



2019 Allwell Overview and Updates

February 19, 2019



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Join Our Email List Today



- Receive current updates:
 - <https://www.arhealthwellness.com/providers/resources.html>
- Choose the network you wish to receive information for

Provider Resources

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 Allwell information, please visit our [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.

Name *

Position/Title *

Email *

Phone Number *

Group Name *

Group NPI *

Tax ID *

Network *

☐ Ambetter

☐ Allwell

Submit

Acronyms



Acronym	Definition
CPC+	Comprehensive Primary Care Plus
DHS	Department of Human Services
EOC	Evidence of Coverage
HEDIS	Healthcare Effectiveness Data and Information Set
HMO	Health Maintenance Organization
ID	Identification
MAPD	Medicare Advantage Prescription Drug
NPI	National Provider Identifier
P4P	Pay for Performance
PCMH	Patient Centered Medical Homes
PCP	Primary Care Physician
TIN	Tax Identification Number

Agenda



- 2019 Expansion
- Website Overview
- Secure Provider Portal
- Claim Overview
- Prior Authorization
- Provider Incentives and Analytics
- Engage Vision
- Important Reminders
- Q&A Session (via chat)

Provider Relation Representatives Western Region



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- Benton, Carroll, Crawford, Franklin, Johnson, Madison, Pope, Sebastian, Washington



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Southeast Arkansas:

- Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, Lee Lincoln, Phillips

Medicare Advantage Plan Expansion for 2019

allwell.

TM

WE ARE EXPANDING TO 16 ADDITIONAL COUNTIES

As an Allwell provider, you can now serve all Allwell members in Arkansas regardless of the county they live in.

Eligible residents in your county will be able to enroll with Allwell this year during the Annual Enrollment Period.

Currently Serving

Benton	Saline
Crawford	Sebastian
Garland	Washington
Pulaski	

2019 Additions

Faulkner	Logan
Conway	Carroll
Lonoke	Clark
Craighead	Greene
Boone	Franklin
Pope	Baxter
Hot Spring	Madison
Scott	Marion



FROM  **arkansas**
health & wellness

1-855-565-9518 (TTY: 711)
Allwell.ARHealthWellness.com



Website Overview

Website Home Page



FROM  arkansas
health & wellness.

[Home](#) [Arkansas Health & Wellness](#)

Contrast ☒ On ☐ Off [a](#) [a](#) [a](#) language ▾

[I'M A MEMBER](#)

[I'M A PROVIDER](#)

[I'M A BROKER](#)

[CONTACT US](#)

[About Us](#) 

[Our Health Plans](#)


[How to Enroll](#)

[Pay My Premium](#)

[Find a Doctor or Pharmacy](#)

[Drug and Pharmacy Information](#) 

[Plan Materials and Forms](#)

[Member Rights and Resources](#) 

[CMS STAR Rating](#)

Important Notifications

[Read notifications](#)



Allwell from Arkansas Health & Wellness. Arkansas's Medicare Advantage plan.

Medicare coverage should be one of the good things about getting older. With so many details and options to consider, it's important to get the information you need to make decisions that are right for you.

Features for Providers



[Home](#) [Find a Doctor](#) [Login](#) [Contact](#) [Volunteer Champion](#)

Contrast ☐ On ☐ Off ☐ a a a

FOR MEMBERS

FOR PROVIDERS

GET INSURED



FOR PROVIDERS

[Login](#)

[Become a Provider](#)

[Pre-Auth Check](#)



[Pharmacy](#)

[Provider Resources](#)



[QI Program](#)



[Provider News](#)



Stay Connected

Get the latest alerts and news from Arkansas Health and Wellness

[SIGN UP](#)

