

## COVID-19: Vaccine Information

### Children ages 5 and up can now get vaccinated.

The Pfizer-BioNTech COVID-19 vaccine is now available for children ages 5 and up. The Centers for Disease Control & Prevention (CDC) recommend that children get vaccinated as soon as possible so that they can be protected from the virus and help prevent the spread of COVID-19 to others, including family members who may not be eligible for a vaccine.

While the virus tends to be milder in children than it is in adults, it can still make kids very sick and require hospitalization, and there have been cases in which some children have died from the virus. Children with underlying medical conditions are at a higher risk of becoming severely ill if they contract COVID-19.



### In this issue:

COVID-19:  
Vaccine Information . . . . . 1

Allwell Is Getting a  
New Look — and Name . . . . 2

Provider Webinars . . . . . 2

Earn Incentives by Participating  
in the 2022 Continuity  
of Care Program and In-Office  
Assessment Program . . . . . 3

Provider Rights &  
Responsibilities . . . . . 4

Ambetter Reimburses for  
Substance Use Services . . . . 5

Medicare and Marketplace  
Chart Chase . . . . . 5

## Booster shots are now available to everyone 18 and older.

Any individual who is fully vaccinated and age 18 or older is now eligible to receive a COVID-19 booster shot. Individuals who received a two-shot Pfizer-BioNTech or Moderna vaccine can get the booster shot after at least six months have passed since their first vaccination series. Individuals who received the one-shot Johnson & Johnson's Janssen vaccine are eligible to get a booster after at least two months have passed since their first shot.

The CDC now allows for booster shots to be mixed and matched according to individual preference. For example, if a person who received the Pfizer-BioNTech vaccine wants to get a Moderna booster shot, they may do so. To schedule a booster shot, people should contact the location where they got their COVID-19 vaccine. If they would prefer to get the booster somewhere else, they can find other locations by visiting [Vaccines.gov](https://www.vaccines.gov).

## Allwell Is Getting a New Look — and Name



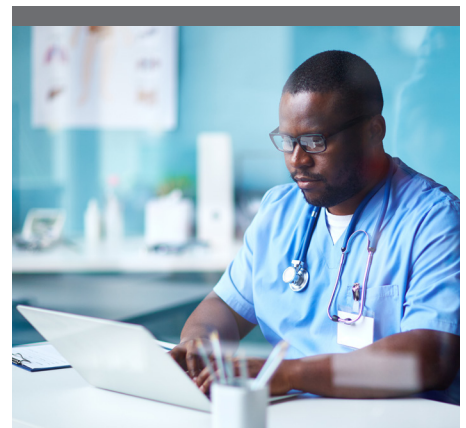
Allwell from Arkansas Health & Wellness is pleased to announce that we are changing our name to Wellcare by Allwell.

Wellcare by Allwell is the same great Allwell coverage you already know, just with a different look. With this brand change, we are taking a no-nonsense approach to Medicare that will help make healthcare more accessible to our members.

Starting in January, you will be seeing Wellcare by Allwell members. Since you are part of the existing Allwell network, you will remain part of the Wellcare by Allwell network. Your provider network is not changing, and being part of this network does not mean that you have been added to the Wellcare network — just Wellcare by Allwell.

As we continue transitioning to our new name, look for provider webinars with more information about the Wellcare by Allwell brand, as well as 2022 member ID card information.

Have questions? We're here to help. Contact our provider relations team at 1-855-565-9518 (TTY: 711) or [Providers@ARHealthWellness.com](mailto:Providers@ARHealthWellness.com).



## Provider Webinars

Throughout the year, our provider relations team hosts a variety of webinars to connect with providers and lead training on provider tools as well as our business best practices and standards. Throughout Quarter 1, we'll offer new provider orientation, as well as trainings on how to use our Secure Provider Portal, our brand transition to Wellcare by Allwell, and cultural competency.

To view training dates visit our [Provider Webinars page](#). On this page, you can register for trainings and provide feedback on other topics you would like to learn more about in future webinars.

# Earn Incentives by Participating in the 2022 Continuity of Care Program and In-Office Assessment Program

## Continuity of Care — Provider Incentive Program

The Continuity of Care (CoC) program is designed to support your outreach to members to conduct annual visits and condition management.

Providers can earn incentive payments that range from \$100 to \$300 for proactively assessing and addressing their patients' current conditions as identified on their appointment agendas, and then by returning completed agendas to us. Eligible members must have a 2022 claim with a provider within the organization.

### Key elements of the CoC program:

- ▶ Use Secure Provider Portal to access member target list and appointment agendas
- ▶ Assess all conditions identified on the appointment agenda (valid/present or resolved/not present)
- ▶ Submit claims using applicable ICD-10 codes that support valid conditions
- ▶ Complete the appointment agenda and return it electronically, via the Secure Provider Portal, or via fax or email

### 2022 CoC Project Date:

Start Date Q1: February, 2022

## In-Office Assessments — Provider Incentive Program

The Optum In-Office Assessment (IOA) program promotes early detection and ongoing assessments of chronic conditions for Ambetter and Wellcare by Allwell members. Providers earn an incentive payment of \$100 for assessing and addressing all of a patient's conditions. The information on the assessment should be used to assist you in addressing care opportunities during the patient encounter.

