Fourth Quarter Provider Webinar

Disclaimer

- Arkansas Health & Wellness has produced this material as an informational reference for providers furnishing services in our contract network Arkansas Health & Wellness employees, agents, and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.
- The presentation is a general summary that explains certain aspects of the program but is not a legal document.
- Although every reasonable effort has been made to 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.
-

Agenda

- How to Join Our Email List
- Clinical & Payment Policy Updates
- Provider Updates
- Appointment Availability
- Prior Authorizations
- Provider Portal
- Provider-Led Trainings
- Risk Adjustment
- Quality
- Contact Information
- Provider Relations Territories

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 NP1 **

*Tax ID **

*Network**
•Ambetter
•[MEDICARE]

Receive current updates:

► https://www.arhealthwellness.com/providers/resources.html

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

Clinical & Payment Policy Updates

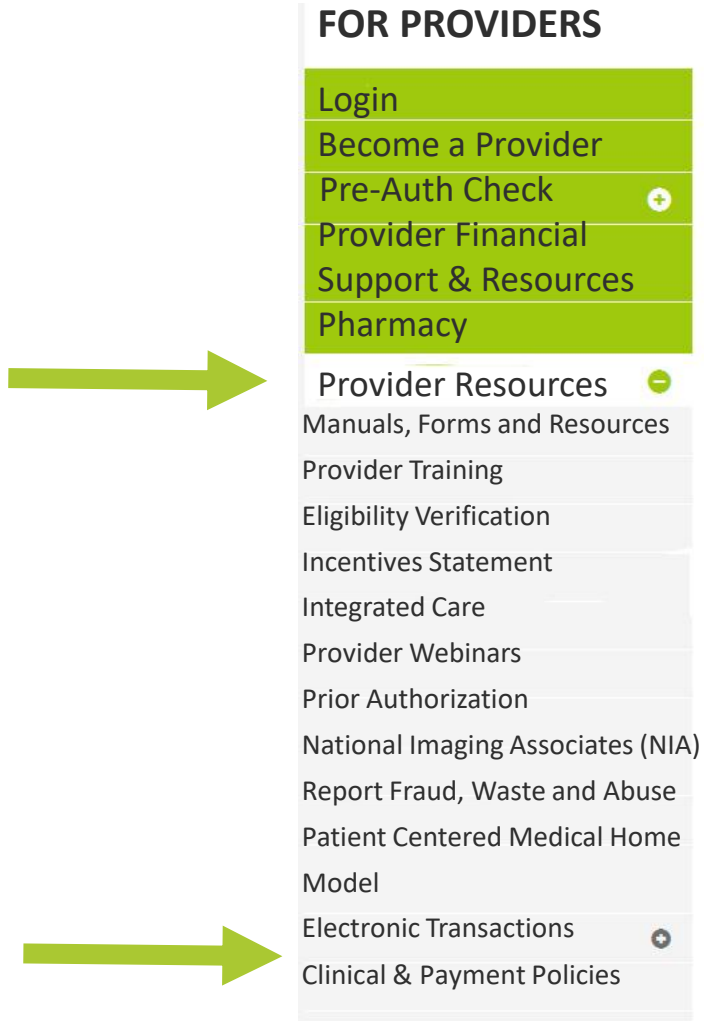
Clinical & Payment Policy Updates

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

- Clinical Policies for Ambetter
  - Hospice Services effective November 1, 2024
  - Reduction Mammoplasty and Gynecomastia Surgery effective November 1, 2024

- Payment Policies for Ambetter
  - EEG in the Evaluation of Headache effective November 1, 2024
  - Allergy Testing and Therapy effective November 1, 2024

Clinical & Payment Policy Updates



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 (PDF)

*Name **

Provider Updates

Provider Updates

Arkansas Health & Wellness has a new platform for the Secure Provider Portal called Availity.

Benefits of Availity:

- Validate eligibility and benefits
- Submit claims
- Check claim status
- Submit authorizations
- Access Arkansas Total Care payer resources

- If you are already working in Availity, you can **log in to your existing Essentials account** to enjoy these benefits for Arkansas Total Care's members beginning November 18, 2024.
- If you are new to Availity, getting your account and delegating an Availity administrator for your provider organization is the first step toward working with Arkansas Total Care on Availity.

