arkansas health & wellness™

Second Quarter Provider Webinar

Housekeeping

arkansas health & wellness

- Please mute your phone.
- Please do not place this call on hold as all attendees will hear your hold music.
- Please hold all questions until the end of the presentation.
- This presentation will be posted to the Arkansas Health & Wellness website in soon.

Disclaimer

- Arkansas Health & Wellness has produced this material as an informational reference for providers furnishing services in our contract network Arkansas Health & Wellness employees, agents and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.
- The presentation is a general summary that explains certain aspects of the program, but is not a legal document.
- Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice.
-

Agenda

- Welcome
- Quarter 2 Updates
  - COVID-19 Medicare Member Liability Reinstatement Notice for Providers
  - Clinical and Payment Policies
  - ARD appeal change
  - CAHPS Best Practices
  - Envolve Incentive
- Risk Adjustment
- Quality
- Prior Authorizations
- Reminders
- Upcoming Webinars
- Contact Information

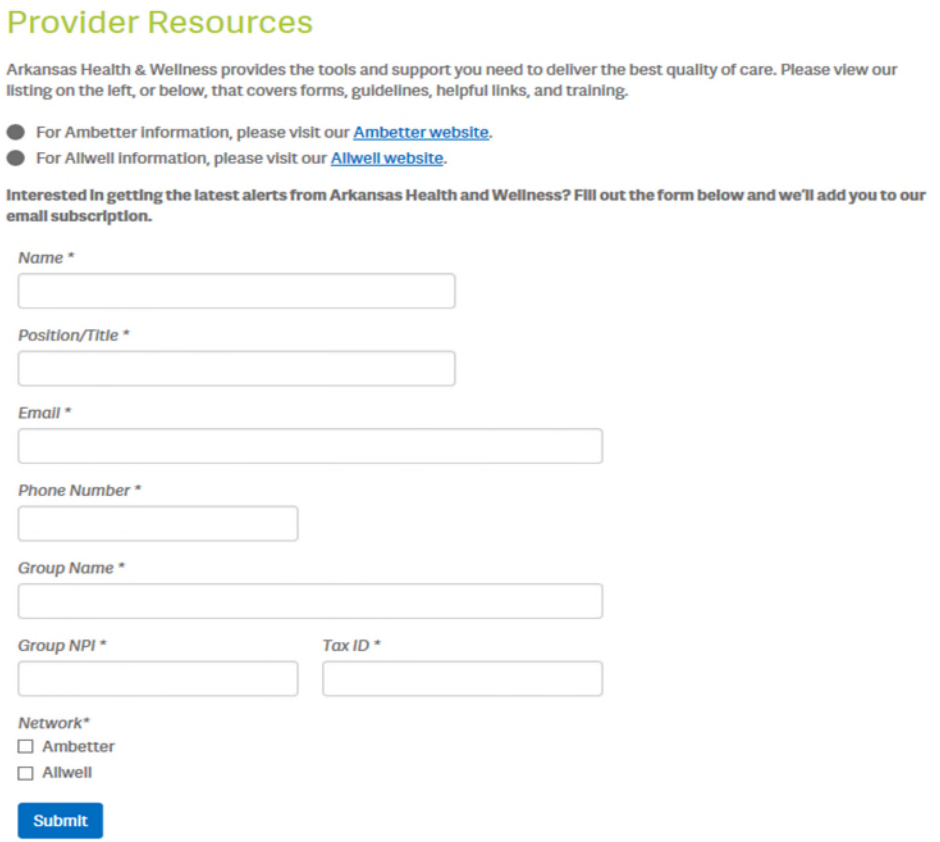
Acronyms

arkansas health & wellness

Acronym	Definition
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CMS	Centers for Medicare & Medicaid Services
CLIA	Clinical laboratory improvement Amendments
CY	Calendar Year
EUA	Emergency Use Authorizations
FWA	Fraud Waste & Abuse
HOS	Health Outcomes Survey
PA	Prior Authorization
CPT	Current Procedural Terminology

Join Our Email List Today

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



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

Provider Services Call Center

arkansas health & wellness

- **First line of communication**
  - Ambetter Provider Services Call Center

  1-877-617-0390 (TDD/TTY: 1-877-617-0392)
  - Allwell Provider Services Call Center

  1-855-565-9518 (TDD/TTY: 711)
- Prior Service Representatives can assist with questions regarding:
  - Eligibility
  - Authorizations
  - Claims
  - Payment inquiries
  - Appeals status
- Representatives are available Monday through Friday, 8 am to 5 pm (CST)

Provider Inquiries

- After speaking with a Provider Service Representative you will receive the following:
  - All inquiries are assigned a reference number, which will be used to track the status of your inquiry
- If you need to contact your assigned Provider Relations Representative, you should have the following when calling or submitting an email inquiry:
  - Reference number assigned by the Provider Services Center
  - Provider's Name
  - Tax ID
  - National Provider Identifier (NPI)
  - Summary of the issue
  - Claim numbers (if applicable)

COVID-19 Vaccine Billing Changes

Ambetter Covid-19 Vaccine and Administration

- **National State of Emergency Extension Now through 7/20/21 and Sequester Moratorium Now Through 12/31/21**
- Ambetter from Arkansas Health & Wellness has configured its systems to properly adjudicate COVID-19 vaccine-related claims, both for the vaccine and its administration.
- Beginning June 1, 2021- member liability will be applied to all claims as indicated in their Explanation of Coverage.
- Non-participating provider pre-authorizations are required.

