



Fourth Quarter Webinar December 13, 2018

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Acronyms



Acronym	Definition
CPC+	Comprehensive Primary Care Plus
DHS	Department of Human Services
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

Provider Relations Team



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Northwest Region



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Northeast Region

Provider Relations Team



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North Central Region



Patrice Eackles
Southeast Region

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



Ambetter from Arkansas Health and Wellness Updates

Website Home Page



CHOOSE AMBETTER TODAY - ENROLL BY DECEMBER 15! [Enroll Now](#)



FROM arkansas health & wellness.

Home - Find a Doctor - Login - Contact -

Contrast On Off s a t i o u g e -

[FOR MEMBERS](#) | [FOR PROVIDERS](#) | [HOW TO ENROLL](#)

- [Find a Broker](#)
- [Arkansas Works](#)
- [Find a Provider](#)
- [Pay My Premium](#)
- [Insurance Education](#)
- [Our Health Plans](#)
- [Health & Wellness](#)
- [For Members](#)
- [For Providers](#)
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- [For Navigators](#)
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Quality health plans that fit your needs and budget.

[Sign Up Today](#)



ENROLL NOW

Use our online enrollment tool to sign up today.

[Get Started](#)



SHOP OUR PLANS

Shop and compare to find the plan that's right for you.

[Find Your Plan](#)



FIND A BROKER

Get free enrollment advice from a friendly broker.

[Learn More](#)

Our Benefits

Count on Ambetter for top-quality, affordable health insurance with the benefits you need.



My Health Pays™ Rewards



Mental Health Care



Maternity Coverage



Prescription Drugs



Physical Therapy



Dental*



Vision*

*For some plans



Features for Providers

- Find a Provider
- Pay My Premium
- Find a Broker
- Insurance Education
- Our Health Plans
- Health & Wellness
- For Members
- Arkansas Works
- For Providers**
- Login
- Join Our Network
- Pharmacy
- Provider Resources
- Provider Webinars
- Pre-Auth Check
- Clinical & Payment Policies
- Provider News
- For Brokers
- For Navigators
- Newsroom
- Community Events

For Providers

Note: If you are seeing an Ambetter member who resides in another state, they will not show up in the provider portal. Our customer call center at (844) 818-1633 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.

Stay Connected

Get the latest alerts and news from Arkansas Health and Wellness.

[SIGN UP](#)

Healthy partnerships are our specialty.

With Ambetter, you can rely on the services and support that you need to deliver the best quality of patient care. You're dedicated to your patients, so we're dedicated to you.

When you partner with us, you benefit from years of valuable healthcare industry experience and knowledge. We're dedicated to helping your practice run as efficiently as possible, which is why we always strive for prompt claims processing.

At the end of the day, our job is to make yours easier. That way, you can focus on your patients. They've always been able to count on you. And, as a partner with Ambetter, you'll be able to count on us.

Login to Your Account



Access your secure provider information any time.

[Login Now](#)

Pre-Auth Check



Use our tool to see if a pre-authorization is needed.

[Check Now](#)

Provider Resources



Use our helpful resources to deliver the best quality of care.

[Go Now](#)

Find A Medication



View our Preferred Drug List to see what drugs are covered.

[View List](#)

Join Our Network



Interested in becoming an Ambetter provider?

[Find Out How](#)

Provider Newsroom



Stay up to date with the latest news and announcements.

[Read More](#)



Provider Resources

- Find a Provider
- Pay My Premium
- Find a Broker
- Insurance Education
- Our Health Plans
- Health & Wellness
- For Members
- Arkansas Works
- For Providers
- Login
- Join Our Network
- Pharmacy
- Provider Resources
- Provider Webinars
- Pre-Auth Check
- Clinical & Payment Policies
- Provider News
- For Brokers
- For Navigators
- Newsroom
- Community Events

Facebook Tweet Email Share This

Provider Resources

Ambetter provides the tools and support you need to deliver the best quality of care.

Reference Materials

- 2018 Provider and Billing Manual (PDF)
- Quick Reference Guide (PDF)
- ICD-10 Information
- Payspan (PDF)
- Secure Portal (PDF)
- Wellness and Preventive Services Fact Sheet (PDF)

Medical Management

- Pre-Auth Needed?
- Prior Authorization Guide (PDF)
- Inpatient Prior Authorization Fax Form (PDF)
- Outpatient Prior Authorization Fax Form (PDF)
- Grievance and Appeals

Prior Authorizations Monthly Data

- June 2015 Inpatient Authorization Statistics (PDF)
- June 2015 Inpatient Authorizations Summary (PDF)
- June 2015 Outpatient Authorizations Statistics (PDF)
- June 2015 Outpatient Authorizations Summary (PDF)
- June 2015 Count of Service Status (PDF)