For additional assistance with your registration, please call Availity Client Services at 1-800-AVAILITY (1-800-282-4548). Assistance is available Monday through Friday from 7 a.m. to 7 p.m. CT.

Provider Updates

Change in claim vendor to 6 Degrees Health

- Arkansas Health & Wellness is pleased to share that we are transitioning from Optum to 6 Degrees Health for our clean claim reviews. Providers will receive transition notices from the vendor.

- This transition will be seamless for our provider community and reflects our ongoing efforts to make doing business with Arkansas Health & Wellness easier. 6 Degrees Health offers providers the ability to submit records via mail, fax, or email. Medical record request correspondence from 6 Degrees Heath will begin soon.

- For additional information, contact Arkansas Health & Wellness Provider Services at:
  1-800-294-3557 or Providers@ARHealthWellness.com

Appointment Availability & Wait Times

Appointment Availability & Wait Times

Ambetter follows the accessibility and appointment wait time requirements set forth by applicable regulatory and accrediting agencies. Ambetter monitors participating provider compliance with these standards at least annually and will use the results of appointment standards monitoring to ensure adequate appointment availability and access to care and to reduce inappropriate emergency room utilization. The table on the right depicts the appointment availability for members:

Appointment Type	Access Standard
PCPs – Routine visits	30 calendar days
PCPs – Adult Sick Visit	48 hours
PCPs – Pediatric Sick Visit	24 hours
Behavioral Health – Non-life 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 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 on the right depicts the appointment availability for members:

APPOINTMENT AVAILABILITY

The following standards are established regarding appointment availability:

Type of Care	Accessibility Standard*
PRIMARY CARE	
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
SPECIALTY REFERRAL	
Emergency	Within 24 hours of referral
Urgent care	Within 3 days of referral
Routine	Within 45 days of referral
MATERNITY	
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
DENTAL	
Emergency	Within 24 hours of request
Urgent care	Within 3 days of request
Routine	Within 45 days of request

Prior Authorizations

How to Secure Prior Authorization

Prior Authorizations can be requested in the following ways:

Secure Web Portal: This is the preferred and fastest method

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

Phone

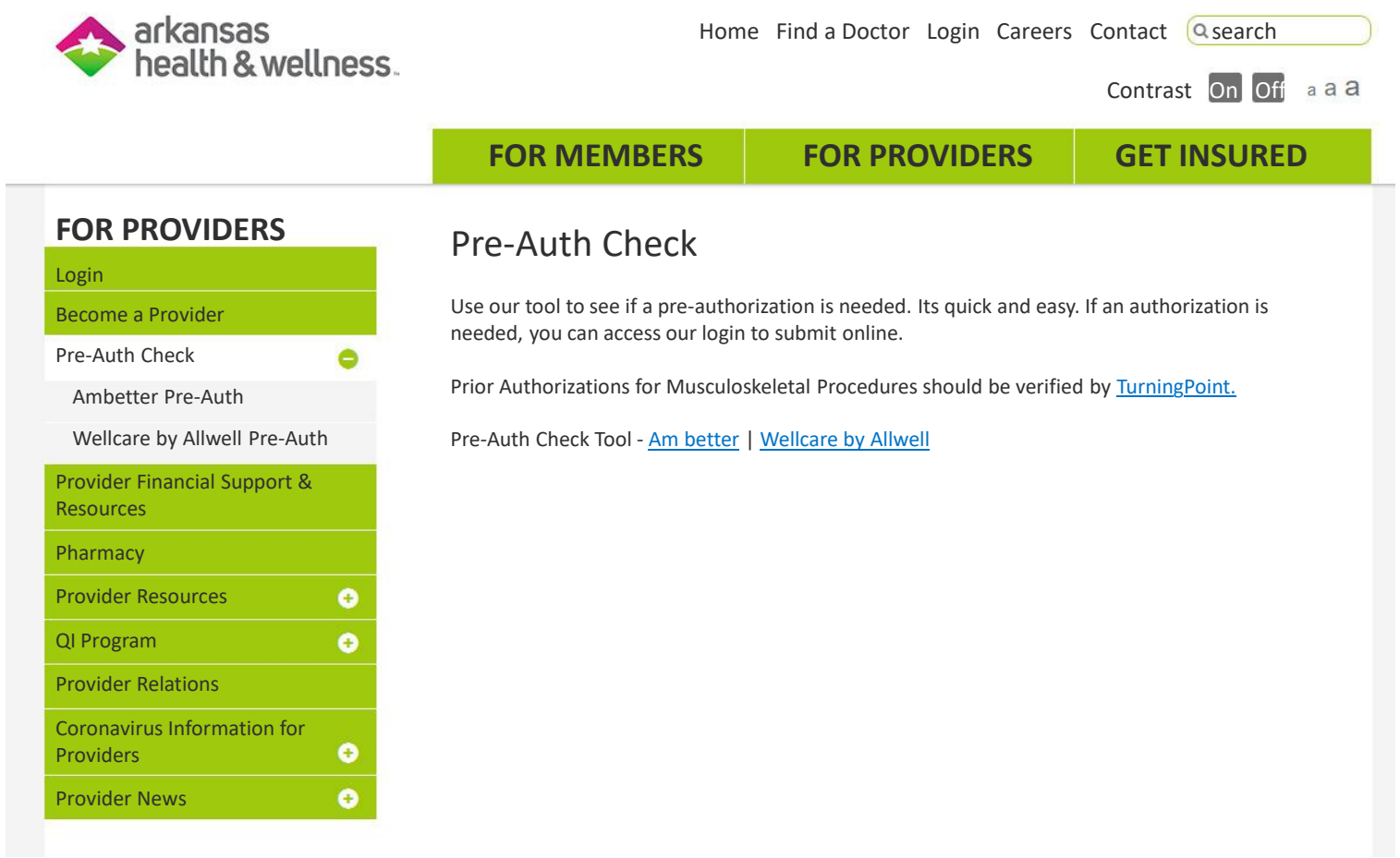
- Ambetter: 1-877-617-0390
- Wellcare by Allwell: 1-855-565-9518

