credentialing Email:**

[ArkCredentialing@Centene.com](mailto:ArkCredentialing@Centene.com)

# Education Requests

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Would you like training for you and your staff?



**You can submit your requests to**

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