Behavioral Health

- Discharge Consultation Form (PDF)
- Electroconvulsive Therapy (ECT) Authorization Request Form (PDF)
- Intensive Outpatient/Day Treatment Form for Mental Health/Chemical Dependency (PDF)
- Outpatient Treatment Request Form (PDF)
- QTR Tip Sheet (PDF)
- Psychological or Neuropsych Testing Authorization Request Form (PDF)

Claims and Claim Payment

- Electronic Transactions (PDF)
- Claim Dispute Form (PDF)



Provider Webinars

- Find a Provider
- Pay My Premium
- Find a Broker
- Insurance Education
- Our Health Plans
- Health & Wellness
- For Members
- Arkansas Works
- For Providers
- Login
- Join Our Network
- Pharmacy
- Provider Resources
- Provider Webinars**
- Pre-Auth Check
- Clinical & Payment Policies
- Provider News

Ambetter from Arkansas Health & Wellness Provider Webinars

This Provider Webinar Series is designed to offer Arkansas Health & Wellness providers and their office staff the opportunity to learn from subject matter experts and ask questions about current topics and best practices. Registration is free and each webinar will be approximately one hour in length.

Provider Webinar Sign-Up

Thank you for your interest in the Arkansas Health & Wellness Provider Webinar Series. Click the button below to sign up for future webinars.

[Sign Up for Future Webinars](#)

Previous Webinars

Risk Adjustment & Incentives
December 14, 2017

This quarter we will cover topics related to Risk Adjustment, Coding Tips, Risk Gaps, Disclosure of Ownership forms, Pay for Performance, and our new Medicare Advantage sister-product, Allwell. [View the Risk Adjustment & Incentives webinar.](#)

Quality and Incentives
June 15, 2017



Provider News

- Find a Provider
- Pay My Premium
- Find a Broker
- Insurance Education
- Our Health Plans
- Health & Wellness
- For Members
- Arkansas Works
- For Providers
- Login
- Join Our Network
- Pharmacy
- Provider Resources
- Provider Webinars
- Pre-Auth Check
- Clinical & Payment Policies
- Provider News**

Provider News

August

SUMMER 2018 PROVIDER REPORT

09/14/18

[View the Summer 2018 Provider Report](#)

July

SPRING 2018 PROVIDER REPORT

07/05/18

[View the Spring 2018 Provider Report](#)

April

WINTER 2018 PROVIDER REPORT

04/05/18

[View the Winter 2018 Provider Report](#)

Arkansas Works 2.0



- Arkansas Works – formally known as Private Option or Healthcare Independence Program:

- Medicaid Expansion Eligible
- Enroll through local DHS office or <https://access.arkansas.gov>

- Work Requirements:

- ✓ Work proof or exemptions became effective as of June 1, 2018
- ✓ **NEW** - 2019 Work Requirement applies to enrollees age 19-49 that do not meet an exemption

The screenshot shows the Ambetter website interface. At the top right, there is a search bar and navigation links for Home, Find a Doctor, Login, and Contact. Below the search bar are options for Contrast (On/Off) and language settings. The main navigation menu on the left includes: Find a Provider, Pay My Premium, Insurance Education, Our Health Plans, Health & Wellness, For Members, **Arkansas Works** (highlighted with a yellow circle), For Providers, For Brokers, For Navigators, Newsroom, and Community Events. The top navigation bar has tabs for FOR MEMBERS, FOR PROVIDERS, and HOW TO ENROLL. A central banner area contains a message about Open Enrollment being closed, a 'Learn More' button, and three promotional tiles: 'Find the Right Health Plan', 'For Members', and 'My Health Pays™ Rewards Program'. Below this is a 'Find A Provider Maintenance' notice with a pink border, stating that the online Find a Provider tool will be down from 8pm to 11:30pm on June 8. At the bottom, the text reads 'Ambetter from Arkansas Health & Wellness' followed by a short paragraph about the quality of healthcare solutions.

Arkansas Works – Online Reporting



- Find a Provider
- Pay My Premium
- Find a Broker
- Insurance Education
- Our Health Plans
- Health & Wellness
- For Members
- Arkansas Works
 - Start Here
 - Information
 - Find Work
 - Resources
 - Email Set-Up
- For Providers
- For Brokers
- For Navigators
- Newsroom
- Community Events

Arkansas Works

Work Requirement For Arkansas Works Starts In 2018

Beginning in 2018, some Arkansas Works members will be subject to work requirement to keep their health insurance coverage. This requirement states that people will have to work or volunteer 80 hours each month, or meet an exemption in order to continue to keep their health insurance.

NOT SURE IF THIS APPLIES TO YOU?

START HERE!

Start Here!



New to the Work Requirement? Start here.

Get Started

Information



Learn more about the Work Requirement.