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

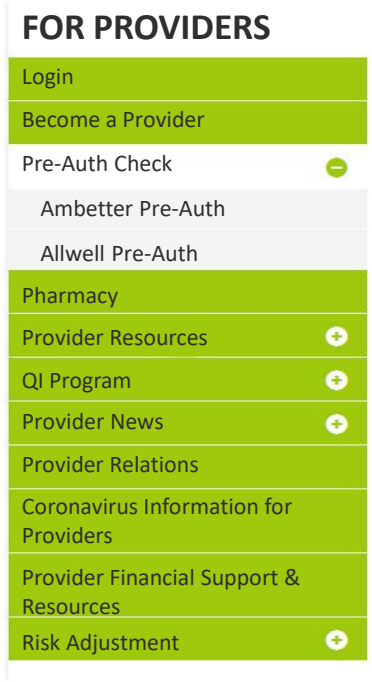
- Ambetter: 1-866-884-9580
- Wellcare by Allwell: 1-833-562-7172

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.

Pre-Auth Check Tool



Pre-Auth Check Tool



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 TumingPoint.

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?	○	○
Are anesthesia services being rendered for pain management or dental surgeries?		
Is the member receiving hospice services?	○	○

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

99214 Check

N
No

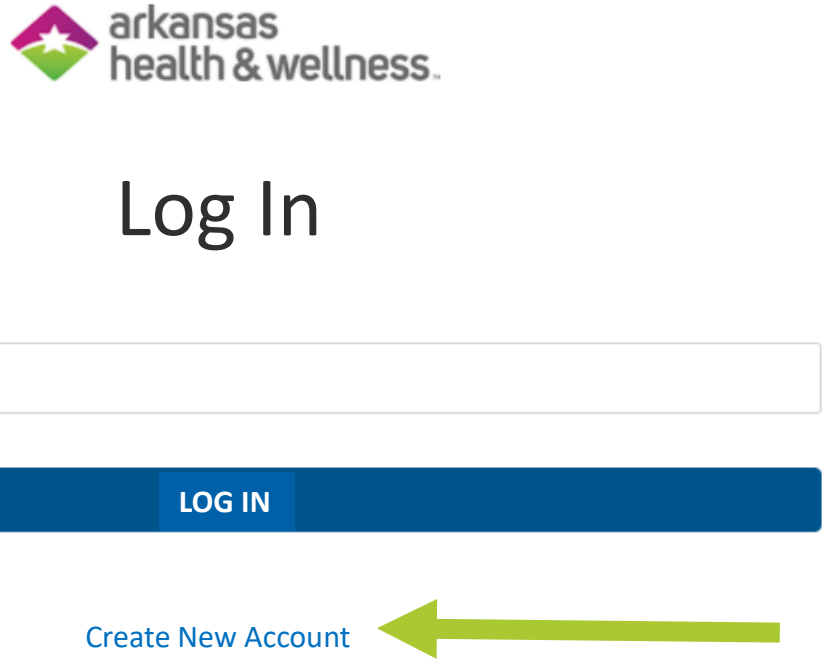
99214 - OFFICE/OUTPATIENT VISIT EST
No authorization required.