Provider Resources



The screenshot shows the Arkansas Health & Wellness website. The top navigation bar includes links for Home, Find a Doctor, Login, Contact, Volunteer/Charities, and a search bar. The main header has three tabs: FOR MEMBERS, FOR PROVIDERS (selected), and GET INSURED. The left sidebar contains a menu for PROVIDERS with options like Login, Become a Provider, and a list of resources. A red bracket highlights the 'Manuals, Forms and Resources' section, which includes links to Eligibility Verification, Incentives Statement, Integrated Care, Provider Webinars, Prior Authorization, National Imaging Association (NIA), Report Fraud, Waste and Abuse, Patient-Centered Medical Home Model, Electronic Transactions, PwSpan - EFT/ERA, and Clinical & Payment Policies. The main content area features a 'Stay Connected' section with a 'Sign Up' button, a 'Provider Resources' section with a brief introduction and a link to 'Become a Provider Form', a 'Provider Webinar' section with a sign-up link, and a 'Provider Newsletter' section with a list of recent newsletters.

arkansas health & wellness

Home Find a Doctor Login Contact Volunteer/Charities Search

Contact ON OFF a b c

FOR MEMBERS FOR PROVIDERS GET INSURED

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FOR PROVIDERS

Login

Become a Provider

Find a Doctor

Pharmacy

Provider Resources

Manuals, Forms and Resources

Eligibility Verification

Incentives Statement

Integrated Care

Provider Webinars

Prior Authorization

National Imaging Association (NIA)

Report Fraud, Waste and Abuse

Patient-Centered Medical Home Model

Electronic Transactions

PwSpan - EFT/ERA

Clinical & Payment Policies

Get Programs

Provider News

Stay Connected

Get the latest alerts and news from Arkansas Health and Wellness

Sign Up

Provider Resources

Allwell provides the tools and support you need to deliver the best quality of care. To become an Allwell provider, please fill out the [Become a Provider Form](#).

Provider Webinar

To sign up for the latest provider webinar, please visit the [Arkansas Health & Wellness Provider Webinar](#) page.

Provider Newsletter

- Issue 1, 2019 Arkansas Health & Wellness Provider Newsletter (PDF)
- Arkansas Health & Wellness Provider Report - Fall 2018 (PDF)
- Arkansas Health & Wellness Provider Report - Summer 2018 (PDF)
- Arkansas Health & Wellness Provider Report - Spring 2018 (PDF)
- Arkansas Health & Wellness Provider Report - Winter 2018 (PDF)



Secure Provider Portal

Secure Provider Portal – Create An Account



- Access the portal at Provider.ARHealthWellness.com
- Registration is free and easy

A screenshot of the Allwell Secure Provider Portal homepage. The page has a dark blue header with navigation links. Below the header, there's a section titled "The Tools You Need Now!" with a subtext "Our site has been designed to help you get your job done." To the left, there are three icons with corresponding text: a thumbs up for "Check Eligibility", a checkmark for "Authorize Services", and a dollar sign for "Manage Claims". To the right, there's a "Login" box with fields for "User Name (Email)" and "Password", and a green "Login" button. Below the login box, there's a section titled "Need To Create An Account?" with a subtext "Registration is fast and simple, give it a try." and a prominent orange button labeled "Create An Account". Below this, there's a "How to Register" section with two blue buttons: "Provider Registration Video" and "Provider Registration PDF". A red circle highlights the "Create An Account" button, and a red arrow points to it from the right.

Secure Provider Portal - Features



- Information contained on our Secure Provider Portal includes:
 - Member Eligibility
 - Patient Listings
 - Health Records & Care Gaps
 - Authorizations
 - Case Management Referrals
 - Claims Submissions & Status
 - Corrected Claims & Adjustments
 - Payments History
 - PCP Reports
- A login is required to access the secure portal
- If you have not logged in for more than 90 days, your account will automatically lock and require you to contact us for a password reset

Accessing the Correct Plan

A screenshot of the Allwell provider dashboard. At the top, there is a navigation bar with the Allwell logo on the left and icons for Eligibility, Patients, Authorizations, Claims, and Messaging on the right. Below the navigation bar, there is a section titled "Viewing Dashboard For:". To the right of this text is a dropdown menu. The dropdown menu is open, showing two options: "Allwell from AR HW" (highlighted in blue) and "Ambetter". To the right of the dropdown menu is a green button labeled "GO".

allwell. arkansas health & wellness

Eligibility Patients Authorizations Claims Messaging

Viewing Dashboard For :

▼

Allwell from AR HW
Ambetter

GO




If a provider is already registered for the Secure Web Portal for one of our other products, that registration will grant the provider access to Allwell. This will give the provider the ability to toggle between the plans.