Allwell Covid-19 Billing

arkansas health & wellness

As we continue address the COVID-19 pandemic, we want to update you on important Medicare benefit information as it relates to currently expanded coverages. For dates of service June 1, 2021 onward, Medicare member liability (copayments, coinsurance and/or deductible cost sharing) will be reinstated as according to their benefits for the following services:

COVID-19 Treatment Services

- COVID-19 treatment services (those billed with a confirmed ICD-10 diagnosis code) will continue to be eligible for coverage for the duration of the public health emergency (PHE).
- Prior authorization requirements will also continue to be waived for COVID-19 treatment services during the PHE.
- Providers should resume collecting Medicare member liability at the point of service on June 1, 2021 onward.

Allwell Covid Billing cont.

arkansas health & wellness

All Telehealth Services

- Any services that can be delivered virtually will continue to be eligible for telehealth coverage for the duration of the public health emergency (PHE).
- Prior authorization requirements will also continue to be waived for all telehealth services during the PHE.
- **Providers should resume collecting Medicare member liability at the point of service on June 1, 2021 onward.**
- Providers should reflect telehealth care on their claim form by following standard telehealth billing protocols in their state.

Clinical and Payment Policy Updates

Clinical and Payment Policy Updates

- **Arkansas Health & Wellness is amending or implementing new policies effective June 1st, 2021.**
- The Clinical, Payment and Pharmacy policies can be found by going to:
  ARHealthWellness.com
  - Select the “For Providers” tab at the top of the screen
  - Select “Clinical and Payment Policies” from the drop-down menu
  - Select Ambetter or Allwell Clinical, Payment, or Pharmacy policies.
  - Use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number or effective date.

If you have questions, please call 1-877-617-0390 (TTY: 1-877-617-0392) or email Providers@ARHealthWellness.com

Ambetter Clinical & Payment Policies

- **All policies listed became effective on June 1st, 2021:**
  - Ambulatory Surgery Center Optimization CP.MP.158
  - Outpatient Testing for Drugs of Abuse CP.MP.50
  - Testing for Select Genitourinary Conditions CP.MP.97

- **The below policies become effective July 1st, 2021:**
  - Drugs of Abuse: Presumptive Testing CP.MP.208
  - Hyperemesis Gravidarum Treatment CP.MP.34
  - Ventricular Assist Devices CP.MP.46

- **The below policies become effective August 1st, 2021**:
  - Panniculectomy CP.MP.109

Allwell Clinical & Payment Policies

- **All policies listed became effective on June 1st, 2021:**
  - Diagnosis of Vaginitis CP.MP.97
- **The below policies become effective July 1st, 2021:**
  - Hyperemesis Gravidarum Treatment CP.MP.34
  - Outpatient Testing for Drugs of Abuse CP.MP.50
  - Ventricular Assist Devices CP.MP.46
- **The below policies become effective August 1st, 2021**:
  - Drug Payment Reduction CC.PP.070
  - Panniculectomy CP.MP.109
  - Transcranial Magnetic Stimulation CP.BH.200

Authorized Representative Designation

- Ambetter will no longer require an Authorized Representative Designation (ARD) form for in network providers filing an appeal. Non-par providers and those not directly involved in the services being appealed will still need to obtain the ARD from the member.

