Fourth Quarter Provider Webinar

Housekeeping

- 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 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.
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Agenda

- COVID-19 Updates : Ambetter & Allwell
- Clinical & Payment Policies
- No Surprises Act
- Allwell Name Change
- D-SNP
- Prior Authorizations
  - NIA
  - Turning Point
- Secure Provider Portal
- Risk Adjustment
- Contact Information

Acronyms

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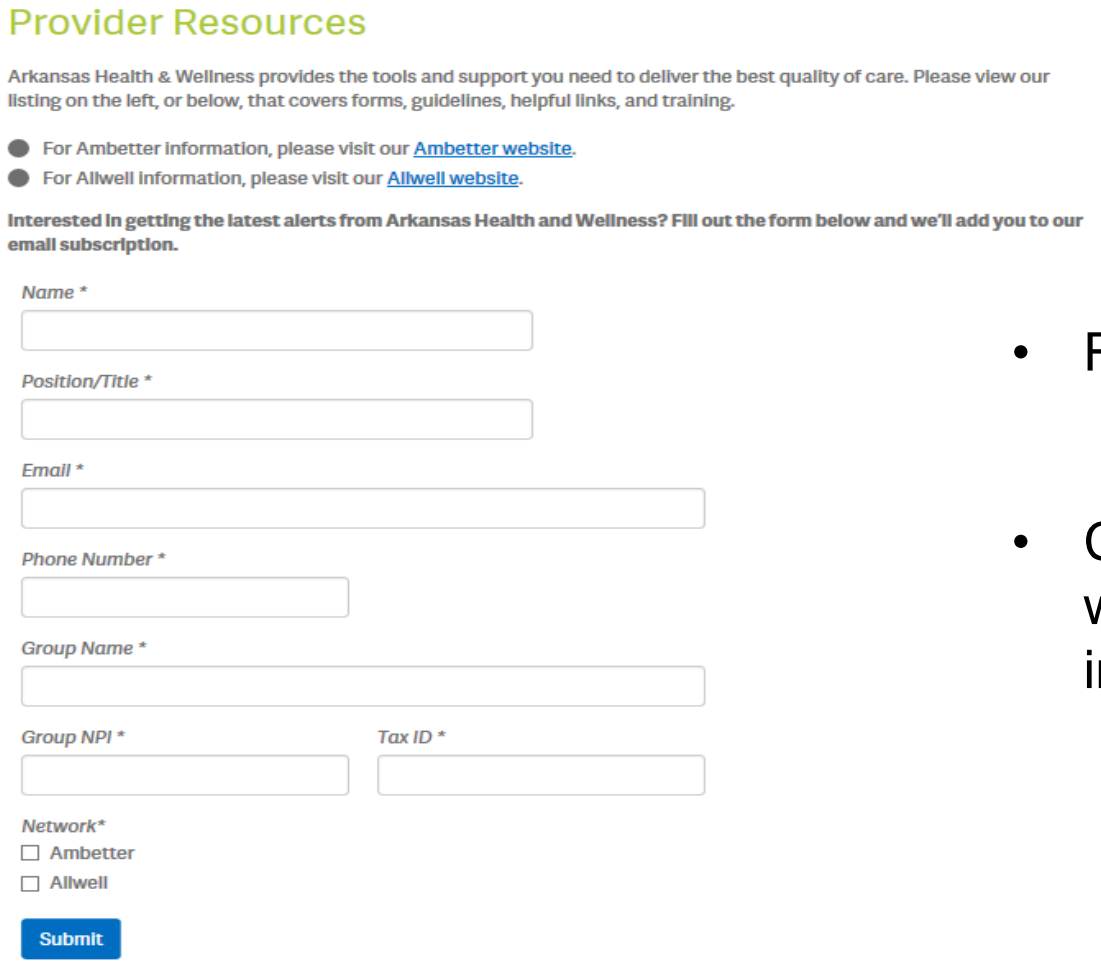
Acronym	Definition
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CMS	Centers for Medicare & Medicaid Services
CLIA	Clinical laboratory improvement Amendments
CY	Calendar Year
EUA	Emergency Use Authorizations
FWA	Fraud Waste & Abuse
HOS	Health Outcomes Survey
PA	Prior Authorization
CPT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