Allwell Identification Cards



Allwell offers plans that utilize two distinct networks of providers, Allwell Medicare HMO and Allwell Medicare HMO **Select**. When searching for a participating provider on the Find A Provider tool, please make sure you select the network that corresponds to the network listed on the members identification card.



 allwell. from Arkansas Health & Wellness		Allwell Medicare HMO CMS#: XXXXX-XXX Effective: <mm/dd/yyyy>
MEMBER INFORMATION Name: <First Last> Member ID#: <XXXXXXXXXX-XX> Issuer ID: <(80840)> <9151014609>		PHARMACY INFORMATION MedicareRx Prescription Drug Coverage
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>		RX Claims Processor: <CVS Caremark> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8909>

 allwell. from Arkansas Health & Wellness		Allwell Medicare Select HMO CMS#: XXXXX-XXX Effective: <mm/dd/yyyy>
MEMBER INFORMATION Name: <First Last> Member ID#: <XXXXXXXXXX-XX> Issuer ID: <(80840)> <9151014609>		PHARMACY INFORMATION MedicareRx Prescription Drug Coverage
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>		RX Claims Processor: <CVS Caremark> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8909>

Verification of Eligibility, Benefits and Cost Share



- Eligibility, Benefits and Cost Shares can be verified in 3 ways:
 - Secure portal found at allwellhealthwellness.com:
 - ✓ Contact Allwell Provider Services should you need assistance with the registration process
 - 24/7 Interactive Voice Response system:
 - ✓ Enter the Member ID Number and the month of service to check eligibility
 - Contact Provider Service at:
 - ✓ 1-855-565-9518

Viewing Dashboard For :

123456789

GO

Quick Eligibility Check

Member ID or Last Name

Birthdate

001122333

10/29/1991






Check Eligibility

Enter the member
Last Name

Enter the m
B

Click **Check Eligibility** to
continue.

The **Quick Eligibility Check**
tool allows you to verify
member eligibility.

STATUS	RECEIPT DATE	MEMBER NAME	MEMBER ID
	09/20/2016	MEMBER NAME	P555IME66666
	09/20/2016	MEMBER NAME	P444IME55555
	09/18/2016	MEMBER NAME	P333IME44444
	09/05/2016	MEMBER NAME	P222IME33333
	09/01/2016	MEMBER NAME	P111IME22222

Home

TIN to My ACCOUNT >

Manage Accounts >

Reports >

Patient Analytics >

Provider Analytics >

Recent Activity

Date Activity

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

Viewing Eligibility For :

GO

The following screen will confirm if the member was found and their eligibility status.

Eligibility Check

Date of Service

01/16/2019

Member ID Only


123456789 or Smith

DOB

mm/dd/yyyy

Check Eligibility

Print

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	
	01/16/2019	JOHN DOE	01/16/2019	No PAP in past 36 months.	<div>Emergency Room Visit?</div> <div>Remove</div>

Click the member's name for more information.

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Summary of Benefits

Document Resource Center



This patient is eligible as of today, Jan 22, 2019.

Patient Information

Name JOHN DOE
Gender M
Birthdate 10/29/1991
Age 23
Member # 001122333
Address 123 ANYWHERE BLVD
LITTLE ROCK, AR 72204

PCP Information

The **Patient Information** section displays the member's demographic information.

[View PCP History](#)

Eligibility History

Start Date	End Date	Product Name	Product Description
Jan 1, 2018	Ongoing	Medicare	AR ALLWELL MEDICARE HMO MAPD PLAN H9830-002

Eligibility History displays current and/or past coverage spans.