Secure Provider Portal

Secure Provider Portal – Create An Account

Registration is free and easy!

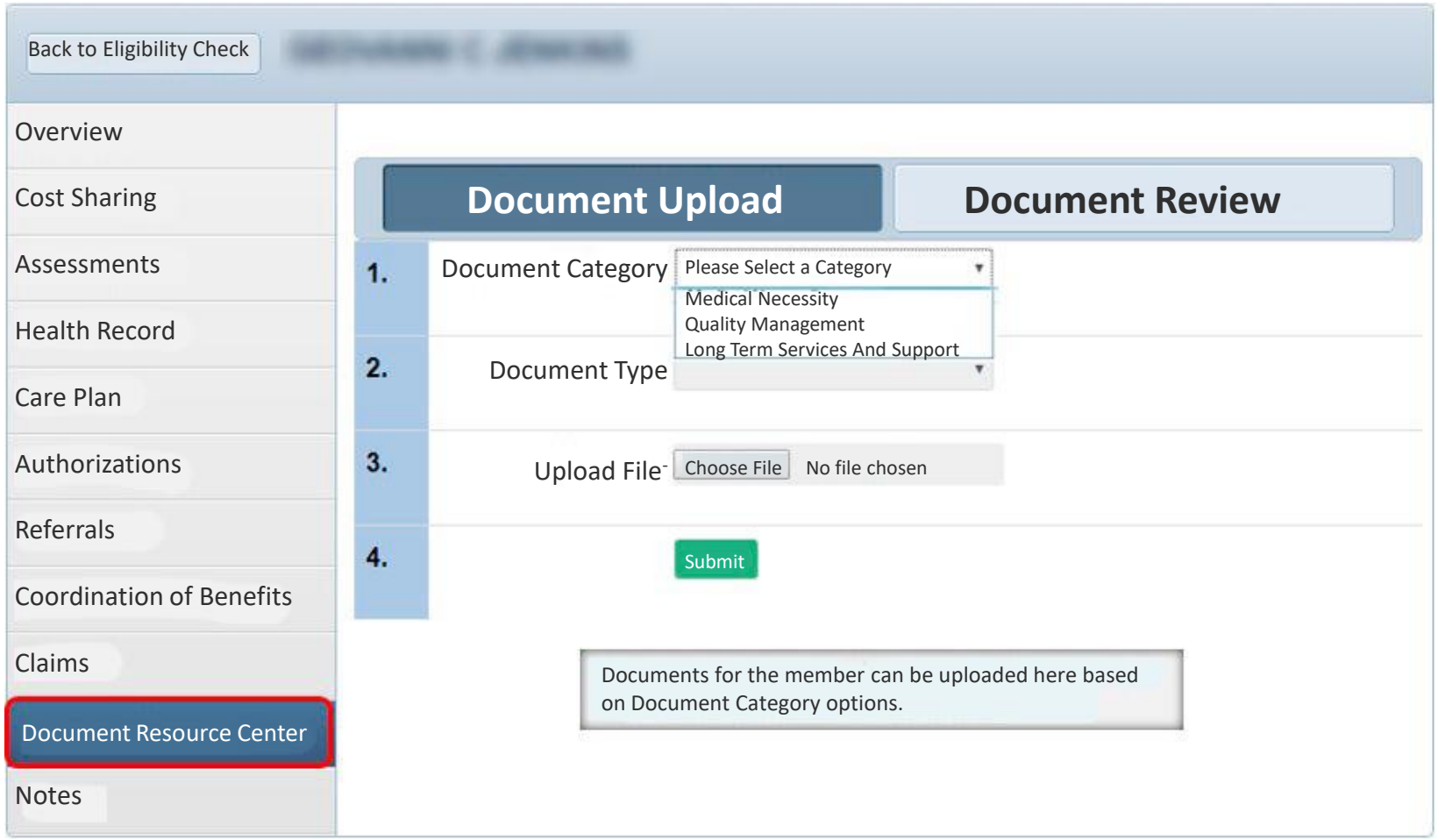
https://www.arhealthwellness.com/login.html



