



# arkansas health & wellness™

Ambetter and Allwell

1<sup>st</sup> Quarterly Webinar

April 12<sup>th</sup>, 2018

**Conference Number: (855) 351-5537**

**Conference Code: 741 390 3784**

If you haven't already, please call into the webinar to hear us speak. Your phone will automatically be set to mute. please hold your questions until the end of the presentation. If we run out of time before we get to your question, please email us at [Contact\\_Us\\_Provider\\_AR@centene.com](mailto:Contact_Us_Provider_AR@centene.com)



arkansas  
health & wellness™

## Agenda

- ▶ Ambetter Overview
- ▶ Arkansas Works
- ▶ Allwell Overview
- ▶ Secure Provider Portal
- ▶ Provider Incentives
- ▶ Provider Analytics
- ▶ Important Reminders

# Our Products

We share your commitment to your patients and understand the importance of keeping them covered and healthy. As our partner, your patients have access to a range of health plans that fit their specific needs.



Medicare Advantage  
Plans with Prescription  
Drug coverage  
included



Health Insurance  
Marketplace

# The Ambetter Network

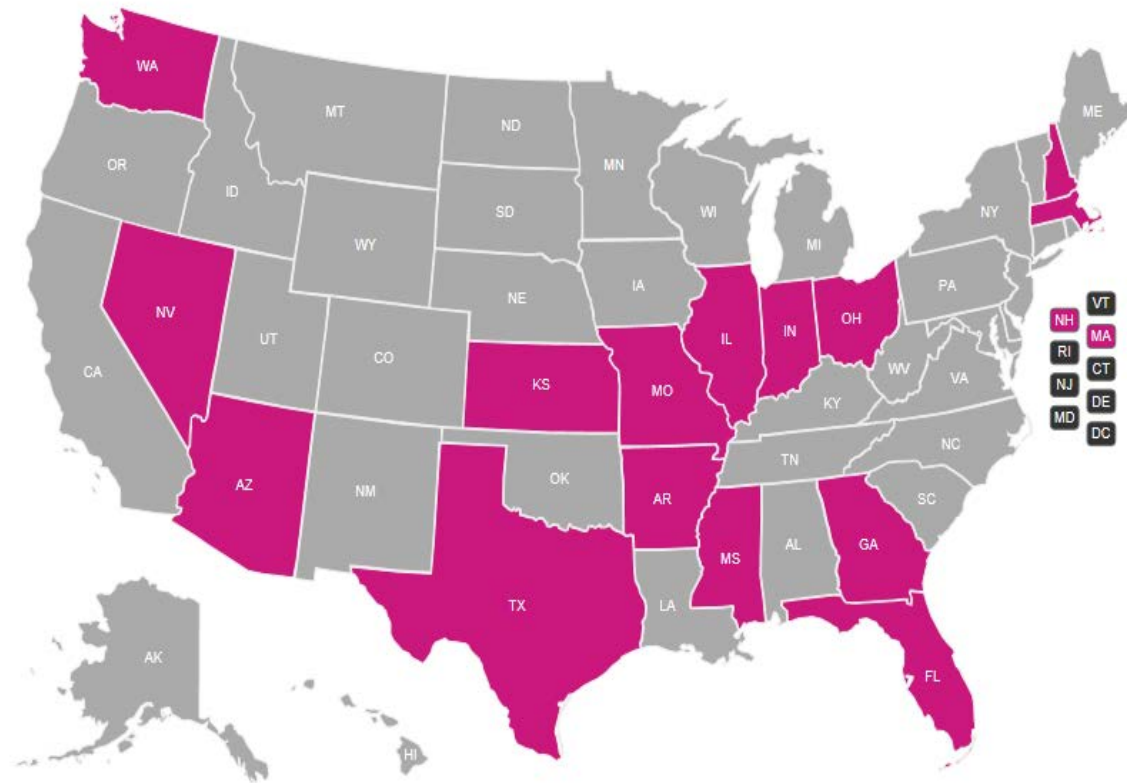
Arkansas Health & Wellness utilizes the NovaSys Health network for all Ambetter members seeking care in the state of Arkansas.

Ambetter members can enjoy in-network benefits from any participating (contracted) provider within the 15 Ambetter states.

- Arkansas
- Arizona
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Massachusetts
- Mississippi
- Missouri
- New Hampshire
- Nevada
- Ohio
- Texas
- Washington



FROM |  arkansas  
health & wellness.