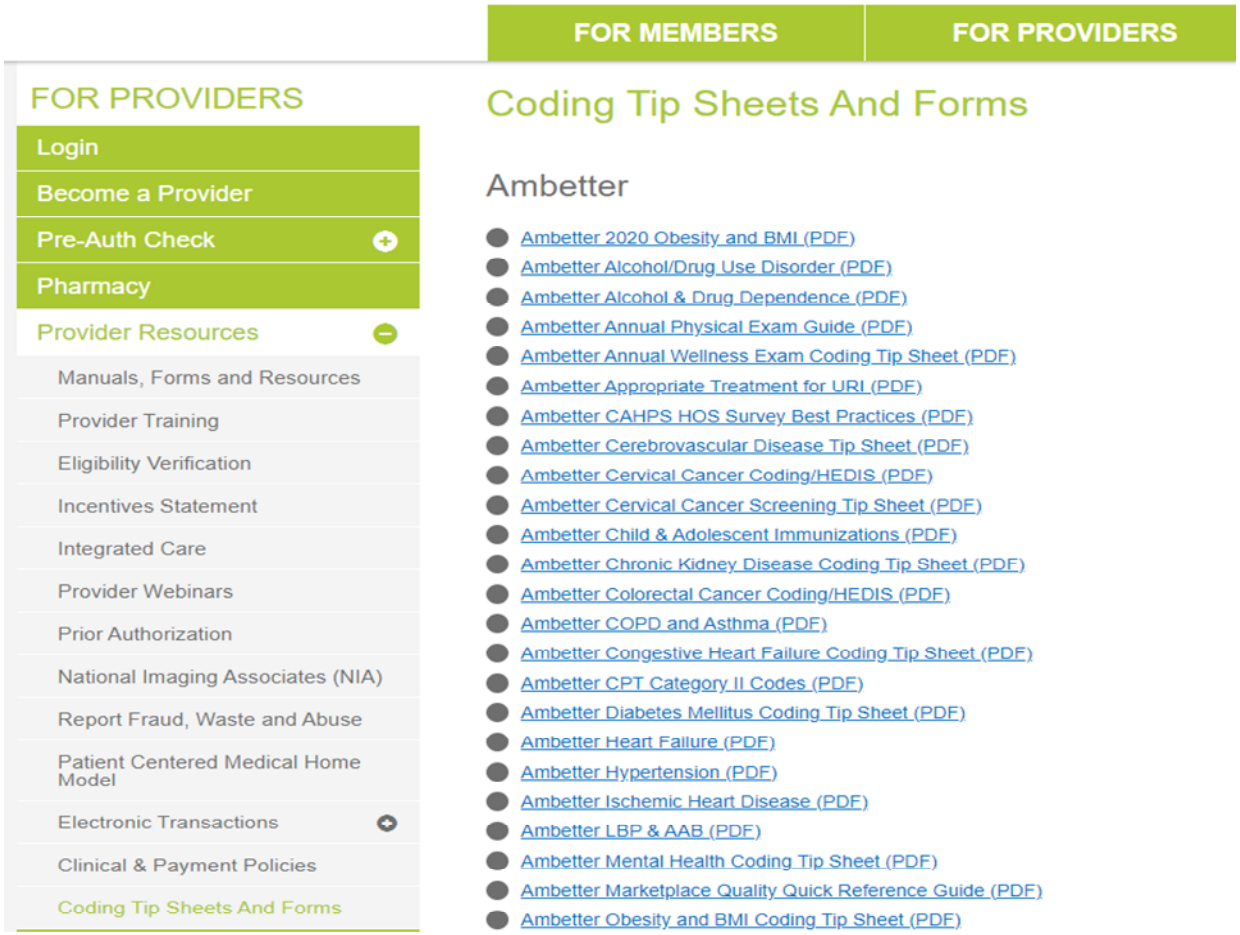
CAHPS and HOS Survey

CAHPS & HOS

Arkansas Health & Wellness has posted new CAHPS & HOS Survey Best practices for our providers.

- To access the 2021 Guidelines, go to ARHealthWellness.com
- Select “For Providers” then “Provider Resources”
- Go to Coding and Tip Sheets, then select Ambetter or Allwell.
- Each Line of Business has their own Tip Sheet.:
  - Ambetter CAHPS HOS Survey Best Practices
  - Allwell CAHPS HOS Survey Best Practice Guide

CAHPS & HOS


FOR MEMBERS
FOR PROVIDERS
FOR PROVIDERS
Login
Become a Provider
Pre-Auth Check
Pharmacy
Provider Resources
Manuals, Forms and Resources
Provider Training
Eligibility Verification
Incentives Statement
Integrated Care
Provider Webinars
Prior Authorization
National Imaging Associates (NIA)
Report Fraud, Waste and Abuse
Patient Centered Medical Home Model
Electronic Transactions
Clinical & Payment Policies
Coding Tip Sheets And Forms
Coding Tip Sheets And Forms
Ambetter
Ambetter 2020 Obesity and BMI (PDF)
Ambetter Alcohol/Drug Use Disorder (PDF)
Ambetter Alcohol & Drug Dependence (PDF)
Ambetter Annual Physical Exam Guide (PDF)
Ambetter Annual Wellness Exam Coding Tip Sheet (PDF)
Ambetter Appropriate Treatment for URI (PDF)
Ambetter CAHPS HOS Survey Best Practices (PDF)
Ambetter Cerebrovascular Disease Tip Sheet (PDF)
Ambetter Cervical Cancer Coding/HEDIS (PDF)
Ambetter Cervical Cancer Screening Tip Sheet (PDF)
Ambetter Child & Adolescent Immunizations (PDF)
Ambetter Chronic Kidney Disease Coding Tip Sheet (PDF)
Ambetter Colorectal Cancer Coding/HEDIS (PDF)
Ambetter COPD and Asthma (PDF)
Ambetter Congestive Heart Failure Coding Tip Sheet (PDF)
Ambetter CPT Category II Codes (PDF)
Ambetter Diabetes Mellitus Coding Tip Sheet (PDF)
Ambetter Heart Failure (PDF)
Ambetter Hypertension (PDF)
Ambetter Ischemic Heart Disease (PDF)
Ambetter LBP & AAB (PDF)
Ambetter Mental Health Coding Tip Sheet (PDF)
Ambetter Marketplace Quality Quick Reference Guide (PDF)
Ambetter Obesity and BMI Coding Tip Sheet (PDF)

Eye Exam Incentive

Envolve Vision

Eye Exam Incentive

arkansas health & wellness

Diabetic Care Coordination

- Arkansas Health & Wellness is committed to improving the health of the community by helping people with diabetes lead healthier lives. Because of your vital role in patient health, we are asking for your help in facilitating preventive care through annual diabetic eye exams and reporting of exam findings.

- Routine retinal evaluation is recommended to reduce the risk of diabetes-related blindness. While exams do not require prior authorization, please be sure to adhere to Arkansas Health & Wellness clinical policies regarding medical necessity.

- Please reference plan specifics and applicable billing guidelines when selecting the most appropriate CPT code for services rendered.

Eye Exam Billing

Using these codes may help reduce the need for medical record reviews.

- CPT®:65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 CPT® II:* 2022F-2026F, 2033F, 3072F
- HCPCS: S0620, S0621, S3000
- Diagnosis Code (diabetes without complications):E10.9, E11.9, E13.9

*Note: When submitting CPT II codes, you may be entitled to a $10 bonus payment per member per year. Providers must bill $10 in the claim filing to receive reimbursement.

For additional information or for training and support, contact Arkansas Health & Wellness' Quality Improvement HEDIS® team at **QI_AR_HEDIS@centene.com**

arkansas health & wellness

Risk Adjustment and Providers

Risk Adjustment Overview

arkansas health & wellness

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

Hierarchical Condition Categories

- 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

Risk Adjustment Requirements

- CMS & HHS **REQUIRE** health plans to report complete **and** accurate diagnostic information on enrollees **ANNUALLY**
  - ❖ Conditions not documented annually do not exist
- Opportunity for providers to provide comprehensive care with every face-to face encounter
  - ❖ Document chronic conditions, co-existing conditions, active status conditions, and pertinent past conditions

Risk Adjustment & Providers

arkansas health & wellness

Comprehensive Care Approach	• Address all chronic conditions each visit
Document Diagnosis	• Use ICD-10 on claims to document conditions that exist • Provide support for all dx in medical records
Utilize Health Data	• Provider Analytic Tool • Patient Profile • In Office Assessment Forms