None On File

[View Clinical Information](#)



Claim Overview



Claim Submission

- Claims may be submitted in three ways:
 - The secure web portal located at allwell.ARHealthWellness.com
 - Electronic Clearinghouse:
 - ✓ Payor ID 68069
 - ✓ For a listing of Clearinghouses, please visit our website at allwell.ARHealthWellness.com
 - Paper claims may be submitted to:
Allwell
Attn: Claims
PO Box 3060
Farmington, MO 63640-3822



Claim Filing Guidelines

- Timely filing deadline for initial claim is 180 days from the date of service
 - Claims received outside of this timeframe will be denied for untimely submission
- All corrected claims, requests for reconsideration or claim disputes from participating providers must be received within 180 days from the date of explanation of payment or denial is issued
- Prior processing will be upheld for corrected claims or provider claim requests for reconsideration or disputes received outside of the 180 days unless a qualifying circumstance is offered and appropriate documentation is provided to support the qualifying circumstance

Electronic Funds Transfer

Payspan A Faster, Easier Way to Get Paid



Allwell from Arkansas Health & Wellness offers Payspan, a free solution that helps providers transition into electronic payments and automatic reconciliation.

-  **Improve cash flow** by getting payments faster
-  **Settle claims electronically** through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)
-  **Maintain control over bank accounts** by routing EFTs to the bank account(s) of your choice
-  **Match payments to advices quickly** and easily re-associate payments with claims
-  **Eliminate re-keying of remittance data** by choosing how you want to receive remittance details
-  **Create custom reports** including ACH summary reports, monthly summary reports, and payment reports sorted by date
-  **Manage multiple payers**, including any payers that are using Payspan to settle claims

SET UP YOUR
**PAYSPAN
ACCOUNT**
.....TODAY.....

Visit [Payspanhealth.com](https://payspanhealth.com) and click Register.
You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

A large purple circle containing the word "allwell." in white lowercase letters, with a small "TM" trademark symbol to its right.

Each new Allwell provider will need to register by visiting payspanhealth.com and clicking on “Register.”

Providers who are members of our Ambetter network will need to create another account in Payspan to receive Allwell payments.

Billing The Member



- **Failure to obtain authorization:**
 - Providers may NOT bill members for services when the provider fails to obtain an authorization and the claim is denied by Allwell
- **No Balance Billing:**
 - Providers may not seek payment from members for the difference between the billed charges and the contracted rate paid by Allwell
- **Non-Covered Services:**
 - Contracted providers may only bill Allwell members for non-covered services if:
 - ✓ A request for prior authorization was denied by the plan and the member received a written Notice of Denial of Medical Coverage (form CMS 10003-NDMCP) in advance of receiving the service; or
 - ✓ The member's Evidence of Coverage clearly states the item or service is never covered by the plan
- Member is not obligated to pay for the service if it is later found that the service was covered by Allwell at the time it was provided, even if Allwell did not pay the provider for the service because the provider did not comply with Allwell requirements

Common Claim Rejections/Denials



- Not following CMS billing guidelines
- Black and white claim forms
- Handwritten claims
- ID Number does not match member data
- Misaligned data on paper claims
- Mismatched member ID/ date of birth combination
- Missing NPI and/or taxonomy code and qualifier
- Missing appropriate modifiers for certain services (i.e. anesthesia, therapy, DME)
- Missing CLIA number if claim contains CLIA certified or CLIA waived services
- Missing or invalid data
- Missing or incorrect POA indicator on inpatient claims



Prior Authorizations



Pre-Auth Needed?

- Payment of claims is dependent on:
 - Eligibility
 - Covered benefits
 - Provider contracts
 - Correct Coding and billing practices
- Use the Pre-Auth Needed tool to determine if a prior authorization is needed

Allwell Pre-Auth Check



Are services being performed in the Emergency Department or Urgent Care Center, or are the services for dialysis or hospice?

☐ Yes ☒ No

Types of Services	YES	NO
IS THE MEMBER BEING ADMITTED TO AN INPATIENT FACILITY?	<input type="radio"/>	<input checked="" type="radio"/>
ARE SERVICES OTHER THAN LAB, RADIOLOGY, DOMICILIARY VISITS OR DME BEING RENDERED IN THE HOME?	<input type="radio"/>	<input checked="" type="radio"/>
ARE ANESTHESIA SERVICES BEING RENDERED FOR PAIN MANAGEMENT, DENTAL SURGERY, OR SERVICES IN THE OFFICE RENDERED BY A NON-PARTICIPATING PROVIDER?	<input type="radio"/>	<input checked="" type="radio"/>
IS THE MEMBER RECEIVING GENDER REASSIGNMENT SERVICES?	<input type="radio"/>	<input checked="" type="radio"/>

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

G0378

Check



G0378 - HOSPITAL OBSERVATION SERVICE /HOUR

Pre-authorization is required for all non participating providers. For participating providers, authorization is required after 48 hours of Observation.