# Public Website

ambetter.arhealthwellness.com



Home Find a Doctor Login Contact

a a a  
language ▾

**FOR MEMBERS** **FOR PROVIDERS** **HOW TO ENROLL**

- Login
- Find a Provider +
- Pay My Premium
- How to Enroll
- Learn More +
- Our Health Plans +
- Health & Wellness +
- For Members +
- For Providers +
- For Brokers +
- For Navigators
- Newsroom
- Community Events

Enroll in an Ambetter health plan today! Call us at 1-877-617-0390 (TTY/TDD 1-877-617-0392). [Enroll Today](#)

**Find the Right Health Plan** **For Members** **My Health Pays™ Rewards Program**

If you have questions about recent coverage regarding the Affordable Care Act, plans on the Health Insurance Marketplace ([Healthcare.gov](http://Healthcare.gov)), or your Ambetter health insurance in 2017, please visit our [FAQ page](#). You'll find helpful information and answers to your questions. [Learn More.](#)

# Public Website

## Information contained in the FOR PROVIDERS section of our public website:

- The Provider and Billing Manual
- Quick Reference Guides
- Forms (Notification of Pregnancy, Prior Authorization Fax forms, etc.)
- The Pre-Auth Needed Tool
- Clinical and Payment Policies
- The Pharmacy Preferred Drug Listing
- And much more...

The screenshot shows the website header with the Ambetter logo and navigation links: Home, Find a Doctor, Login, Contact, and a search bar. Below the header is a navigation bar with three main sections: FOR MEMBERS, FOR PROVIDERS (highlighted with a red arrow), and HOW TO ENROLL. A dropdown menu for FOR PROVIDERS is open, listing various resources. The 'FOR PROVIDERS' menu item is circled in red. Below the navigation bar is a banner for Open Enrollment, followed by three featured articles: 'Find the Right Health Plan', 'For Members', and 'My Health Pays™ Rewards Program'. A footer section contains a notice about recent coverage regarding the Affordable Care Act and a link to the FAQ page.

ambetter FROM arkansas health & wellness

Home Find a Doctor Login Contact search

language

FOR MEMBERS FOR PROVIDERS HOW TO ENROLL

Login

Find a Provider

Pay My Premium

How to Enroll

Learn More +

Our Health Plans +

Health & Wellness +

For Members +

For Providers -

Login

Join Our Network

Pharmacy

Provider Resources

Clinical & Payment Policies

Quality Improvement Program

Provider News

Provider Webinars

For Brokers +

For Navigators

Newsroom

Community Events

Open Enrollment is closed. Have a Special Enrollment need? Call us at 1-877-617-0390 (TTY/TDD 1-877-617-0392). Learn More

Find the Right Health Plan

For Members

My Health Pays™ Rewards Program

If you have questions about recent coverage regarding the Affordable Care Act, plans on the Health Insurance Marketplace ([Healthcare.gov](https://www.healthcare.gov)), or your Ambetter health insurance in 2017, please visit our FAQ page. You'll find helpful information and answers to your questions. [Learn More](#).

Ambetter from Arkansas Health & Wellness

Ambetter from Arkansas Health & Wellness delivers quality healthcare solutions that help Arkansas residents live better. And with Ambetter, our Health Insurance Marketplace insurance plan, we offer a variety of affordable options that make it easier to stay healthy—and to stay covered.





Medicare Advantage Plan 2018



We offer Allwell HMO MAPD plans in the following Arkansas counties:

- Benton
- Crawford
- Sebastian
- Garland
- Pulaski
- Saline
- Washington





FROM  arkansas  
health & wellness.

### Member Benefits and Programs:



#### Prescription Coverage

Our Medicare Advantage plans include prescription drug coverage to help your patients treat or manage their conditions.



#### Care Management

Care Managers will work closely with you and your Allwell patients to make sure their health needs are always met.



#### 24/7 Nurse Advice Line

Members will receive 24-hour, toll-free phone access to registered nurses for answers to their medical questions.



#### Over-the-Counter Allowance

Every quarter, members will receive \$60 to spend on certain OTC items that are delivered via mail order.



#### Vision and Dental Benefits

In addition to medical benefits, members will be able to keep dental and eye health a priority with routine checkups and care.



#### MemberConnections Program

Plan representatives will provide members with in-person support to access their health benefits and community resources to ensure the members' health and safety.



#### Senior Health Resources

We will partner with our members to keep them engaged in their healthcare – including sending preventive health reminders, providing general health information, or offering support so that they can maintain their best health.



- ▶ Allwell does not require a referral for specialist visits.
- ▶ PCP visits do not require a co-pay.
- ▶ Out of Network benefits are not available for Allwell members.



**Website: Allwell.ARHealthWellness.com**

- Patient care forms
- Pre-Auth Needed tool
- Provider newsletters
- Provider Manual
- Preferred Drug List
- Member resources

**Secure Provider Portal: Allwell.ARHealthWellness.com**

- Verify member eligibility
- Access patient health records
- View patient gaps
- Manage prior authorizations
- Submit and manage claims
- And more!