Risk Adjustment Projects

- **Risk Adjusted Data Validation (RADV Audit) – Ambetter Only**
  - Contracted vendor (Optum) assisting in annual mandated audit confirming validity of chronic conditions submitted via claims
  - Providers are to submit requested medical records for HHS review
  - Project Dates:
    - 2019 Dates of Service Audit: March 2021 – July 30, 2021
    - 2020 Dates of Service Audit: July 2021 – July 13, 2022
- **Chart Review Projects – Ambetter & Allwell**
  - Contracted vendors are Optum, Change Healthcare and Ciox
  - Request medical records for review and confirmation of ICD-10 data previously received
  - Project Dates: July 2021-April 2022

Risk Adjustment Incentive Programs $$$$

arkansas health & wellness

- **In Office Assessment (IOA)**
  - Optum is a contracted vendor working directly with facilities
  - Incentivized for assessing conditions and returning assessment form
  - Project Dates: April 2021 – December 31, 2021
  - Lines of Business: Ambetter & Allwell

- **Continuity of Care (CoC)**
  - Utilize Secure Provider Portal to access appointment agendas
  - Assess all conditions identified on agenda (valid/present or resolved/not present) and return completed form to earn incentives ranging from $100-$300
  - Submit claim using applicable ICD-10 code that supports valid condition
  - Project Dates: January 1, 2021 – December 31, 2021
  - Lines of Business: Ambetter and Allwell

Assessing Chronic Conditions

arkansas health & wellness

Utilize Provider Analytic Tool

Utilize Vendor Assessment Forms

Code to highest-specificity and include ICD-10 on claim and support in medical record

M.E.A.T

arkansas health & wellness

Managing

SIGNS, SYMPTOMS, DISEASE PROGRESSION, DISEASE REGRESSION
EXAMPLE: ***CHF, SYMPTOMS WELL CONTROLLED ON LASIX AND ACE INHIBITOR. CONTINUE TO MONITOR.***

Evaluating

TEST RESULTS, MEDICATION EFFECTIVENESS, RESPONSE TO TREATMENT
EXAMPLE: *MAJOR DEPRESSION, ZOLOFT 50 MG PER DAY, PATIENT STILL FEELS HOPELESSNESS. RAISE TO 100 MG FOR THE NEXT TWO WEEKS.*

Assessing

ORDERED TESTS, DISCUSSION, REVIEW RECORDS, COUNSELING
EXAMPLE: *TYPE 2 DIABETES, REVIEWED LABS AND A1C WELL CONTROLLED WITH INSULIN, DIET AND EXERCISE*.

Treating

MEDICATIONS, THERAPIES, OTHER MODALITIES
EXAMPLE: *PROTEIN CALORIE MALNUTRITION, DOWN 5 LBS. SINCE LAST VISIT. START ENSURE BID.*

- ✓ A valid reportable diagnosis requires documentation supporting that the condition is being managed, evaluated, assessed, or treated during each visit.

Coding & Documentation

- Be as specific as possible when documenting conditions
- One word, such as “chronic” can make a big difference in risk adjustment.

COMPLETE AND ACCURATE DOCUMENTATION IS KEY

DISEASE	DOCUMENTED CONDITION	HHS-HCC
Bronchitis	Bronchitis	No HHS-HCC
	Chronic bronchitis	HHS-HCC 160
Depression	Depression NOS	No HHS-HCC
	Severe Depression, single episode	HHS-HCC 88
Hypertension	Hypertension	No HHS-HCC
	Hypertension with heart failure	HHS-HCC 187
Chronic Kidney Disease	CKD	No HHS-HCC
	CKD 4	HHS-HCC 188
	CKD 5	HHS-HCC 187
	ESRD	HHS-HCC 184

Coding & Documentation Resources

arkansas health & wellness

Provider Resources Available:

- Coding Tip Sheets for most prevalent conditions
  - Available via Provider Resource Web Page
- Medical Record Reviews conducted by our Certified Risk Adjustment Coder (CRC)
- Integrating Appointment Agendas and Assessment forms into daily practices
  - Confirm or deny validity of conditions (we don't want to report conditions that are no longer present)

Risk Adjustment Contact

Sherrill Montgomery,
Sr. Manager, Risk Adjustment
Sherrill.S.Montgomery@Centene.com

Note: Health Plan reserves the right to make program changes as needed. Health Plan benefits can change annually.

arkansas health & wellness

Quality

Continuity of Care Quality Bonus Program

- Targets Medicare members ONLY.
- Rewards PCPs for improving quality and closing gaps in care to better align payment with quality.
- Providers earn incentives at multiple levels based upon Medicare Star Rating achievement for each measure.
- Each measure calculated and rewarded individually and is determined by comparing a CoC providers compliance percentage for a given program measure to established benchmarks.

Continuity of Care – Quality Bonus Program Measures and Incentives

arkansas health & wellness

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	$10	$20	$30	$40
Care of Older Adult – Medication List and Review*	$10	$20	$30	$40
Care of Older Adult – Pain Screening*	$10	$20	$30	$40
Colorectal Cancer Screen	$10	$20	$30	$40
Diabetes – Dilated Eye Exam	$10	$20	$30	$40
Diabetes HbA1c ≤ 9	$10	$20	$30	$40
Diabetes Monitor Nephropathy	$5	$10	$20	$30
Hypertension	$10	$20	$30	$40
Mammogram	$10	$20	$30	$40
Medication Adherence – Blood Pressure Medications	$15	$35	$45	$60
Medication Adherence – Diabetes Medications	$10	$25	$40	$55
Medication Adherence - Statins	$15	$35	$45	$60
Medication Reconciliation Post-discharge	$10	$20	$30	$40
Statin Therapy for Patients with Cardiovascular Disease	$10	$20	$30	$40
Statin Use in Persons with Diabetes	$10	$20	$30	$40