Prior Authorization Submission



Submit Prior Authorization

If a service requires authorization, submit via one of the following ways:



SECURE WEB PORTAL

Allwell.arhealthwellness.com

This is the preferred and fastest method.

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.



PHONE

1-855-565-9518



FAX

MEDICAL

1-833-562-7172

BEHAVIORAL HEALTH

1-866-279-1358

Procedures Requiring Prior Authorization



THE FOLLOWING LIST IS NOT ALL-INCLUSIVE



Please visit Allwell.arhealthwellness.com

and use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization.

Out-of-Network Services

All out-of-network (non-par) services and providers require prior authorization, excluding emergency care, out-of-area urgent care, or out-of-area dialysis.

Inpatient Admissions

All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admissions including but not limited to:

- Inpatient admission (elective or scheduled)
- Acute Rehabilitation
- Behavioral Health/Substance Abuse
- Long Term Acute Care (LTAC)
- Skilled Nursing Facility (SNF)

Outpatient Procedures/Services/Equipment

- Ambulance: Non emergent
- Behavioral health and substance abuse services
- Clinical trials: Notification
- Cosmetic procedures
- Drug testing for quantitative tests for drugs of abuse
- Durable medical equipment (DME)
- Experimental/investigational services and new technologies
- Gender reassignment services
- Genetic counseling/testing
- Home health services
- Infertility
- Maternity: Notification
- Observation stays greater than 48 hours
- Orthotics/prosthetics
- Outpatient Physical, Occupational and Speech Therapy services
- Pain management
- Radiation therapy
- Select Medicare Part B drugs
- Select radiology services
- Select surgeries
- Sleep studies
- Transplants
- Wound care



LOG IN TO OUR
SECURE WEB PORTAL

Allwell.arhealthwellness.com

Out-of-Network Coverage



- Prior authorization is required for out-of-network services, except:
 - Emergency care
 - Urgently needed care when the network provider is not available (usually due to out-of-area)
 - Kidney dialysis at Medicare-certified dialysis center when temporarily out of the service area



Other Prior Authorization Types

- Only non-emergent procedures performed in an outpatient setting require an authorization with NIA
- Complex imaging, MRA, MRI, PET and CT scans need to be verified by NIA via website at <https://www1.radmd.com/radmd-home.aspx>
- To initiate a request for an authorization or to check the status of an authorization, please contact NIA via website, www.RadMD.com or via IVR at 1-877-617-0390
- Urgent authorization process:
 - If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review at 1-866-500-7685

Failure to Obtain Prior Authorization



- Failure to obtain an authorization may result in administrative claim denials
- Providers cannot bill a member for services for which they fail to obtain a timely authorization
- Emergent and post-stabilization services do not require prior authorization
- Urgent/emergent require notification within one (1) business day following the admit date

Please note:

- All out-of-network services require prior authorization except emergency care, out-of-area urgent care, and out-of-area dialysis.
- Failure to complete the required authorization or certification may result in a denied claim.

Reminders



- All inpatient stays require an authorization
- 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



Provider Incentives and Analytics

Allwell Provider Incentives



- Allwell offers a Care Management fee for CPC+ providers on Track 1 and Track 2 on a PMPM basis:
 - **ALL** Allwell providers receive \$100 bonus for each Annual Wellness Visit performed
 - Allwell also offers a Pay Per Measure program for Quality improvement with 10 HEDIS measures