**Member Eligibility**

Check member eligibility via:

- Secure Web Portal
- Provider Services: 1-855-565-9518
- TTY/TDD: 711

**Patient Care Gaps**

Find recommended services that a member has not completed.

1. Visit the Secure Provider Portal.
2. Review patient information for any gaps in care.
3. Plan to address care gaps during future appointment.

**Pre-Visit  
Planning  
Checklist**

- ✓ Verify member eligibility.
- ✓ Check for patient care gaps and address them during upcoming office visit.
- ✓ Use Pre-Auth Needed tool to determine if prior authorization is needed before appointment.



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### Prior Authorization

Use the Pre-Auth Needed tool on our website to determine if prior authorization is required.

Submit prior authorizations via:

- Secure Provider Portal
- Fax: 1-833-562-7172
- Phone: 1-855-565-9518

### Claims

Timely Filing guidelines: 180 days from date of service.

Claims can be submitted via:

- Secure Portal
- Clearinghouses: EDI Payor ID 68069
- Mail paper claims to:  
Allwell from Arkansas Health & Wellness  
ATTN: Claims  
P.O. Box 3060  
Farmington, MO 63640-3822

### Other Partners

To contact our other health services partners:

- Dental: 1-855-565-9518
- Vision: 1-855-565-9518
- Behavioral Health: 1-855-565-9518



**Allwell.ARHealthWellness.com**

Provider and Member Services: 1-855-565-9518

# Secure Provider Portal

## Information contained on our Secure Provider Portal:

- Member Eligibility
- Patient Listings
- Health Records & Care Gaps
- Authorizations
- Case Management Referrals
- Claims Submissions & Status
- Corrected Claims & Adjustments
- Payments History
- PCP Reports

# Secure Provider Portal

Registration is free and easy.

Click the orange “Create an Account” button to get started.

Features Join Our Network **CREATE ACCOUNT**

## The Tools You Need Now!

Our site has been designed to help you get your job done.

- Check Eligibility**  
Find out if a member is eligible for service.
- Authorize Services**  
See if the service you provide is reimbursable.
- Manage Claims**  
Submit or track your claims and get paid fast.

### Login

User Name ( Email )  
name@domain.com

Password

**Login**

[Forgot Password / Unlock Account](#)

### Need To Create An Account?

Registration is fast and simple, give it a try.

**Create An Account**

### How to Register



Our registration process is quick and simple. Please click the button to learn how to register.

**Provider Registration Video**

**Provider Registration PDF**

# Verification of Eligibility, Benefits and Cost Share

## Member ID Card:


	
<b>Subscriber:</b>	<b>Effective Date of Coverage:</b>
<b>Member:</b>	<b>RXBIN:</b>
<b>Policy #:</b>	<b>RXPCN:</b>
<b>Member ID #:</b>	<b>RXGROUP:</b>
<b>Plan:</b>	
<b>Copays:</b>	<b>Coinsurance (Med/Rx):</b>
<b>PCP:</b>	<b>Deductible (Med/Rx):</b>
<b>Specialist:</b>	<b>Rx (Generic/Brand):</b>
<b>ER:</b>	

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**Ambetter.ARhealthwellness.com**

<b>Member/Provider Services:</b> [1-877-617-0390] <b>TDD/TTY:</b> [1-877-617-0392] <b>24/7 Nurse Line:</b> [1-877-617-0390]	<b>Medical Claims:</b> Ambetter from Arkansas Health & Wellness Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
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**Numbers below for providers:**  
**Pharmacy Help Desk:** [1-844-432-0698]  
**EDI Payor ID:** [68069]  
**EDI Help Desk:** [Ambetter.ARhealthwellness.com]



Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.ARhealthwellness.com.  
AMB16-AR-C-00064 © 2016 Ambetter from Arkansas Health and Wellness. All rights reserved

**\* Possession of an ID Card is not a guarantee eligibility and benefits**



# Verification of Eligibility, Benefits and Cost Share

**Eligibility, Benefits and Cost Shares can be verified in 3 ways:**

- 1. The Ambetter secure portal found at: [ambetter.arhealthwellness.com](https://ambetter.arhealthwellness.com)**
  - If you are already a registered user of the Ambetter from Arkansas Health and Wellness secure portal, you do NOT need a separate registration!
- 2. 24/7 Interactive Voice Response system**
  - Enter the Member ID Number and the month of service to check eligibility
- 3. Contact Provider Service at: 1-877-617-0390**

# Verification of Eligibility


### Eligibility Check

Date of Service: 02/25/2017    Member ID or Last Name: Sumlin    DOB: 09/04/1982    [Check Eligibility](#)    [Print](#)

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
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### Eligibility Check

Date of Service: 02/25/2017    Member ID or Last Name:    DOB: mm/dd/yyyy    [Check Eligibility](#)    [Print](#)