Join Our Email List Today



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

Provider Services Call Center

- **First line of communication**
  - Ambetter Provider Services Call Center 1-877-617-0390
    TTY: 1-877-617-0392
  - Allwell Provider Services Call Center 1-855-565-9518
    TTY: 711
- Provider Service Representatives can assist with questions regarding:
  - Eligibility
  - Authorizations
  - Claims
  - Payment inquiries
  - Appeal status
  - Negative Balance reports
- Representatives are available Monday through Friday, 8 a.m. to 5 p.m. (Central Standard Time)

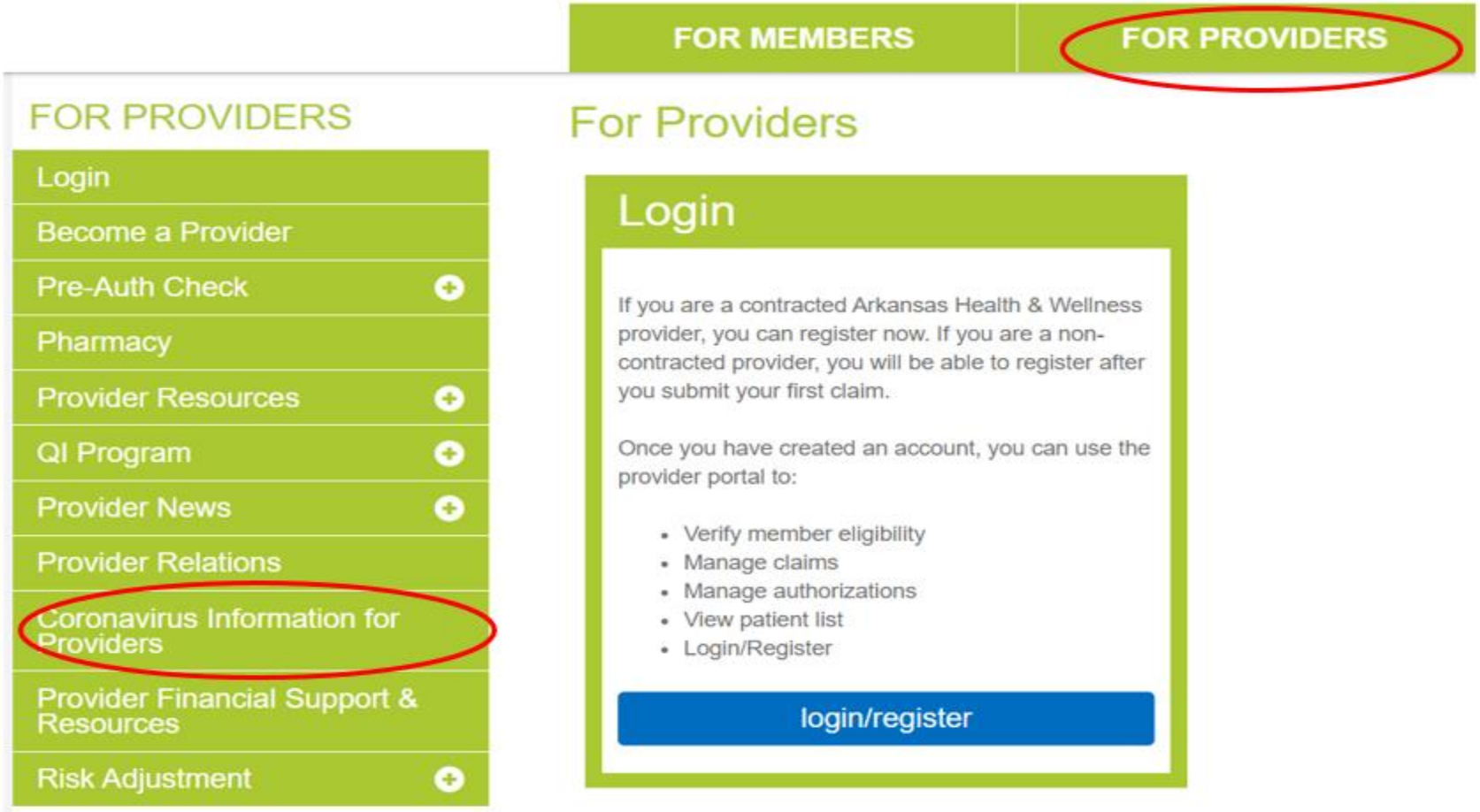
Provider Inquiries

- After speaking with a Provider Service Representative you will receive 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 Updates

Coronavirus Info for Providers



COVID-19 Post-Acute Transfer Policy Extension

- In an effort to help facilities accept patients during the COVID-19 pandemic, Arkansas Health & Wellness and ARTC will auto-approve the initial seven days for lower levels of care for patients moving from an inpatient hospital setting
- We request that facilities provide notification of admission by submitting an authorization request within the first five days of a patient's admission. We will continue to provide concurrent review after the initial seven-day approval. **This waiver will be in effect until 12/31/21.**
- The waiver includes skilled nursing facilities, long-term acute care and acute rehab for all lines of business. Acute transfers from medical stays to behavioral health facilities are included in this waiver. Acute transfers from psychiatric stays at behavioral health facilities are excluded.