HEDIS Measure Example



Sub Measure	Measure Incentive	Score	Compliant	Qualified	Target 1	Target 2	Target Achieved	Max Target Gap	Bonus Amount
ANNUAL MONITOR RX 18 - COMBINED RATE	\$100.00	80.00%	4	5	84.00%	87.00%	--	1	\$0.00
AVOID ABX BRONCH 18 - AVOID ABX BRONCH 18	\$80.00	66.67%	2	3	26.00%	33.00%	Target 2	0	\$160.00
BRST CNCR N MCARE 18 - BRST CNCR N MCARE 18	\$40.00	60.00%	3	5	70.00%	74.00%	--	1	\$0.00
CERVICAL CANCER 18 - CERVICAL CANCER 18	\$40.00	31.82%	21	66	56.00%	65.00%	--	22	\$0.00
COLORECTAL CANCER 18 - COLORECTAL CANCER SCREENING	\$40.00	20.00%	4	20	52.00%	60.00%	--	8	\$0.00
COMP DIABETES 18 - A1C TEST	\$30.00	57.14%	4	7	92.00%	94.00%	--	3	\$0.00
COMP DIABETES 18 - NEPH ATTN	\$30.00	100.00%	7	7	91.00%	93.00%	Target 2	0	\$210.00
MED MGMT ASTHMA 18 - TOTAL 5 TO 64 75% COVERED	\$85.00	0.00%	0	0	53.00%	58.00%	--	0	\$0.00
QRS PDC - PDC ACE/ARB	\$40.00	0.00%	0	0	75.00%	79.00%	--	0	\$0.00
QRS PDC - PDC ORAL DIABETES RX	\$30.00	0.00%	0	0	69.00%	74.00%	--	0	\$0.00
QRS PDC - PDC STATINS	\$40.00	0.00%	0	0	69.00%	74.00%	--	0	\$0.00
USE IMG LOW BACK 18 - IMAGING FOR LOW BACK PAIN	\$80.00	100.00%	3	3	74.00%	79.00%	Target 2	0	\$240.00

Provider Analytics Tool



Viewing Dashboard For :

Allwell from AR HW

***Note:** If you are seeing an Allwell member who resides in another state, they will not show up in the provider portal. Our customer call center at (855) 565-9518 can verify eligibility and benefits for any out-of-state members for you. The call center staff can be reached between 8 AM and 5 PM.*

Quick Eligibility Check

Member ID Only
123456789 or Smith

Birthdate
mm/dd/yyyy

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	02/08/2019		
	02/08/2019		
	02/08/2019		
	02/08/2019		
	02/08/2019		

Welcome

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

Patient Analytics >

Provider Analytics—*Coming Soon* >

Recent Activity

Date	Activity
------	----------

Quick Links

[High Risk Medications](#)



Engolve Vision

Envolve Website



- <https://visionbenefits.envolvehealth.com/index.html>

envolve.
Benefit Options

Contact Us | About Us



Enroll | Language | Settings



Find A Provider



For Members



For Providers



For Benefit Managers

See the Future with Envolve Vision!


Pre-Authorization



- All procedures must be performed at a participating facility
- Detailed instructions for submitting pre-authorization requests can be found on the Allwell website at <https://allwell.arhealthwellness.com/>
- Use the Allwell Pre-Auth tool on our website to determine whether a pre-authorization is required
- Services performed without pre-authorization will be denied and the member will be held harmless for payment of benefits normally covered under their benefit plan

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

67900

 **67900 - REPR BROW PTOSIS**
Pre-authorization required for all providers

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

Envolv Claim Submission



- The following are options to submit claims to Envolv Vision:
 - Eye Health Manager at www.envolvevision.com/logon
 - Electronic Claim Submission:
 - ✓ Change Healthcare Payer ID#: 56190
 - Paper Claim Submission:
 - ✓ Envolv Vision, Inc.
P.O. Box 7548
Rocky Mount, NC 27804

Eye Health Manager Provider Portal



- *Eye Health Manager* features:
 - Verify member benefits and eligibility
 - File claims
 - Review claims status
 - Use audit tools
 - Download, research, and reprint EOB's
- To access *Eye Health Manager*:
 - Go to www.envolvevision.com/logon
 - Log in with your user name and password
 - Contact Envolve Network Management if you have misplaced your username/password or if you would like to have access to the Eye Health Manager

Contact Enroll Vision



- **Customer Service:** (844) 856-1248
 - Member Eligibility and Claims Inquiries
- **Network Management:** (800) 531-2818
 - Provider Participation Inquiries