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
 <b>Suspended</b>	02/25/2017	JODIE LYNN SUMLIN	02/17/2017	<b>Risk Category Alerts:</b> Ischemic Vascular Disease Non-compliant for annual well visit. <a href="#">Remove</a>

# Verification of Eligibility

When searching for eligibility on the secure provider portal, you will see one of the following statuses:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	
	07/21/2016	JOHN DOE	07/21/2016	Member is <b>eligible</b> for services performed on this date of service.
	07/21/2016	JOHN DOE	07/21/2016	Member is <b>not eligible</b> for services performed on this date of service.
	07/21/2016	JOHN DOE	07/21/2016	Member premium payment is past due. Claims may be denied.
	07/21/2016	JOHN DOE	07/21/2016	Member's premium payment is in <b>delinquent status</b> . Claims will be processed.

# Verification of Eligibility

## Member in Suspended Status

- A provision of the ACA allows members who are receiving Advanced Premium Tax Credits (APTCs) a 3 month grace period for paying claims.
- Claims will be paid during the first month of the grace period. After the first 30 days, the member is placed in a suspended status. While the member is in a suspended status, claims will pend and the Explanation of Payment will indicate LZ Pend: Non-Payment of Premium.
- When the premium is paid by the member, the claims will be released and adjudicated.
- If the member does not pay the premium, the claims will be released and denied and the provider may bill the member directly for services.
- Claims for members in a suspended status are not considered “clean claims”.

# Verification of Benefits

Viewing Patients For : 71 [redacted] [v] Ambetter of Arkansas [v] Find Patient

Back to Patient List **ROGER [redacted]**

- Overview
- Benefit Tracker
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims
- Summary of Benefits**

[Summary of Benefits](#)

# Verification of Cost Shares

[Back to Eligibility Check](#) [REDACTED]

Overview

Benefit Tracker

**Cost Sharing**

Assessments

Health Record

Care Plan

Authorizations

Pharmacy PDL


Referrals

Coordination of Benefits

Claims

Summary of Benefits

Medical Drugs

 This patient is eligible as of today, Feb 17, 2017.

**Deductible**  
The fixed amount of money that you are responsible for paying before your insurance starts to pay. Whether or not you meet your deductible depends on how much healthcare you need throughout the year.

Type	Total Amount	Meet Year To Date*	Remaining
Family	\$500.00	\$250.00	\$250.00
Person	\$250.00	\$250.00	\$0.00

**Co-insurance**  
The portion of your medical bill you pay, for certain services, after you meet your deductible. Think of coinsurance as splitting your healthcare costs with your insurance company.

Once you have reached your deductible, your share of the cost for a covered health care service will be 30% of the allowed amount for the service

**Co-payment**

Drug Type	Your Cost
Primary Care	No charge
Specialist	\$5
Emergency Room	\$100 Copay before deductible

**Out-Of-Pocket Limit**  
The total amount you will spend for healthcare, after which the insurance company pays for all your medical care until the year ends.

Type	Total Amount	Meet Year To Date*	Remaining
Family	\$3,500.00	\$325.67	\$3,174.33
Person	\$1,750.00	\$325.67	\$1,424.33

\* These values will start at zero on January 1st. The following counts towards your deductible: medical costs, physician services, hospital services, EHB covered services, including pediatric, vision and mental health services, drug benefits.

# PCP Reports

## PCP Reports

- ▶ PCP reports available on Ambetter's secure provider web portal are generated on a monthly basis and can be exported into a PDF or Excel format.

## PCP Reports Include

- ▶ Patient List with Care Gaps
- ▶ Emergency Room Utilization
- ▶ Rx Claims Report
- ▶ Members flagged for Disease and Case Management



# Case Management Referrals

[Back to Patient List](#) [Redacted]

**Overview**

**Benefit Tracker**

**Cost Sharing**

**Assessments**

**Health Record**

**Care Plan**

**Authorizations**

**Pharmacy PDL**

**Referrals**

**Coordination of Benefits**

**Claims**

**Summary of Benefits**

\*Source: Case Management

\*Date: 02/21/2017 9:28 AM

Last Name, First Name: Coker [Redacted] Amber [Redacted]

Phone Number, Extension: ( ) - - - - -

Additional Comments:

Reason(s) for Referral (select all that apply):

- Behavioral Health Services
- Care Coordination
- Co-Morbid Medical and Behavioral
- Complex Medical Issues
- High Risk Member
- High Risk Pregnancy

[Submit](#)

# Send a Secure Message



# Provider Incentives

# Provider Incentives:

## Pay for Performance (P4P) Incentive Program

Arkansas Health and Wellness offers a Pay for Performance (P4P) Incentive Program. This program rewards the provider for ensuring that their patients receive preventive services according to clinically recommended schedules and for helping with the management of their chronic conditions. This is an opportunity for additional reimbursement with no downside to you.