Secure Provider Portal — Features

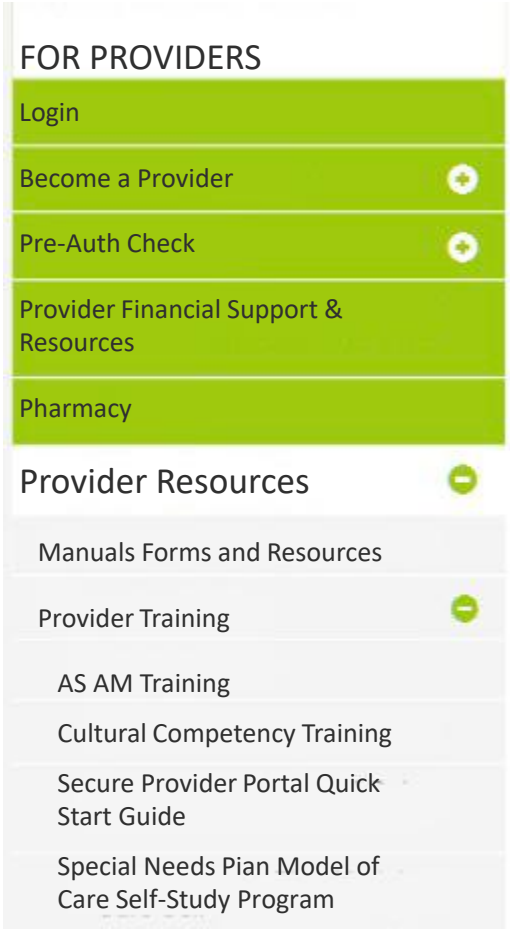
- A member eligibility overview page that reflects all critical data in a single view
- Ability to submit and track the status of claim reconsiderations online
- Expanded free text fields for reconsideration comments and explanations
- Attach required documentation when filing a reconsideration
- Upload records for care gap information.
- Receive push notifications regarding reconsideration status changes
- Void/Recoup option on claims already adjudicated by the health plan. Refer to page 92 of the manual within the portal for instructions.

Patient Overview — Document Resource Center



Provider Self-Led Trainings

Provider Self-Led Trainings



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 ProviderTraining 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 and Providers

Risk Adjustment Overview

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

Hierarchical Condition Categories

- HCCs – Assigns risk factor score based upon chronic health conditions, demographics detail
  - 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 diagnosis map to an HCC

Risk Adjustment Requirements

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

- Conditions not documented annually do not exist

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

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

Risk Adjustment Program Purpose

- 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

Medical Record Review

- Contracted vendors: Datafied and Ciox (Datavant)
- Project Dates:
  - Medicare: Launched May 2024
  - Ambetter: Launched 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.
- Goal: To recognize and reward providers who collaborate with AHW to deliver quality care and improve documentation of care for members.
- Coc is a claims-based program requiring:
  - Targeted member to have a DOS with provider within assigned TIN during the program year (January through December)
  - Claim identifying any active condition with ICD-10 code 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

arkansas health & wellness

Take a Comprehensive Care Approach

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

Document Diagnosis

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

Utilize Health Data Proactively

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

arkansas health & wellness

arkansas total care

Helping Arkansas Live Better

Quality Improvement

2025 Partnership for Quality Program (P4Q)

arkansas health & wellness arkansas total care
Helping Arkansas Live Better

Wellcare is pleased to announce the launch of the 2025 Partnership for Quality (P4Q) Bonus Program. Primary care providers have the opportunity to earn a bonus by addressing preventive care and closing care gaps.