Work Requirement

Report Work



Report Work/Volunteer hours to the DHS here.

Report

Find Work



Find employment, volunteer and other opportunities to help you meet the new requirement.

Find Work

Resources



Find helpful resources such as computer access, transportation, and DHS county maps.

Resources

Email Set-Up

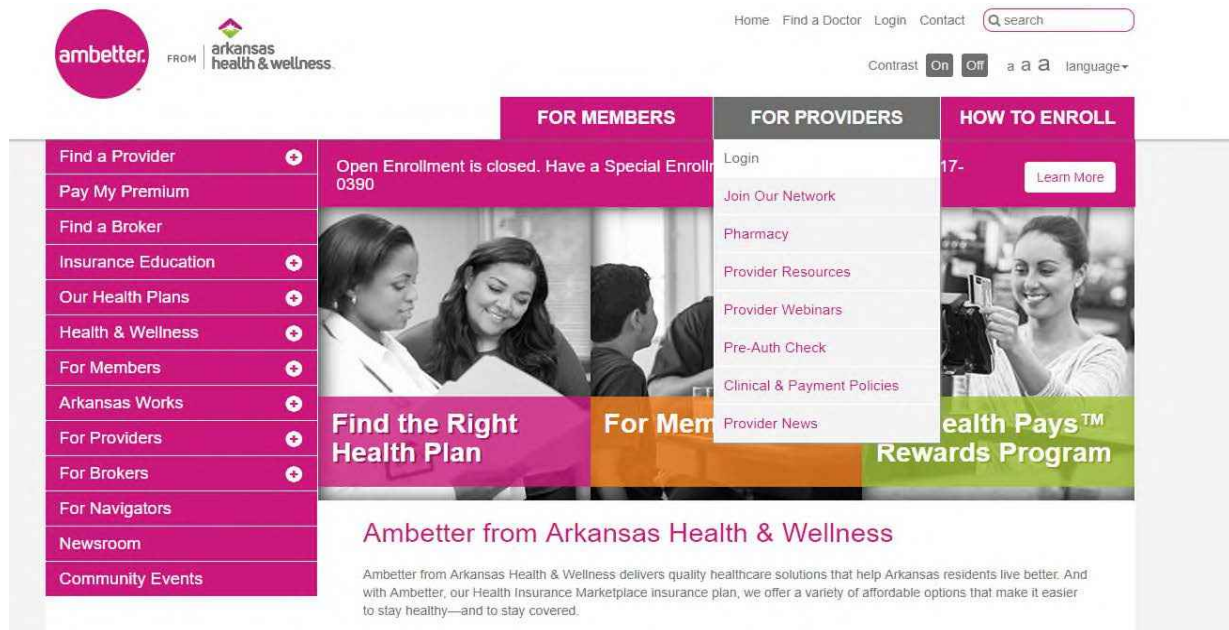


Need an email address? Get one here.

Email

Secure Provider Portal

- Arkansas Health & Wellness is here to provide the tools and support you need to deliver the best quality of care. Our Secure Provider Portal offers an easy way for you to manage patient administrative tasks quickly
- Visit the portal at Provider.ARHealthWellness.com



The screenshot displays the website's navigation and main content. At the top left, the Ambetter logo is followed by the text "FROM arkansas health & wellness". The top right features navigation links: Home, Find a Doctor, Login, Contact, and a search bar. Below these are utility links for Contrast (On/Off), font size (a a a), and language selection.

The main navigation menu is organized into three columns:

- FOR MEMBERS:** Find a Provider, Pay My Premium, Find a Broker, Insurance Education, Our Health Plans, Health & Wellness, For Members, Arkansas Works, For Providers, For Brokers, For Navigators, Newsroom, Community Events.
- FOR PROVIDERS:** Login, Join Our Network, Pharmacy, Provider Resources, Provider Webinars, Pre-Auth Check, Clinical & Payment Policies, Provider News.
- HOW TO ENROLL:** Learn More.

The main content area features a banner with the text "Open Enrollment is closed. Have a Special Enrollment Period 0390" and a "Learn More" button. Below this are three promotional tiles: "Find the Right Health Plan", "For Members", and "Health Pays™ Rewards Program".

The footer contains the text: "Ambetter from Arkansas Health & Wellness" and a paragraph: "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."