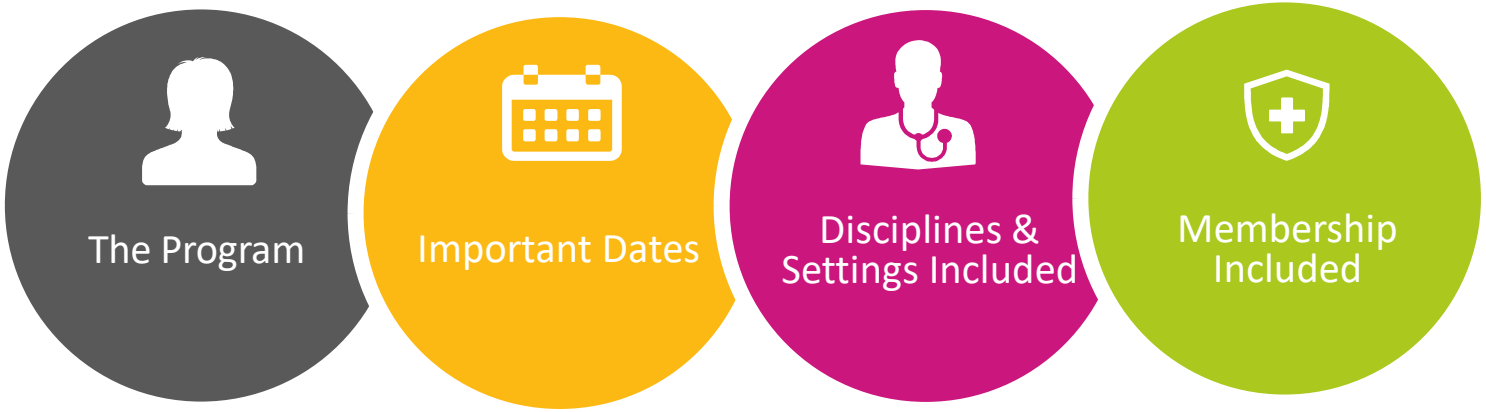
**Dual Eligible Special Needs Plan (DNSP) members only*

Prior Authorizations

NIA and Turning Point

NIA's Physical Medicine Prior Authorization Program

arkansas health & wellness



- Ambetter from Arkansas Health & Wellness will begin a prior authorization program through NIA for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative care.

- Program start date: January 1, 2021
- Begin obtaining authorizations from NIA on December 14, 2020 for services rendered on or after January 1, 2021

Disciplines:
- Physical Therapy
- Occupational Therapy
- Speech Therapy

Settings:
- Office
- Outpatient Hospital
- Home Health

- Exchange Programs

NIA

Registering on RadMD.com to Initiate Authorizations

arkansas health & wellness

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 "Physical Medicine Practitioner"
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.

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.

NIA

When to Contact NIA

arkansas health & wellness

Providers:

Initiating or checking the status of an authorization	▪ Website, www.RadMD.com ▪ Toll-free number 1-877-617-0390 - Interactive Voice Response (IVR) System
Initiating a Peer to Peer	▪ Call 1-888-642-7649
Technical Issues	▪ RadMDSupport@magellanhealth.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	▪ Leta Genasci Provider Relations Manager 1-800-450-7281 Ext. 75518 ljgenasci@magellanhealth.com

MUSCULOSKELETAL

Orthopedic Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Knee Arthroplasty
- ✓ Unicompartmental/Bicompartmental Knee Replacement
- ✓ Hip Arthroplasty
- ✓ Shoulder Arthroplasty
- ✓ Elbow Arthroplasty
- ✓ Ankle Arthroplasty
- ✓ Wrist Arthroplasty
- ✓ Acromioplasty and Rotator Cuff Repair
- ✓ Anterior Cruciate Ligament Repair
- ✓ Knee Arthroscopy
- ✓ Hip Resurfacing
- ✓ Meniscal Repair
- ✓ Hip Arthroscopy
- ✓ Femoroacetabular Arthroscopy
- ✓ Ankle Fusion
- ✓ Shoulder Fusion
- ✓ Wrist Fusion
- ✓ Osteochondral Defect Repair

Spinal Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Spinal Fusion Surgeries
  - ✓ Cervical
  - ✓ Lumbar
  - ✓ Thoracic
  - ✓ Sacral
  - ✓ Scoliosis
- ✓ Disc Replacement
- ✓ Laminectomy/Discectomy
- ✓ Kyphoplasty/Vertebroplasty
- ✓ Sacroiliac Joint Fusion
- ✓ Implantable Pain Pumps
- ✓ Spinal Cord Neurostimulator
- ✓ Spinal Decompression

Clinical Categories:

- **Orthopedics**
- **Spine**

Clinical Coding:

- **Clinical coding is available by request by calling TurningPoint at 855-275-4500 or through your Provider Relations Specialist. Please note the coding is subject to regular updates/changes as CPT/HCPCS coding is added or deleted.**

TurningPoint
Improving Quality

arkansas health & wellness

Clinical policies and processes are easily accessible to providers via several access points.