Program Measures	Amount Per
BCS - Breast Cancer Screening	$50
CBP - Controlling High Blood Pressure	$75
COA - Care for Older Adults - Functional Status*	$25
COL - Colorectal Cancer Screen	$50
EED - Diabetes - Dilated Eye Exam	$25
FMC - F/U ED Multiple High Risk Chronic Conditions	$50
GSD - Diabetes HbAlc <= 9	$75
KED - Kidney Health Evaluation for Patients with Diabetes	$50
Medication Adherence - Blood Pressure Medications	$50
Medication Adherence - Diabetes Medications	$50
Medication Adherence – Statins	$50
OMW - Osteoporosis Management in Women Who Had Fracture	$50
SPC - Statin Therapy for Patients with CVD	$25
SUPD - Statin Use in Persons With Diabetes	$25
TRC - Medication Reconciliation Post Discharge	$25

**Special Needs Plan (SNP) members only.*

2025 P4Q Bonus Instructions

arkansas health & wellness
arkansas total care
Helping Arkansas Live Better

1. Contact patients to schedule an appointment to see you. At the visit, order appropriate tests and preventive screenings, as applicable. Take action to help patients complete all preventive care and close care gaps by **December 31, 2025**.

2. Upon completion of the examination, document care and treatment (not diagnosis) in the patient's medical record and submit all applicable diagnoses codes on claims, encounter files and/or approved NCQA supplemental electronic flat files containing all relevant ICD-10, CRT and CRT II codes by **January 31, 2026**.

3. Review and counsel on results of tests and screening with patients.

2025 P4Q Payment Information

arkansas health & wellness
arkansas total care
Helping Arkansas Live Better

The 2025 P4Q program has 4 payment cycles. Earnings in cycles 1 through 3 less than $100 will automatically be rolled to the next payment cycle. Any balances under $100 will be disbursed in cycle 4. Payments for Medication Adherence measures, CBP - Controlling High Blood Pressure, GSD - Diabetes HbA1c <= 9 will only be included in cycle 4.

Medicare Annual Wellness Visit (AWV)

arkansas health & wellness arkansas total care
Helping Arkansas Live Better

Schedule a visit with your member today!

Wellcare members are covered for:			CODES
Annual Wellness Visit (AWV)	This unique to Medicare visit allows you and your patient to meet and discuss their health to create a personalized prevention plan.	**1 per calendar year**	**G0438, G0439***
Routine Physical Exam (RPE)	This Medicare Advantage Supplemental benefit is a comprehensive physical examination to screen for disease and promote preventative care.	**1 per calendar year**	**99381-99387* (new patient)** **99391-99397** (established patient)**

Contracted Federally Qualified *Health centers (FQHC) must include G0468 when billing AWV.
****Can be billed with the AWV with a modifier 25.***

AWV Topic Discussions

- Update patient's medical record; including demographics, other treating providers and family history
- Conduct a Social Determinants of Health assessment
- Discuss Advanced Care planning
- Screen for cognitive impairment, including depression, mental wellness and emotional health
- Conduct medication reconciliation and extend day fill opportunities (mail order or 90 days at retail)
- Complete pain and functional assessments; including use of Durable Medical Equipment (DME)
- Assess bladder leakage and care options
- Create a preventative screening schedule and refer members for tests, labs, x-rays (eye exams, colonoscopy, mammograms), counseling and care programs
- Complete the health risk assessment, including functional abilities, ADLS, instrumental ADLs and create an action plan
- Create patient's list of balance/fall risk factors and conditions; including interventions and treatment options
- Check routine measurements; height, weight, blood pressure, etc.
- Review current opioid prescription and screen for potential Substance Use Disorders (SUDs))

Topics to discuss during your patient's Routine Physical Visit:

Health History	**Heart, lung, head/neck, abdominal, neurological, dermatological, extremities and gender specific exam**
Vital signs	

AWV Quick Reference & Tips

arkansas health & wellness
arkansas total care
Helping Arkansas Live Better

For People with Diabetes

- Annual diabetic retinal eye exam
- Review adherence of diabetes medications (consider 90-day fills for maintenance medications) and evaluate the addition of a statin to help prevent heart and blood vessel diseases
- Blood pressure monitoring
- Testing and control of HbA1c
- Kidney function tests
- Medical attention for nephropathy