### Key elements of the IOA program:

- ▶ Use information on the form at the time of the encounter to assess all conditions identified
- ▶ Submit timely and accurate assessments, with supporting medical record documentation, within 60 days of the latest date of service. Allow for early recognition of remaining care opportunities and support additional outreach to improve quality of care.
- ▶ Work with your assigned healthcare advocate (HCA) to maximize earning potential.

### Office Assessment Project Date:

Start Date Q1: December 31, 2022

*Providers who participated in 2021 CoC should have completed agendas and claims submitted by January 31, 2022 to earn incentives.*

## Provider Rights & Responsibilities

We value your partnership as a provider in our network and want you to have all of the resources you need to help our members reach their best health. To ensure that all of our members get equitable care, and to establish a standard of how members and Arkansas Health & Wellness staff work with you, we have a list of provider rights and responsibilities that apply to all of our provider partners. Some of these rights and responsibilities are outlined below. For a full list, refer to your 2022 Provider and Billing Manual.

### You have the right to:

- Be treated with dignity and respect by patients and healthcare workers.
- Receive accurate and complete information and medical histories when caring for our members.
- Have your patients act in a way that supports the care given to other patients, and that helps keep the doctor's office, hospital or other facility running smoothly.
- Expect other in-network providers to act as partners in our members' treatment plans.
- Expect our members to follow their healthcare instructions and directions, such as taking the right amount of medication at the right times.
- Have access to information about Arkansas Health & Wellness' quality improvement programs, including program goals, processes and outcomes that relate to member care and services.
- Collaborate with other healthcare professionals who are involved in the care of our members.
- Not be excluded, penalized or terminated from participating with Arkansas Health & Wellness for having developed or accumulated a substantial number of patients with high-cost medical conditions.

### You have the responsibility to:

- Help or advocate for our members to make decisions within your scope of practice about relevant and/or medically necessary care and treatment.
- Not discriminate against members on the basis of race; color; national origin; language proficiency; religion; age; health status; existence of a preexisting mental or physical disability/condition, including pregnancy and/or hospitalization; or the expectation for frequent or high-cost care.
- Maintain the confidentiality of members' personal health information (PHI), including medical records and histories, and to adhere to state and federal laws and regulations regarding confidentiality.
- Provide clear and complete information to members — in a language they can understand — about their health condition and treatment, regardless of cost or benefit coverage, and to allow member participation in the decision-making process.
- Allow a member who refuses or requests to stop treatment the right to do so, as long as the member understands that, by refusing or stopping treatment, the condition may worsen or be
- Follow all state and federal laws and regulations as they relate to patient care and rights.
- Follow all state and federal laws and regulations as they relate to patient care and rights.
- Participate in Arkansas Health & Wellness data collection initiatives, such as HEDIS® or other contractual/ regulatory programs.
- Invite member participation in understanding any medical or behavioral health problems that the member may have, and develop mutually agreed upon treatment goals, to the extent possible.

## Ambetter Reimburses for Substance Use Services

When a member needs services for a substance use disorder, it's critical that they get the right care. By referring members to in-state treatment centers, members are able to receive care near their home, and can take advantage of local job search and education resources, alternate housing, sober supports and Care Management resources.

We've compiled a [list](#) of some locations that provide substance use services. If you are treating a member who needs access to substance use services and would like a comprehensive list of providers, please reach out to our Provider Relations representatives at 1-800-295-3557 or by email at [Providers@ARHealthWellness.com](mailto:Providers@ARHealthWellness.com).



## Medicare and Marketplace Chart Chase

Arkansas Health & Wellness is committed to improving the quality of care provided to our members. We are required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding members

who are enrolled in our health plans. Accordingly, Arkansas Health & Wellness requests your cooperation to facilitate a medical record review.

We have partnered with Change Healthcare and Ciox Health (Ciox) to conduct the medical chart review. Representatives from these organizations will work with you to provide retrieval options and a list of the requested members' medical records.

### Chart Chase Project Dates:

#### ► Wellcare by Allwell

October 2021 – June 2022: requesting charts for dates of service January 1, 2020, to present

#### ► Ambetter from Arkansas Health & Wellness

November 2021 – April 2022: requesting charts for dates of service January 1, 2021, to present

For more information about programs and questions regarding ICD-10 coding and documentation, please contact the Risk Adjustment department at [RiskAdjustment@ARHealthWellness.com](mailto:RiskAdjustment@ARHealthWellness.com)

Want to know more about risk adjustment and get tips on how to code accurately? Visit our Arkansas Health & Wellness provider resource site.

- Follow all state and federal laws and regulations as they relate to patient care and rights.
- Participate in Arkansas Health & Wellness data collection initiatives, such as HEDIS® or other contractual/regulatory programs.
- Invite member participation in understanding any medical or behavioral health problems that the member may have, and develop mutually agreed upon treatment goals, to the extent possible.