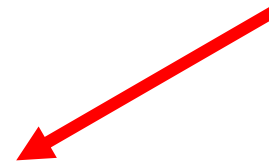
Secure Provider Portal – Create An Account



- Registration is free and easy

A screenshot of the Provider AR Health Wellness website. The page has a dark blue header with navigation links for "Features", "Join Our Network", and "CREATE ACCOUNT". Below the header is a section titled "The Tools You Need Now!" with the subtext "Our site has been designed to help you get your job done." To the left of this section are three icons with corresponding text: a thumbs up icon for "Check Eligibility" (Find out if a member is eligible for service.), a checkmark icon for "Authorize Services" (See if the service you provide is reimbursable.), and a dollar sign icon for "Manage Claims" (Submit or track your claims and get paid fast.). In the center-right of the page is a "Login" form with fields for "User Name (Email)" (containing "name@domain.com") and "Password", and a green "Login" button. Below the login form is a link for "Forgot Password / Unlock Account". Further down, there is a section titled "Need To Create An Account?" with the text "Registration is fast and simple, give it a try." and a prominent orange "Create An Account" button. This button is circled in red. Below this section is a "How to Register" section with the text "Our registration process is quick and simple. Please click the button to learn how to register." and two blue buttons: "Provider Registration Video" and "Provider Registration PDF".

Provider.ARHealthWellness.com





Secure Portal - 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



Ambetter Provider Incentives

- CPC+ and PCMH providers earn:
 - Per PMPM monthly care management fee
 - \$100 bonus for each Annual Wellness Visit performed
- All Ambetter providers are part of the P4P program:
 - 13 HEDIS Measures available for payments
 - Paid Per Measure to the Attributing PCP
 - \$30 - \$100 potential pay out per measure
 - Paid quarterly 3x per year
 - Patient list with open care gaps are available on the secure provider portal

HEDIS



HEDIS measures final rates for all Ambetter reports. Please note that the anchor date for closing these gaps is December 31, 2018

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)		18.6%	1 Star
Low Back Pain (LBP)		61.3%	1 Star
Medication Management for People with Asthma (MMA)		41.6%	1 Star
Annual Monitoring for Patients on Persistent Medications (MPM)		85.9%	3 Star
Controlling Blood Pressure (CBP)		41.2%	1 Star
Comprehensive Diabetes Care (CDC)	Retinopathy Eye Exams	37.5%	2 Star
	A1C value less than 8.0	34.4%	1 Star
	A1C Testing Done	84.2%	1 Star
	Nephropathy Monitoring	87.3%	1 Star
Cervical Cancer Screening (CCS)		46.1%	1 Star
Breast Cancer Screening (BCS)		49.4%	1 Star
Colorectal Screening (COL)		40.1%	1 Star
Adult BMI Assessment (ABA)		84.6%	3 Star



Allwell from Arkansas Health and Wellness Updates

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
Crawford
Garland
Pulaski
Saline
Sebastian
Washington

2019 Additions

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



allwell.

FROM



arkansas
health & wellness.

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

Allwell Identification Cards

Allwell offers plans that utilize two distinct networks of providers, Allwell Medicare HMO and Allwell Medicare HMO *Select*.

Allwell members do not have Out of Network benefits.

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  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  Prescription Drug Coverage
PROVIDER INFORMATION PCP Name: <> PCP Phone: <>		RX Claims Processor: <CVS Caremark®> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8909>



Secure Portal

- Arkansas Health & Wellness is here to provide the tools and support you need to deliver the best quality of care. Our Secure Provider Portal offers an easy way for you to manage patient administrative tasks quickly
- Visit the portal at Provider.ARHealthWellness.com

allwell. FROM arkansas health & wellness

Home Arkansas Health & Wellness search

Contrast On Off a a language

LOGIN FIND A DOCTOR OR PHARMACY CONTACT US

About Allwell
Our Health Plans
How to Enroll
Pay My Premium
Find a Doctor or Pharmacy
Drug and Pharmacy Information
Medicare Reference Documents
Member Rights and Resources
CMS STAR Rating
Member Login
For Providers
For Brokers

Beginners Guide to Medicare
Plans with Low or \$0 Premiums
Learn More about Allwell

Welcome to Allwell from Arkansas Health and Wellness, your Medicare Advantage plan in Arkansas.

Important Notifications

2018 BENEFIT UPDATE: MEDICARE DIABETES PREVENTION PROGRAM

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

Allwell Provider Incentives



- Allwell offers a Care Management fee for CPC+ providers for Track 1 and Track 2 providers:
 - **ALL** Allwell providers are eligible for a \$100 bonus for each Annual Wellness Visit performed
 - Allwell offers a P4P program for Quality improvement for 10 HEDIS measures paid quarterly.