As Needed

- Osteoporosis screening and management after fracture

Care for Older Adults

- Medication review and reconciliation by physician
- Functional status assessment
- Pain assessment
- Advance care planning
- Depression screening

Adult Vaccinations

- COVID 19 initial and follow-up
- Influenza - yearly
- Pneumococcal - one time (may need booster)
- Meningococcal
- Tetanus, diphtheria, pertussis (Td/Tdap)
- Zoster (shjngles)
- Hepatitis A
- Hepatitis B

Important Cancer Screenings:

- Colon cancer screening (Colonoscopy, Fit DNA test, cologuard)
- Breast cancer screening
- Prostate cancer screening
- Lung cancer screening

- Always share tests and screenings results with members, and discuss how they can access them, via a patient portal
- Be sure to submit all applicable conditions, via IDC 10 codes
- Leverage CPT Category II codes to ensure outcomes in order to reduce chart collection events

Medication Adherence

arkansas health & wellness arkansas total care
Helping Arkansas Live Better

Quality Measures

Below are three examples of Centers for Medicare and Medicaid Service Star measures which use adherence to evaluate health plans.

Beneficiaries, ages 18 years and older, who had at least two fills of medication(s) listed below on different dates of service and were 80% or more adherent to their medications.

Quality Measure	Description
Medication Adherence for Diabetes (DIAB)*	Oral antidiabetic medications defined as Biguanides, Sulfonylureas, Thiazolidinediones, DPP-IV inhibitors, GLP-1 receptor agonists, Meglitinides, and SGLT2 inhibitors
Medication Adherence for Hypertension (RASA)**	Renin-Angiotensin System (RAS) antagonists defined as ACE inhibitors, ARBs, or Direct Renin Inhibitors
Medication Adherence for Cholesterol (Statins)	Statins

Exclusions

End-stage renal disease (ESRD), Hospice, *Insulin use (DIAB only), **Sacubitril/Valsartan use (RASA only).

Medication Adherence Tips

arkansas health & wellness
arkansas total care
Helping Arkansas Live Better

RxEffect LIS Indicator:

If the LIS flag reflects 'Yes' your patient (our member) is eligible to fill a 90-day prescription for the same cost as a 30-day prescription.

Best practices to promote medication adherence

Prescribe 90-day prescriptions supply

For chronic medications, prescribe a 90-day quantity.

Review medications regularly

During each visit, review all medications with the patient. When possible, remove medications no longer needed and reduce dosages.

Check for understanding

Make sure your patients knows why you are prescribing a medication.
Clearly explain what they are, what they do and how to manage potential side effects

2024 My Wellcare Rewards

arkansas health & wellness arkansas total care
Helping Arkansas Live Better

Members can **earn up to 2,500 points {up to a $75 value)** simply by participating in health-related activities, depending on eligibility. It's easy for members in participating MAPD and D-SNP* plans to earn points they can redeem for gift cards to stores like CVS, Home Depot, Walmart, and more just by completing healthy activities they're already doing, such as getting an annual flu shot or scheduling preventive screenings.

How to Use the Program

To redeem rewards, members must register for the program and self-attest to eligible actions. Members will earn points for each eligible activity they complete and can redeem those points for gift cards once they reach at least 500 points. Members can earn up to a maximum of 2,500. The points structure is:

500 points: $10 **1,000 points:** $25 **1,750 points:** $50 **2,500 points:** $75

The 2024 My Wellcare Rewards program can be accessed in the following ways:

Online through the Wellcare member portal

Through the My Wellcare Rewards mobile app

By calling a Healthmine agent at 866-550-1590

2024 My Wellcare Rewards Eligible Activities

arkansas health & wellness arkansas total care
Helping Arkansas Live Better

Healthcare Activity	Reward Value	Notes	Reward Type
Annual Wellness Visit	300 points	Once per year	Self-attestation
Annual Flu Vaccine	50 points	Once per year	Self-attestation
Breast Cancer Screening	400 points	Once per year	Self-attestation
Diabetes Eye Exam	200 points	Once per year	Self-attestation
Diabetic HbA1c Testing	20 points		Self-attestation
Osteoporosis Management for Women	250 points		Self-attestation
Colon Cancer Screening	Up to 400 points		Self-attestation
Engagement or Wellness Activity	**Reward Value**	**Notes**	**Reward Type**
First-Time Portal Registration or Log-In	50 points	Once per year	Upon registration with email address or first log-in every year
Health Risk Assessment	400 points	Once per year	Upon completion of the HRA within 90 days

Chart does not include all eligible activities.