### Program Details:

- This program is only being offered to participating Primary Care Providers.
- As a participating PCP, you are automatically enrolled in this program.
- The incentive amount is in addition to the contractual reimbursement you receive for providing services to your members.
- Incentive payments will be made on a quarterly basis.

A recent mailing has gone out to all in network primary care physicians with detailed information on the new 2017 P4P program. Please contact Provider Services if you did not receive a copy.

# Pay for Performance (P4P) Incentive Program

Ambetter offers a Pay for Performance (P4P) Incentive Program. This program rewards the provider for ensuring that their Ambetter patients receive preventive services according to clinically recommended schedules and for helping with the management of their chronic conditions. This is an opportunity for additional reimbursement with no downside to you.

## Program Details:

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- As a participating Ambetter PCP, you are automatically enrolled in this program.
- The incentive amount is in addition to the contractual reimbursement you receive for providing services to your Ambetter members.

A recent mailing has gone out to all in network primary care physicians with detailed information on the P4P program. Please contact Provider Services if you did not receive a copy.

# Provider Incentives:

## Annual Wellness Visit Incentive Program Details

Arkansas Health & Wellness is committed to supporting your efforts to provide the highest quality of care to our members. We recognize providers that are engaged in PCMH or CPC+ Track #1 or Track #2 and working to transform their practice towards patient-centered medical care. We have developed this incentive program to support your efforts in engaging with our members and to bring them into your practice for high quality patient-centered care.

### Program Details:

**What** - A flat-rate incentive payment of \$100 for every member seen and coded as a well visit using one of the eligible codes listed in the table below. This is in addition to the usual Fee for Service Payment for the office visit which will be paid through the regular claims process.

**When** - Effective immediately, through dates of service ending on December 31, 2017.

**Payments** - Earned incentive payments will be paid monthly (incentive will be limited to one annual well visit per member per calendar year). No additional documentation is needed - payments will be based on paid claim activity.

**Member Incentive** - We will assist you by providing our members with a My Health Pay incentive of \$75 per year for one visit that is coded as a well visit.

The wellness outreach program is designed to complement the Marketplace P4P model so please be sure to utilize the secure provider portal to assist in your outreach efforts to your members.

# PROVIDERS ANALYTICS



# Provider Analytics Tool

To access Provider Analytics:

1. From the portal, click on the Provider Analytics link to be directed to the launch page.
2. Click on Quality to be directed to the HEDIS Care Gap Dashboard and Member Gap in Care Reports.
3. Click on Value-Based Contract to be directed to the Pay for Performance dashboard and report.

**Quick Eligibility Check**  
Member ID or Last Name: 123456789 or Smith  
Birthdate: mm/dd/yyyy  
[Check Eligibility](#)

**Recent Claims**

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
🔔	10/10/2017		
🔔	10/10/2017		
🔔	10/10/2017		
🔔	10/10/2017		
🔔	10/10/2017		

**Welcome**

- Add a TIN to My ACC >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >**

**Recent Activity**

Date: 09/20/2017  
Activity: Your account had been disabled.

**Go Paperless**

Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

[PaySpan Site](#)

**centelligence PROVIDER ANALYTICS**

Plan:   
TIN: **TIN NAME HERE**  
NPI:

Choose a dashboard:

- Cost & Utilization  
- MPC  
- Type of Service  
- PPM  
[GO](#)
- Emergency Room  
- ER PPM  
- ER Utilization  
- Preventable ER  
[GO](#)
- Pharmacy  
- PPM  
- Cost per Script  
- Generic vs Brand  
[GO](#)
- Quality**  
- Gaps in Care  
[GO](#)
- Value-Based Contract**  
- Value-Based Contract  
[GO](#)