Allwell Provider Incentives



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



Arkansas Total Care Updates

Arkansas Total Care – Overview



- Arkansas Medicaid created a new model of organized care called a Provider-led Arkansas Shared Savings Entity (PASSE):
 - This model forms a more organized system that will improve the health of Arkansans who need more intensive levels of specialized care
- PASSE will serve Medicaid beneficiaries who have behavioral health (BH) and/or intellectual and developmental disabilities (IDD) service needs
- ARTC has been certified by the Arkansas Insurance Department and will provide care coordination and management for individuals who have complex medical and social needs
- For more information contact us at 1-800-294-3557 (TDD/TTY:711)
- Visit the website at www.ArkansasTotalCare.com

Arkansas Total Care – Phase 1 and Phase II



- Phase One was launched February 2018:
 - The entities are responsible for care coordination services for those BH and IDD individuals who have been independently assessed to need Tier II or Tier III services
 - During this phase, Medicaid remains fee-for-service, and PASSE will only provide care coordination services
- Phase Two will launch March 2019:
 - During this phase entities are required to assume full risk of the Medicaid programs that are administered for this group of individuals
 - PASSE will be responsible for total healthcare management of Tier II and Tier III individuals who need BH or IDD services
 - Those who meet the Tier I level of care will be allowed to voluntarily enroll in a PASSE during Phase Two

PASSE Model Implementation



- There are two phases for Arkansas Medicaid's implementation of this new model

	Phase I – 2018		Phase II - 2019
	Arkansas Total Care	AR Medicaid	Arkansas Total Care
Care Coordination Services	X		X
Benefits & Eligibility		X	X
Claims Processing		X	X
Prior Authorization		X	X
Utilization Management		X	X
Case Management		X	X
Network Contracting	X		X
Provider Network		X	X

Important Reminders

Leveling of Emergency Room Services



- Reference Number: CC.PP.053
- Effective Date: 10/1/2017 (**Change effective 2/1/2019**)
- 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 will change 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.

Risk Adjustment 101

Importance of Effective Risk Adjustment Program to Health Plans and Providers

Risk Adjustment Overview



- Risk Adjustment is a model used to gauge the cost a health plan will incur to care for members
- The purpose of risk adjustment is to:
 - Deter plans from developing products that only attract the healthiest members
 - Protect against adverse selection
- CMS and HHS use the Hierarchical Condition Category (HCC) grouping logic as basis of risk adjustment model that rely on accurate data from hospital and physician claims

Hierarchical Condition Categories



- HCC 's – 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
- HCC's help predict healthcare costs for plan enrollees
- HCC's are based on encounter or claims data collected from providers
- Not all diagnosis map to an HCC ; chronic, long-term and severe acute conditions

Risk Adjustment Importance



- CMS & HHS **REQUIRES** health plans to report complete **and** accurate diagnostic information on enrollees:
 - Confirm diagnosis through medical record review
- Capture and document conditions in each member's chart **ANNUALLY:**
 - Conditions not documented annually does 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 & Providers



- Capture patient's entire risk profile in the medical record **AND** report correct codes on claims and encounter data
- Address all suspected chronic conditions listed on health form provided by health plan
- Document confirmed conditions, assessments, and treatment plans appropriately in the member's medical record
- Correlate underlying conditions and manifestations to chronic conditions in documentation and medical record
- Take holistic approach of care for every visit with patient

Risk Adjustment and Providers



- Providers should use M.E.A.T guidelines to establish the presence of a condition during an encounter:
 - **M** - Monitoring signs, symptoms, disease progression or regression
 - **E** - Evaluating test results, medication effectiveness, response to treatment
 - **A** - Assessing/addressing ordering tests, discussion, review records, counseling
 - **T** - Treatment medications, therapies, other modes

Accuracy Matters – Documentation & Coding

SEVERITY

- It indicates the extent of the condition

COMPLEXITY

- It conveys the complexity of condition management

MEDICAL NECESSITY

- It substantiates medical necessity

QUALITY

- It affirms the quality of care provided



Coding & Documentation

- Ensure diagnosis are coded to the highest specificity using applicable ICD-10 code
- Codes submitted **MUST** be supported by documentation in the medical record including brief assessment and plan of treatment
- Specify condition as acute, chronic, major, or recurrent (i.e., acute kidney failure, mild recurrent major depression, chronic hepatitis C)
- Document chronic conditions annually
- “Probable”, “Suspected”, “Questionable” diagnosis are not valid or acceptable by CMS

Coding & Documentation

Cont'd



- Document and code only those conditions evaluated during the face-to-face encounter
- Understand proper use of “history of”; this is only acceptable if it affects current treatment plan
- Link diagnosis with manifestations in documentation; include documentation to support both:
 - Link words include “Because of”, “Related to”, “Due to”, “Associated with”
- Notes must be dated and signed
- Electronic Signatures requires authentication by provider & password protected:
 - “Approved by” “Signed by”, or “Electronically signed by”
 - Stamp Signatures no longer accepted