Monoclonal Antibody

Coding for Monoclonal Antibody COVID-19 Infusion

CMS identified specific code(s) for the monoclonal antibody product and specific administration code(s) for Medicare payment:

GSK: Q0247, M0247, M0248 effective 5/26/21

Genentech: Q0249, M0249, M0250 effective 6/24/21

During the COVID-19 public health emergency (PHE):

Allwell will deny these codes with direction to submit to FFS for 2021 Dates of Service.

AS OF 8/19: Admin Should forward to FFS. No changes to current setup needed.

Ambetter Covid-19 Vaccine and Administration

- **National State of Emergency Extension Now through 10/18/21 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.

Line of Business	Provider Status	Service Type	Prior Authorization	Cost Share
Ambetter	PAR or NONPAR	Prevention	NO	NO
Ambetter	PAR or NONPAR	Screening	NO	NO
Ambetter	PAR	Treatment	YES	YES
Ambetter	NONPAR	Treatment	YES/NO Except when required per member's benefit	YES

Allwell Covid-19 Billing

- 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 applicable Treatment services.

Line of Business	Provider Status	Service Type	Prior Authorization	Cost Share
Allwell	PAR or NONPAR	Prevention	NO	NO
Allwell	PAR or NONPAR	Screening	NO	NO
Allwell	PAR or NONPAR	Treatment	YES	YES

Covid Billing cont.

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Ambetter and Allwell

- Any services that can be delivered virtually will continue to be eligible for telehealth coverage for the duration of the public health emergency (PHE).

- Providers should reflect telehealth care on their claim form by following standard telehealth billing protocols in their state.

Allwell Only

- Providers should resume collecting Medicare member liability at the point of service on June 1, 2021 onward.

Medicare Sequestration

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act suspended the sequestration payment adjustment percentage of 2% applied to all Medicare Fee-for-Service (FFS) claims beginning May 1st, 2020.
- Per CMS guidance, the 2% Payment Adjustment (Sequestration) **will be reinstated on 1/1/2022.**

Clinical and Payment Policy Updates

Clinical and Payment Policy Updates

- **Arkansas Health & Wellness is amending or implementing new policies that can be found on the public website.**
- 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

- **The below policies became effective October 1st, 2021**:
  - Acupuncture CP.MP.92
  - ADHD Assessment and Treatment CP.MP.124
  - Air Ambulance CP.MP.175
  - Burn Surgery CP.MP.186
  - Evoked Potentials CP.MP.134
  - Intradiscal Steroid Injections for Pain Management CP.MP.167

- **The below policies became effective November 1st, 2021:**
  - Allergy Testing CP.MP.100
  - Bone-Anchored Hearing Aid AR.CP.MP.93
  - Cell free DNA Testing CP.MP.84
  - Gastric Electrical Stimulation CP.MP.40

*** This is not a full comprehensive list. Please see website for complete listing of all Clinical & Payment Policies :**