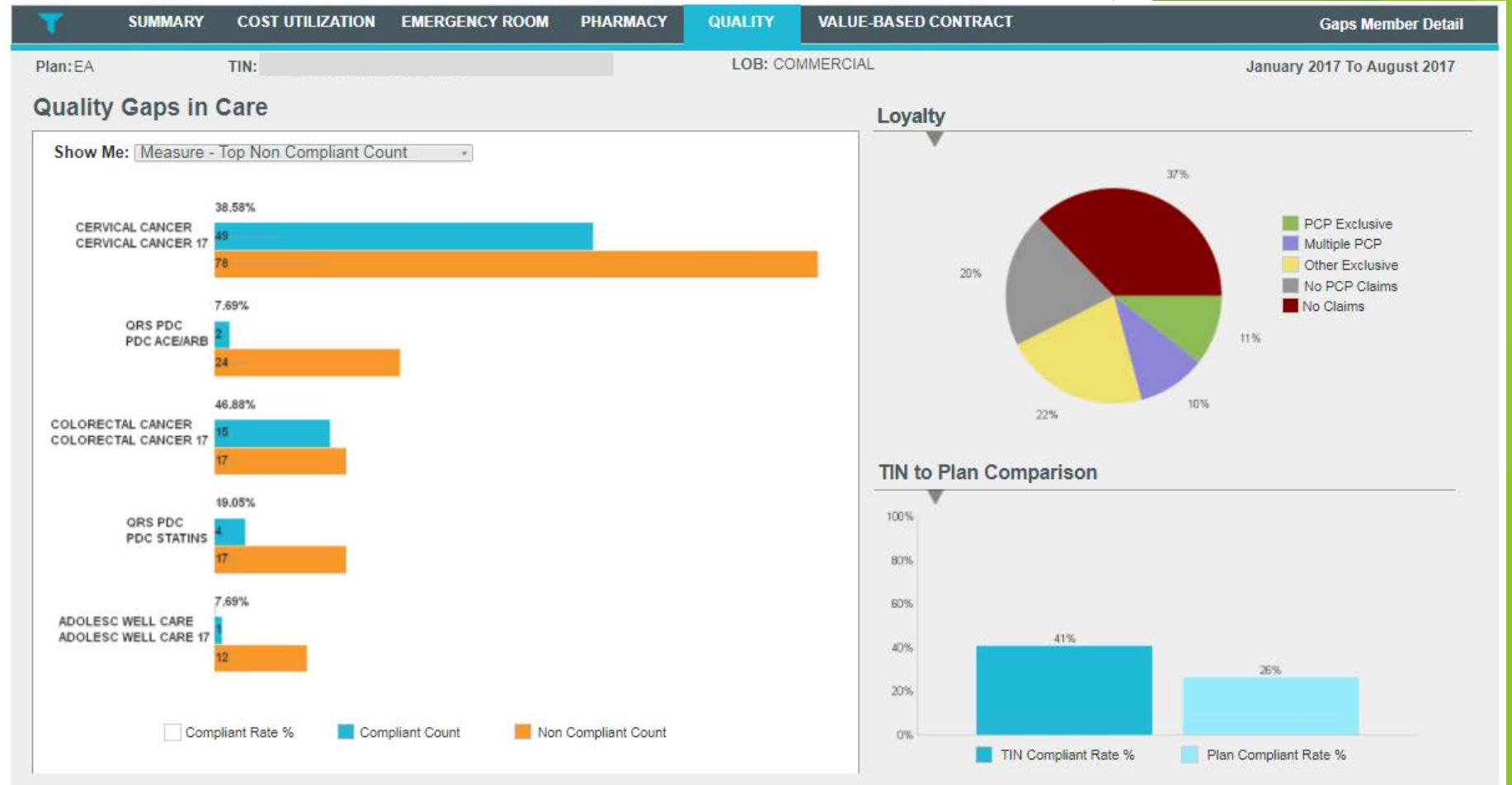
# Provider Analytics-Quality Gaps in Care

**Quality Gaps in Care:** Shows the compliant count and rate by HEDIS measure or provider.

**Loyalty:** Displays the number of members in each of the five engagement categories to determine how frequently the members are visiting their assigned PCP. The five categories are PCP Exclusive, Multiple PCP, Other Exclusive, No PCP Claims, and No Claims.

**Tax Identification Number (TIN) to Plan Comparison:** Displays the TIN's average compliant rate and the plan's compliant rate as a percentage.

**Gaps Member Detail:** The build a report feature allows users to create a custom report with member detail including line of business, NPI, HEDIS measure, HEDIS sub-measure, member compliancy, and Loyalty.



# Provider Analytics - P4P

➤ Provider Information: Includes the parent TIN, model, member months, member panel, report period, and contract period.

➤ Other Information: The user has the option to view an affiliated TIN, product list, or definitions found in the report.

➤ Summary: Shows the earned and paid amount year to date, outlines the maximum, earned, and unearned bonus amounts in figures and graphical form. The summary includes a measures list that displays the score, compliant and qualified counts, targets, maximum target gap, and bonus amount.

SUMMARY
COST UTILIZATION
EMERGENCY ROOM
PHARMACY
QUALITY
VALUE-BASED CONTRACT

**Provider Information**  
Plan: EA

Parent TIN : St Vincent Physician Hospital Organization  
 Model : Ambetter from Arkansas Health and Wellness  
 Member Months : 2,100

Member Panel : 255  
 Report Period : 1/1/2017 - 8/31/2017  
 Contract Period : 1/1/2017 - 12/31/2017

[Affiliated TIN ▶](#)  
[Definitions ▶](#)  
[PDF Report ▶](#)

Summary
Detail

YTD Earned

**\$4,335.00**

YTD Paid

**\$2,385.00**

**\$13,170.00** Maximum Bonus

**\$4,335.00** Earned Bonus

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**\$8,835.00** Unachieved Dollars