Annual Wellness Visit

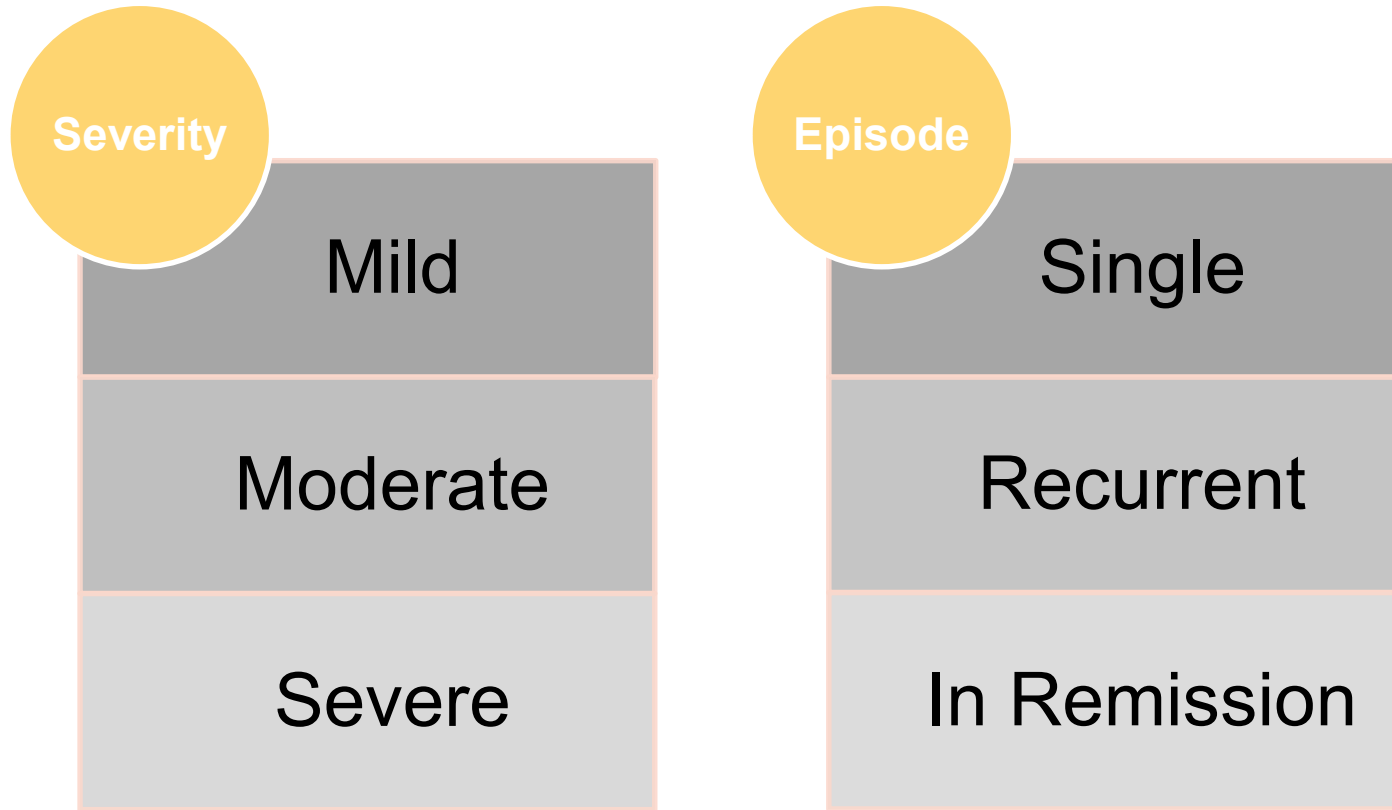


- Address all risk factors and conditions that require or affect patient care, treatment, or management:
 - Rule out or address any suspected conditions & conditions that no longer exist or need treatment
 - Thoroughly document conditions including specific diagnoses and plan

General exam diagnosis code	Definition	Example
Z00.01 (adult) or Z00.121 (child)	“with abnormal findings” . Use when any abnormality is present at time of routine exam. Report supplemental diagnoses codes for conditions addressed in addition to the well exam	“Patient’s hypertension is currently uncontrolled. Patient was counseled on medication compliance. Lisinopril refilled with 3 additional refills.”
Z00.00 (adult) or Z00.129 (child)	“with normal findings” . Use for chronic conditions that are stable or improving. Report the chronic condition in addition to the well exam.	“Congestive heart failure, onset 2000, stable today with no complaint”.

Depression Coding

The condition is often more severe than the code suggests.