Authorization Submission:

- **Web:** https://myturningpoint-healthcare.com
- **Fax:** 501-588-0994
- **Phone:** 501-263-8850 | 866-619-7054

Provider Resources:

- Program PowerPoint presentation
- Frequently Asked Questions (FAQ) document
- TurningPoint Provider Manual
- Instructional Webinars
- TurningPoint medical professionals on-call 24 hours a day, 7 days a week

TurningPoint
Improving Quality

arkansas health & wellness

Turnaround times — Musculoskeletal

Plan Product Line of Business	Standard (Non-Urgent) TAT*	Expedited (Urgent) TAT*	Retrospective
Ambetter (Commercial)	Lesser of: 2 business days of obtaining all necessary information or 15 calendar days* from receipt of request	Lesser of: 1 business day of obtaining all necessary information or 72 hours* from receipt of request	30 calendar days
Allwell (Medicare)	14 calendar days	72 hours	30 calendar days
Arkansas Total Care (Medicaid)	Lesser of: 2 business days of obtaining all necessary information or 15 calendar days* from receipt of request	Lesser of: 1 business day of obtaining all necessary information or 72 hours* from receipt of request	30 calendar days

**turnaround time shall not exceed listed timeframes*

TurningPoint
Improving Quality

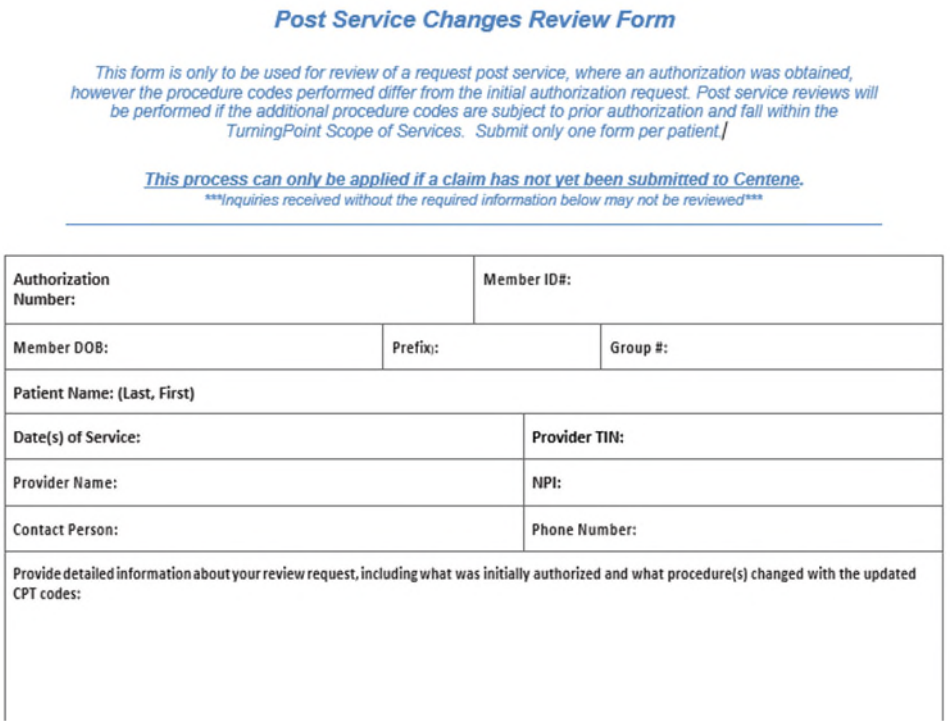
arkansas health & wellness

Post Service Change Review (PSCR)

- Allows for a coding change on an authorization after the surgery based on changes during surgery
- PSCR will be performed if the additional procedure codes are subject to prior authorization and are within TurningPoint scope of services
- Must submit PSCR form and supporting post op notes to initiate review
- Must submit request prior to submitting claim

Reminders

- Email the request to centeneumappeals@turningpoint-healthcare.com
- Please include all pertinent clinical information, including but not limited to operating notes.



Post Service Changes Review Form

This form is only to be used for review of a request post service, where an authorization was obtained, however the procedure codes performed differ from the initial authorization request. Post service reviews will be performed if the additional procedure codes are subject to prior authorization and fall within the TurningPoint Scope of Services. Submit only one form per patient.

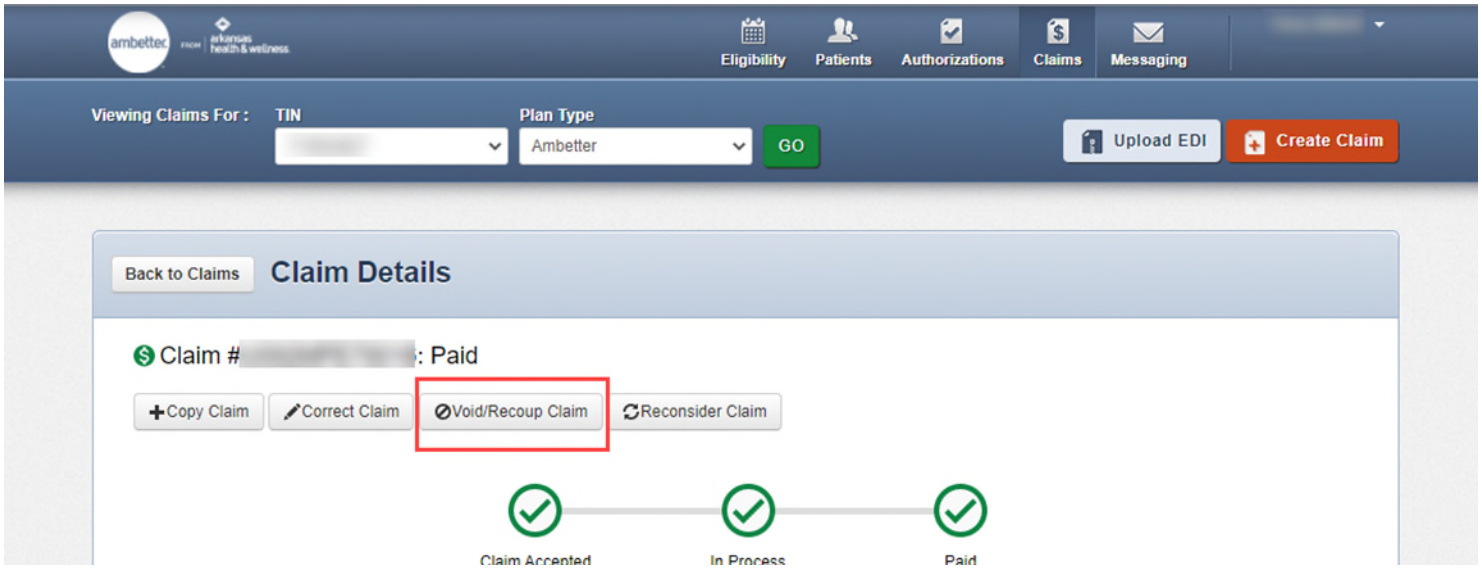
This process can only be applied if a claim has not yet been submitted to Centene.
****Inquiries received without the required information below may not be reviewed****