Sub Measure	Measure Incentive	Score	Compliant	Qualified	Target 1	Target 2	Target Achieved	Max Target Gap	Bonus Amount
ANNUAL MONITOR RX - COMBINED RATE	\$100.00	80.77%	21	26	34.00%	85.00%	Target 1	2	\$1,575.00
AVOID ABX BRONCH - AVOID ABX BRONCH 17	\$80.00	0.00%	0	0	12.00%	29.00%	--	0	\$0.00
BREAST CANCER - BREAST CANCER 17	\$40.00	26.67%	4	15	36.00%	76.00%	--	8	\$0.00
CERVICAL CANCER - CERVICAL CANCER 17	\$40.00	38.58%	49	127	37.00%	77.00%	Target 1	49	\$1,470.00
COLORECTAL CANCER - COLORECTAL CANCER 17	\$40.00	46.88%	15	32	30.00%	66.00%	Target 1	7	\$450.00
COMP DIABETES - A1C TEST	\$30.00	92.31%	12	13	45.00%	92.00%	Target 2	0	\$360.00
COMP DIABETES - EYE EXAM	\$30.00	30.77%	4	13	24.00%	58.00%	Target 1	4	\$90.00
COMP DIABETES - NEPH ATTN	\$30.00	100.00%	13	13	45.00%	91.00%	Target 2	0	\$390.00
MED MGMT ASTHMA - TOTAL 5 TO 64 75% COVERED	\$85.00	0.00%	0	0	24.00%	52.00%	--	0	\$0.00
QRS PDC - PDC ACE/ARB	\$40.00	7.69%	2	26	36.00%	79.00%	--	19	\$0.00
QRS PDC - PDC ORAL DIABETES RX	\$30.00	25.00%	2	8	34.00%	74.00%	--	4	\$0.00
QRS PDC - PDC STATINS	\$40.00	19.05%	4	21	34.00%	73.00%	--	12	\$0.00
USE IMG LOW BACK - IMAGING FOR LOW BACK PAIN	\$80.00	25.00%	1	4	38.00%	79.00%	--	3	\$0.00

# Provider Analytics - P4P

- Detail: Outlines the number of members need to reach the maximum target. The selected views include members needed or dollars missed.

SUMMARY
COST UTILIZATION
EMERGENCY ROOM
PHARMACY
QUALITY
VALUE-BASED CONTRACT

**Provider Information**

Parent TIN:   
 Model:   
 Member Months: 20,640

Member Panel: 1,720   
 Report Period: 1/1/2016 - 12/31/2016   
 Contract Period: 1/1/2016 - 12/31/2017

[Affiliated TIN](#)   
 [Definitions](#)

Summary
Detail
4

**Members Needed To Reach Max Target** Top

Members Needed  Dollars Missed

Measure	# Mem. Needed	Unearned Dollars
1 WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS - COUNSELING ON NUTRITION - TOTAL	31	\$1,230
2 WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (ALL USE PERCENTILE DOCUMENTATION) - TOTAL	22	\$860
3 WELL-CHILD VISITS - 3-6 YR - WELL-CHILD VISITS - 3-6 YR	16	\$825
4 CHILDREN ACCESS TO PRIMARY CARE PRACTITIONERS - CHILDRENS ACCESS TO PRIMARY CARE PRACTITIONERS - 25 MO-6 YRS	8	\$130
5 ADOLESCENT WELL-CARE VISITS - ADOLESCENT WELL-CARE VISITS	4	\$1,125

**WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (FL) - BMI PERCENTILE DOCUMENTATION - TOTAL**

Compliant Count	173
Qualified Count	259
Non Compliant Count	86
Measure Rate	66.6%
Target	91.27%
Members Needed to Hit Target	22

[Member Detail Export](#)

Name	NPI	Measure	Compliant Count	Qualified Count
EHTERAM RAUSSI-FARD	1588665575	WOCFL AHCA WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS	173	259

# IMPORTANT REMINDERS

# Important Reminders

All authorizations are done at the procedure code level. The Pre-Auth Needed tool is found on the public website and does not require a login to use.

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

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

**Y**  
Yes

**88365** - INSITU HYBRIDIZATION (FISH)  
Authorization required for all providers.

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



# Important Reminders

The screenshot shows the website's navigation structure. On the left is a vertical menu with items like 'Login', 'Find a Provider', 'Pay My Premium', 'How to Enroll', 'Insurance Education', 'Our Health Plans', 'Health & Wellness', 'For Members', 'For Providers', 'For Brokers', 'For Navigators', and 'Newsroom'. The main content area is divided into three columns: 'FOR MEMBERS', 'FOR PROVIDERS', and 'HOW TO ENROLL'. The 'FOR PROVIDERS' column contains a list of links: 'Login', 'Join Our Network', 'Pharmacy', 'Provider Resources' (circled in yellow), 'Provider Webinars', 'Pre-Auth Check', 'Clinical & Payment Policies', 'Quality Improvement Program', and 'Provider News'. A yellow arrow points from the text on the right to the 'Provider Resources' link. Below the navigation is a notice about flooding in several counties.

ambetter. FROM arkansas health & wellness.