Depression DSM-5 Criteria

- If patient is on medication it is considered *recurrent*
- Consider “**in remission**” rather than “**history of**” if patient was previously diagnosed with depression but without current symptoms
- Patients who have experienced a depressive episode lasting two or more weeks with at least five of the following symptoms:

Depressed Mood

Loss of interest or pleasure in most or all activities

Insomnia or hypersomnia

Significant change in weight or appetite

Psychomotor retardation or agitation

Fatigue or low energy

Poor concentration

Feelings of worthlessness or guilt

Recurrent thoughts of death or suicidal ideation

Diabetes Coding

Highest Specificity & Co-existing conditions



- Diabetes mellitus combination codes include:
 - Type of diabetes (Type I or II)
 - Body system affected
 - Complications affecting that body system
- “**with**” –if a code title is listed under a main term or sub-term in the Alphabetic Index there is a presumed link, *unless documentation clearly states the conditions are unrelated.*

Medical Record Reviews



- Health plans are required to validate member diagnosis annually through Risk Adjustment Data Validation (RADV) audit
- Health Plans also engage in chart review projects to ensure member diagnosis are being reported accurately
- Health Plans are required to:
 - Obtain charts from providers
 - Review and abstract data from the medical record
 - Ensure medical record follows CMS/HHS guidelines or obtain attestation from provider
 - Submit medical record and attestation to CMS/HHS

Medical Record Requirements



- Two patient identifiers on EACH page of every document
 - Patient's name, date of birth, medical record number
- Dates of Service:
 - Complete Month/Day/Year
- Face-to-face encounter with acceptable type provider & setting
- Acceptable provider signature with credentials
- Documentation, signature, credentials, must be legible

Benefits of Effective RA Program



- Effectively managing member's risk is beneficial for health plan, provider, and member
- Benefits Include:
 - Improving quality of care for member
 - Better coordination of care between payer, health plan, and member
 - Allows health plan to offer more comprehensive and affordable benefit packages to member
 - Improved care leads to improved member health outcomes

Provider Partnerships



- **Telephonic Outreach Program:**
 - Member Outreach to assist with scheduling AWW
 - Utilize Patient Profile to address/document/close gaps
- **Chart Review Projects (RADV/RetroChart):**
 - Timely response for member medical record
 - Vendor cannot speak directly to copy center
 - Clinic responsibility to ensure copy center responds to request
- **EMR Access:**
 - Work with provider partners to obtain EMR access remote/onsite
- **Patient Profile Program:**
 - Deliver Patient Profile Package for all members assigned to providers
 - Utilize Patient Profile to address/document/close gaps

Risk Adjustment Contact

Sherrill Montgomery, Supervisor
Phone: (501)954-6100 ext. 8152

Sherrill.S.Montgomery@Centene.com



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NIA'S Prior Authorization Program

Medical Record Requirements



- Two patient identifiers on EACH page of every document:
 - Patient's name, date of birth, medical record number
- Dates of Service:
 - Complete Month/Day/Year
- Face-to-face encounter with acceptable type provider & setting
- Acceptable provider signature with credentials
- Documentation, signature, credentials, must be legible



NIA's Prior Authorization Program

Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

Procedures Requiring Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

Excluded from Program: Procedures Performed in the Following Settings:

- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care
- Surgery Center



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NIA to Ordering Provider: Request for Additional Clinical Information



CC_TRACKING_NUMBER

FAXC



ABDOMEN - PELVIS CT
PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			

Study Requested was: Abdomen - Pelvis CT
For documentation **ALWAYS PROVIDE:**

1. The most recent office visit note
2. Any office visit note since initial presentation of the complaint/problem requiring imaging
3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below:

FAX QUESTIONS_ADDL
aa1fadd1faxquestions

a) **Abdominal pain evaluation:**

Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).

b) **Abnormal finding on examination, imaging or laboratory test:**

Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging

c) **Suspicion of cancer:**

Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy

d) **History of cancer:**

Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.

e) **Pre-operative evaluation:**

Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.

f) **Post-operative evaluation:**

CC_TRACKING_NUMBER

FAXC

- A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet
- We stress the need to provide the clinical information as quickly as possible so we can make a determination
- Determination timeframe begins after receipt of clinical information
- Failure to receive requested clinical information may result in non certification

Notification of Determination

- **Approval Notification**

- Ordering Provider – Fax
- Member - Written

- **Denial Notification**

- Ordering Provider – Fax
- Member - Written

- **Authorization Validity Period**

Authorizations will be valid 30 from date of request.

- **Appeal Instructions**

- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

NIA's Urgent Authorization Process



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- **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

Ordering Provider: Getting Started on RadMD.com

Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physicians office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

1



RadMD Sign In
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site

Sign In New User

Track an Authorization
Authorization Tracking Number Go

2

Which of the following best describes your company?