Important Reminders

Medicare Part B Step Therapy



- Change to the prior authorization requirements for Medicare Part B medications
- Step therapy guidelines ensure that lower cost medications have been tried before moving on to more expensive drug regimens:
 - Effective January 1, 2019 some Medicare Part B medications became subjected to step therapy guidelines
 - Use the [Pre-Auth Needed](#) tool on our website to determine whether your patients are taking medications that are subject to the step therapy program

Leveling of Emergency Room Services



- Payment Integrity Policy: Leveling of Emergency Room Services
- Reference Number: CC.PP.053
- Effective Date: 10/1/2017 (**Change effective 2/1/2019**)
- Description:
 - Policy objective is to encourage providers to code ER visits to reflect the appropriate complexity of the visits
 - The claims processing system looks for diagnoses that involve a lower level of complexity or intensity of services:
 - If the diagnosis code classification falls into a categorization indicating a lower level of complexity or severity, services billed at a Level 4 or Level 5 severity code, will be reimbursed at the Level 3 emergency department reimbursement level:
 - ✓ The goal is to match the reimbursement level closer to the intensity of work performed by the physician / facility
 - ✓ Physician/facility will have the opportunity to appeal the finding
- Reference:
 - <https://www.arhealthwellness.com/content/dam/centene/policies/payment-policies/CC.PP.053.pdf>

Diabetic Testing Strips - Update



- Coverage for blood glucose test strips and testing supplies changed effective January 1, 2019:
 - A member must use one of the brands of test strips below to be covered:
 - ✓ Accu-Chek® test strips by Roche Diagnostics (used with Accu-Chek meters)
 - ✓ OneTouch® test strips by LifeScan, Inc. (used with OneTouch meters)
- Physicians will need to issue a new prescription if needed
- If a member has a machine that does not read our covered test strips, they are allowed to receive a new meter at no cost

Upcoming Webinars



Course Title	Date	Time
Arkansas Health and Wellness – Q1 Updates	3/7/2019	10:00 AM
		3:00 PM (Encore)
Arkansas Health and Wellness – Q2 Updates	6/6/2019	10:00 AM
		3:00 PM (Encore)
Arkansas Health and Wellness – Q3 Updates	9/12/2019	10:00 AM
		3:00 PM (Encore)
Arkansas Health and Wellness – Q4 Updates	12/5/2019	10:00 AM
		3:00 PM (Encore)



Needing to Contact Us?



Education Requests



Would you like training for you and your staff?
You can submit your requests to
Providers@arhealthwellness.com





Arkansas Health and Wellness Contracting

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



Provider Contracting Email Address:

ArkansasContracting@centene.com

Regular contracting inquiries and contract requests



Allwell from Arkansas Health and Wellness
Provider Services

Phone: 1-855-565-9518

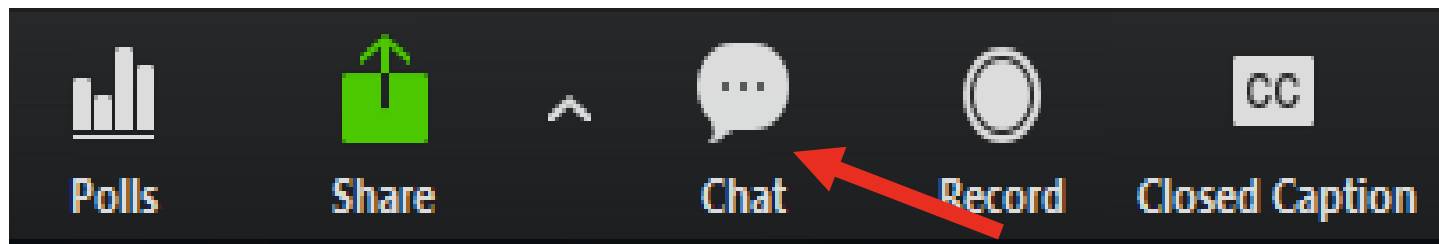
TTY/TDD: 711

allwell.arhealthwellness.com



Questions

Please use the Chat feature to enter
your questions





Thank you for joining!