Home Find a Doctor Login Contact search

language-

**FOR MEMBERS**

Open Enrollment is closed. Have a Special 877-617-0390 (TTY/TDD 1-877-617-0392).

**FOR PROVIDERS**

Login

Join Our Network

Pharmacy

**Provider Resources**

Provider Webinars

Pre-Auth Check

Clinical & Payment Policies

Quality Improvement Program

Provider News

**HOW TO ENROLL**

at 1- [Learn More](#)

**Find the Right Health Plan**

**Renewing 2018?**

**Health Pays™ Rewards Program**

*If you are a member who lives in Baxter, Benton, Boone, Carroll, Clay, Cleburne, Conway, Craighead, Cross, Drew, Faulkner, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Madison, Marion, Mississippi, Monroe, Montgomery, Newton, Ouachita, Perry, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, Stone, Washington, White, Woodruff, and Yell counties, have been impacted by flooding and have questions or concerns about timely payment of your policy, please call Member Services at 1-877-617-0390.*

Clinical and Payment policies are also located on the public website.



# Clinical & Payment Policies



Help

Policy Search

## Advanced Search

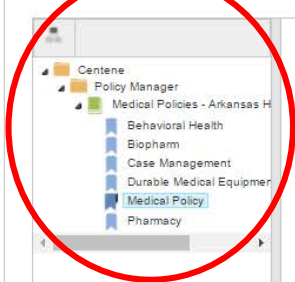
Keyword

Advanced Search Options

## Search Results

No records to display

## Catalog



### Policies

Filter By: Any Field Contains Enter value

POLICY NUMBER	RELATED POLICIES	TITLE	DESCRIPTION	FILE TYPE	
AR.MP.02	0	In vitro Fertilization	The purpose of this Clinical Policy is to provide a guide to medical necessity.		0
CP.MP.101	0	Donor Lymphocyte Infusion	This policy describes the medical necessity requirements for a donor lymphocyte infusion (DLI).		0
CP.MP.104	0	Applied Behavioral Analysis for Autism	Medical necessity guidelines for applied behavioral analysis for the treatment of autism.		0
CP.MP.107	0	DME Coverage Guidelines - Effective May 2016	DME and O&P medical necessity guidelines. Benefit coverage needs to be determined based on Plan coverage determinations		0
CP.MP.12	0	Vagus Nerve Stimulation for Epilepsy	Vagus nerve stimulation (VNS) has been used in the treatment of epilepsy and has been studied for the treatment of refractory depression and other indications. Electrical pulses are delivered to the cervical portion of the vagus nerve by an implantable d...		0
CP.MP.14	0	Cochlear Implant Replacements			0
CP.MP.22	0	Stereotactic Body Radiation Therapy	Medical necessity criteria for stereotactic body radiation therapy		0

# Physician Assistants

Ambetter from Arkansas Health and Wellness is now recognizing and credentialing Physician Assistants.

If you are currently contracted through a delegated entity, we have reached out to that organization for a complete roster of Physician Assistants that are currently credentialed.

If you are directly contracted with NovaSys Health for the Ambetter product, in order to be a participating practitioner, you will need to complete an Allied Credentialing application.

If you would like to request a copy of the Allied Credentialing application, please contact us at the phone, fax or email listed below.

**Credentialing Department**  
Phone: 1-844-263-2437  
Fax: 1-844-357-7890  
Email: [arkcredentialing@centene.com](mailto:arkcredentialing@centene.com)

# Contact Information

## **Ambetter from Arkansas Health and Wellness**

### **Provider Services**

Phone: 1-877-617-0390

TTY/TDD: 1-877-617-0392

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

## **Allwell from Arkansas Health and Wellness**

### **Provider Services**

Phone: 1-855-565-9518

TTY/TDD: 711

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

## **Arkansas Health and Wellness Credentialing**

Phone: 1-844-263-2437

Fax: 1-844-357-7890

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

## **Provider Relations**

[Arkansas\\_Health\\_Wellness\\_Provider\\_Relations@centene.com](mailto:Arkansas_Health_Wellness_Provider_Relations@centene.com)

# QUESTIONS?

Please submit any questions in an email with

“**Provider Webinar**” in the subject line to

[Arkansas\\_Health\\_Wellness\\_Provider\\_Relations@centene.com](mailto:Arkansas_Health_Wellness_Provider_Relations@centene.com)

Thank you.