-- Please Select an Appropriate Description --

-- Please Select an Appropriate Description --
Imaging Facility or Hospital that performs radiology exams
Health Insurance company
Physician's office that orders radiology exams
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures

3

New Account User Information		Your Direct Report	
Choose a User ID: <input type="text"/>		The manager or supervisor responsible for terminating your access. This cannot be yourself.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			

Rendering Provider: Getting Started on RadMD.com

IMPORTANT

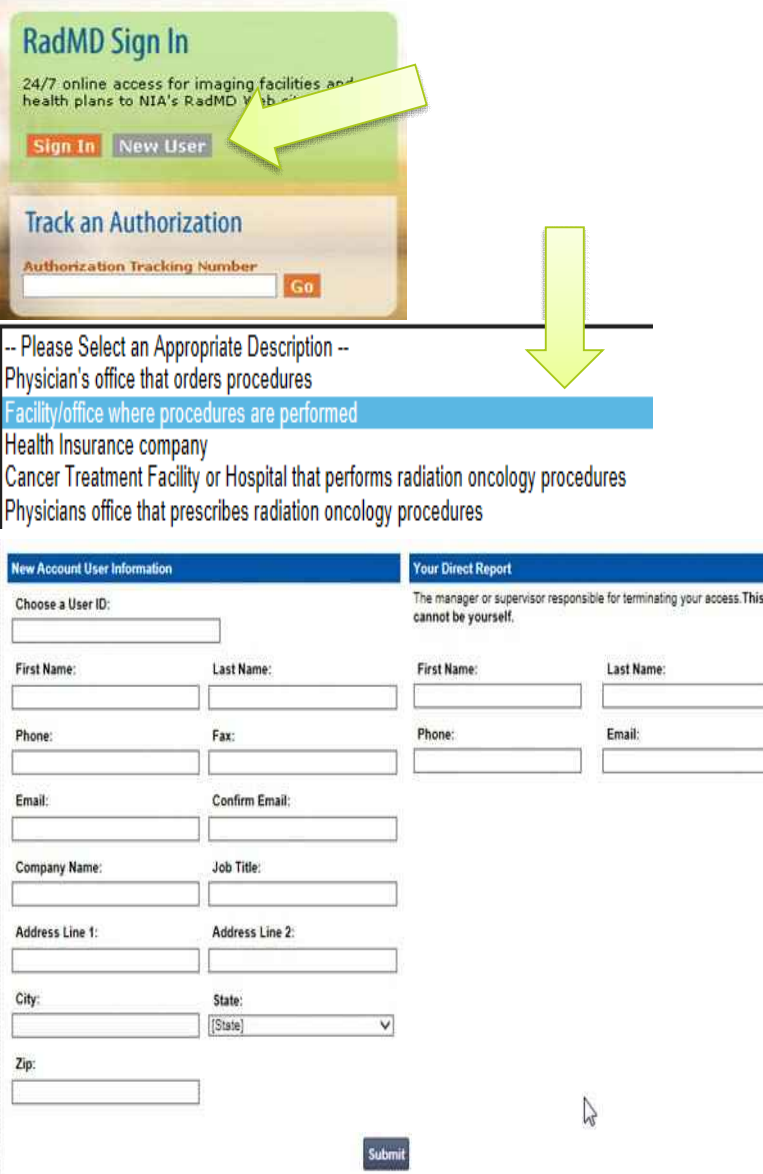
- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.



1 RadMD Sign In
24/7 online access for imaging facilities and health plans to NIA's RadMD Web
Sign In **New User**

2 Track an Authorization
Authorization Tracking Number **Go**

-- Please Select an Appropriate Description --
Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures

3

New Account User Information		Your Direct Report	
Choose a User ID: <input type="text"/>		The manager or supervisor responsible for terminating your access. This cannot be yourself.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			
Submit			

When to Contact National Imaging Associates, Inc. (NIA)



Providers:

Ordering Providers:

- To initiate a request for an authorization please contact NIA via website, www.RadMD.com or via toll-free number 1-877-617-0390.
- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System at 1-877-617-0390.

Rendering Providers:

- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System at 1-877-617-0390.

Ordering Providers and Rendering Providers:

- For assistance or technical support for RadMD, please contact RadMD Help Desk via e-mail RadMDSupport@magellanhealth.com or 877-80-RadMD (877-807-2363).
- For any provider education requests or questions specific to NIA and the Medical Specialty Solutions Program, Providers may contact Leta Genasci, Provider Relations Manager lgenasci@magellanhealth.com or 1-800-450-7281 Ext. 75518.

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



Ambetter from Arkansas Health and Wellness

Provider Services

Phone: 1-877-617-0390
TTY/TDD: 1-877-617-0392
ambetter.arhealthwellness.com



Allwell from Arkansas Health and Wellness

Provider Services

Phone: 1-855-565-9518

TTY/TDD: 711

allwell.arhealthwellness.com

Arkansas Total Care

Provider Services

Phone: 1-866-282-6280
arkansastotalcare.com

Email inquiries to:

Providers@ArkansasTotalCare.com

QUESTIONS?

Please submit any questions by using the chat

feature or in an email with

“Provider Webinar” in the subject line to

Providers@ARhealthwellness.com

Thank you!