Authorization Number:		Member ID#:
Member DOB:	Prefix:	Group #:
Patient Name: (Last, First)		
Date(s) of Service:		Provider TIN:
Provider Name:		NPI:
Contact Person:		Phone Number:
Provide detailed information about your review request, including what was initially authorized and what procedure(s) changed with the updated CPT codes:		

Provider Reminders

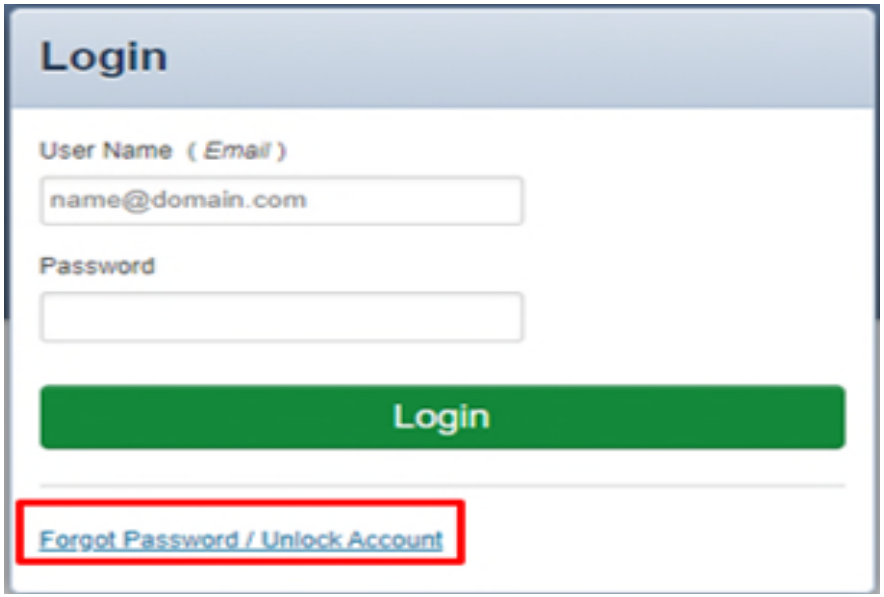
New Portal Features

- Claims that have been fully adjudicated, whether paid or denied, now have a new feature in the secure portal!
- You can select Void or Recoup by the claim.
- The manual inside the portal has instructions for this new feature on page 92.



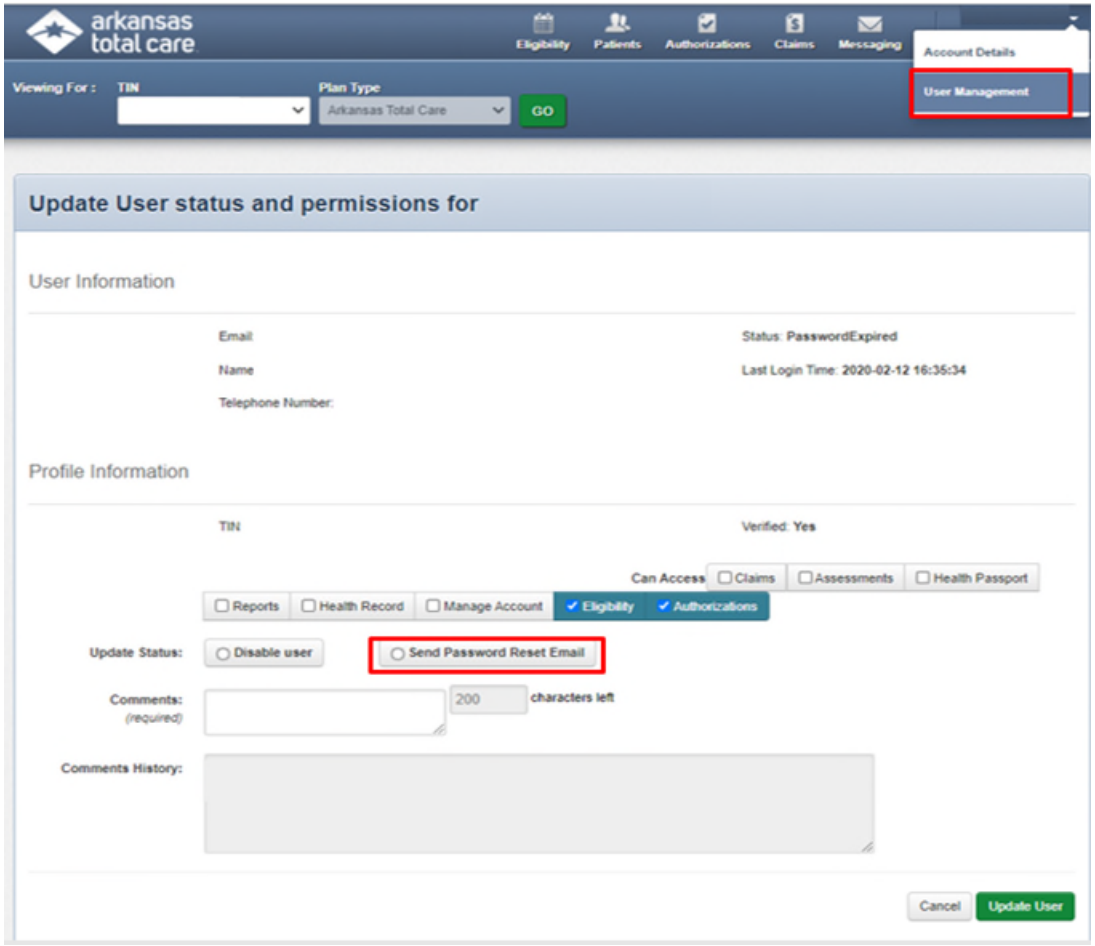
Provider Portal Password

- Remember to log into your account at least once every 30 days to keep your account active
- Passwords expire after 90 days of no use
- Ways to reset your password:
  - Click on the Forgot Password/Unlock Account link
  - Contact your Account Manager
  - Contact Provider Services:
    - 1-866-282-6280