2024 My Wellcare Rewards Availability

arkansas health & wellness arkansas total care
Helping Arkansas Live Better

Rewards Available

Digital and physical gift cards are available from the following vendors:

• CVS Select (physical card only) • Walmart Healthy Living • Home Depot • Kohl's • Lowe's • PetSmart (digital card only)
• TJ Maxx Brands (including HomeGoods, HomeSense. Marshall's, and Sierra; digital card only)

Healthmine will mail physical gift cards to eligible members within seven business days of redemption (selection of the gift card).
For electronic gift cards, Healthmine will email cards to eligible members within three business days of redemption.
Gift card fulfillment will occur within 23 calendar days.

***As of 3/13/24 the 2024 My Wellcare Rewards is not yet available on D-SNPs in NJ, WI, OR, NY, or CA. Program will launch once state approval is granted. For agent use only. Not for distribution to prospects or members. Not all supplemental benefits are available in every market. Features, benefits, and details may vary by market. Refer to the Evidence of Coverage for splan details.**

Hospital Follow-Up

Getting Back to Your Best Health

After a hospital or emergency room (ER) visit, recovery can be challenging. There are many things you can do to improve your health. One of the most important is scheduling a follow-up visit with your doctor within seven days after a hospital or ER visit, unless otherwise directed.

Hospital Follow-Up Visit

arkansas health & wellness arkansas total care
Helping Arkansas Live Better

You should have a follow-up visit with your primary care doctor within seven days of being released from the hospital. Your clinical team will try to call or contact you after you are discharged to help schedule this visit. It is helpful to bring a list of all current medications and your hospital discharge documentation to your follow-up visit.

At this visit, your doctor can:

- Determine why you were admitted to the hospital.
- Diagnose any new health problems and reevaluate existing conditions.
- Review old and new medications.
- Refill medications, if needed.
- Answer any of your health-related questions.
- Talk to you about your health and your treatment plan.

Resources Available

Our care management team has resources available that can help your patients – our members — reach their health goals including:

- Scheduling a follow-up appointment
- Transportation assistance
- Helping keep track of medications
- Assisting with managing multiple conditions

Annual wellness visits, virtual visits, and digital care management opportunities are available upon request.

Did You Know?

We provide free In-Home Support Services to help you maintain your health and independence while transitioning back home after a hospital stay. We offer several options for this service.

1, Chores Only — Receive two-hour visits from a care professional who will help with chores and meal preparation.

2, Personal Care Services and Chores — Receive four-hour visits from a care professional who will help with dressing, bathing, feeding, and other day-to-day activities, as well as assist with chores and meal preparation.

3. Meal Benefits — Receive microwaveable, delicious meals or nutritional shakes after you get home from the hospital.

See if you qualify today! Call [1-833-340-0083 (TTY: 711)] to learn more or to sign up for case management services. They are available [Monday through Friday from 8 a.m. to 8 p.m.j You may also qualify for the Personal Emergency Response System (PERS). PERS is a mobile push button device that enables you to have immediate medical or personal assistance when you need it. For additional information regarding the PERS device, or to see if you qualify, you can contact Member Services at the number below.

More helpful numbers:

Member Services: 1-855-565-9518
(TTY: 711) (available Monday-Friday from 8 a.m. to 8 p.m. CT)

Nurse Advice Line: 1-855-565-9518 (TTY: 711)
(available 24 hours, seven days a week, 365 days a year)

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.

Press 1	If you know your party's extension
Press 2	Ambetter
Press 3	Wellcare by Allwell
Press 4	Arkansas Total Care
Press 5	To repeat prompts

Provider Contracting Email Address: ArkansasContracting@Centene.com

- Regular contracting inquiries and contract requests

Credentialing Department

Arkansas Health & Wellness Credentialing Department

Phone: 1-844-263-2437

Fax: 1-844-357-7890

Provider Credentialing Email:

ArkCredentialing@centene.com

Education Requests

Would you like training for you and your staff?

You can submit your requests to

Providers@ARHealthWellness.com

arkansas health & wellness™

Thank you for joining us!