Provider Portal Password

Account Managers can access the User Management Section within the Portal to send a Password Reset email



CLIA Billing Reminders

CLIA Description	Common Denials	Claim Form Instructions
• The CLIA number is a 10 digit long number and certain positions within the 10-digit numbered system contain information such as: 1. The state code which represents the lab's physical location 2. The CLIA system assigned number that identifies the laboratory. This number is unique and no other laboratory shares the same information. • CLIA waived laboratory codes must be billed with Modifier QW: o *Please refer to CMS.gov for the most current list of all CLIA waived services*	Denial EXc1 – Invalid CLIA number: • Missing CLIA number • CLIA number is not in the correct format Denial EXc2 – Procedure not allowed for CLIA certification type: • Procedure code was billed with the QW modifier, but the code does not qualify as a CLIA waived test • QW modifier is missing on a test that is CLIA waived	CMS-1500: • Use Box 23 to note the CLIA certification or waiver number • The CLIA number should be populated in Box 23b on the Secure Web Portal • The CLIA number electronically goes in Loop: 2300, Segment: REF02, REF01=X4 • Utilize the QW modifier for all CLIA waived services

CLIA Facts

- There are five levels of CLIA Certification:
  - Certification of Wavier (COW)
  - Certification of Provider Performed Microscopy (PPM) procedures
  - Certificate of Registration
  - Certificate of Compliance (COC)
  - Certificate of Accreditation (COA)
- Providers are required to have the appropriate level of CLIA certification for the test that they are performing.
- CLIA Waived Test are subject to CLIA requirements.
- A certificate of Waiver permits a provider to perform only CLIA waived tests.

Fraud, Waste and Abuse

- Arkansas Health & Wellness takes the detection, investigation, and prosecution of fraud, waste and abuse very seriously and has a FWA program that complies with the federal and state laws
- Arkansas Health & Wellness routinely conducts audits to ensure compliance with billing regulations.
- The Centene Special Investigation Unit (SIU) performs retrospective audits, which may result in taking actions against providers who commit fraud, waste, and abuse.

If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call our anonymous and confidential hotline at 1-866-685-8664

Fraud, Waste and Abuse – Con't

- These actions may include but are not limited to:
  - Remedial education and/or training to prevent the billing irregularity
  - More stringent utilization review
  - Recoupment of previously paid monies
  - Termination of provider agreement or other contractual arrangement
  - Civil and/or criminal prosecution
  - Any other remedies available to rectify
- Some of the most common FWA submissions seen are:
  - Unbundling of codes
  - Up-coding services
  - Add-on codes without primary CPT
  - Diagnosis and/or procedure code not consistent with the member's age and/or gender
  - Use of exclusion codes
  - Excessive use of units
  - Misuse of benefits
  - Claims for services not rendered

Cultural Competency Training Available

- This course will allow providers to receive information on how to service the member's health care needs in a culturally competent manner
- All providers must complete training annually
- Arkansas Health & Wellness provides monthly webinars:
  - To register visit our website at:
    - ✓ www.arhealthwellness.com/providers/resources/provider-webinars.html
- Topics include:
  - Health Communication
  - Health Literacy
  - Auxiliary Aids and Interpreter Services
  - How to become culturally competent
  - Changing attitudes
  - Ensuring compliance

Upcoming Webinars

arkansas health & wellness

Cultural Competency Training The purpose of this webinar is to train providers how to service the member's health care needs in a culturally competent manner.	**June 10th @ 10:00 a.m.** **July 22nd @ 2:00 p.m.**
New Provider Orientation This course will provide a virtual orientation for any new & existing providers. Topics include Overview of the health plan; Provider Participation Responsibilities; Prior Authorization Guidelines; Claims Submission and Billing Tips; Web Tools; Important Contact Information and much more.	**Ambetter July 13th @ 10:00 am** **Allwell July 20th @ 2:00 pm**
Secure Portal This course will provide a detailed overview of the Secure Provider Portal and the features: • Registration and Account Setup • Member Eligibility & Patient Listings • Health Records & Care Gaps • Prior Authorization • Claim Submission & Status • Corrected Claims & Adjustments	**June 15th @ 10:00 a.m. CST** **July 15th @ 2:00 p.m. CST**

arkansas health & wellness

Needing to Contact Us?

Education Requests/Training

Would you like training for you and your staff?

You can submit your requests to

providers@arhealthwellness.com

Arkansas Health & 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

arkansas health & wellness

Arkansas Health & Wellness Credentialing

Phone: 1-844-263-2437

Fax: 1-844-357-7890

Provider Credentialing Email:

arkcredentialing@centene.com

Ambetter from Arkansas Health & Wellness

Provider Services

Phone: 1-877-617-0390

TTY: 1-877-617-0392

ambetter.arhealthwellness.com

Allwell from Arkansas Health & Wellness

Provider Services

Phone: 1-855-565-9518

TTY: 711

allwell.arhealthwellness.com

QUESTIONS?

Please submit any questions by using the Q&A feature or in an email with

“Provider Webinar” in the subject line to

providers@arhealthwellness.com

arkansas health & wellness

Thank you!