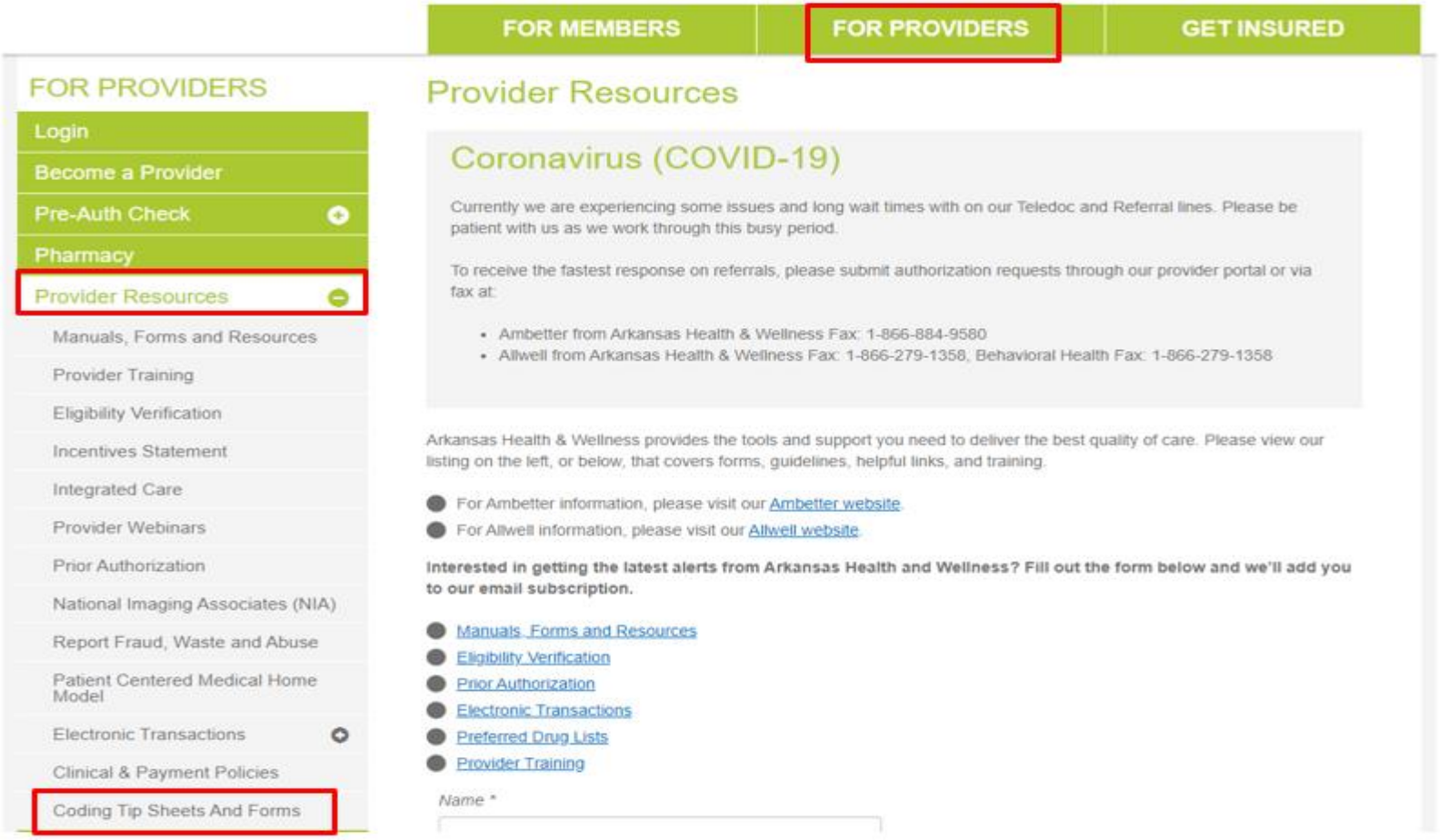
https://www.arhealthwellness.com/providers/resources/clinical-payment-policies.html

Allwell Clinical & Payment Policies

- **The below policies became effective October 1st, 2021:**
  - 30 Day Readmission CC.PP.501
  - ADHD Assessment and Treatment CP.MP.124
  - Bone-Anchored Hearing Aid CP.MP.93
- **The below policies became effective November 1st, 2021**:
  - Allergy Testing CP.MP.100
  - Caudal or Interlaminar Epidural Steroid Injections CP.MP.164
  - Osteogenic Stimulation CP.MP.194

*** This is not a full comprehensive list. Please see website for complete listing of all Clinical & Payment Policies : https://www.arhealthwellness.com/providers/resources/clinical-payment-policies.html**

Coding Tip Sheets and Forms



No Surprises Act

No Surprises Act

The No Surprises Act, signed into law as part of the Consolidated Appropriations Act of 2021, prohibits surprise medical billing and implements an independent dispute resolution process to determine out-of-network rates for emergency care and certain non-emergency situations.

- Emergency care at out-of-network facilities;
  - Note: The potential inclusion of urgent care centers is dependent upon whether state licensure laws permit urgent care centers to provide emergency services.
- Post-stabilization care at out-of-network facilities, unless specific conditions are met;
- Non-emergency services provided by out-of-network providers at in-network facilities, unless notice and consent is given; and
- Out-of-network air ambulance services
- **Effective Date:** January 1, 2022

Allwell Name Change

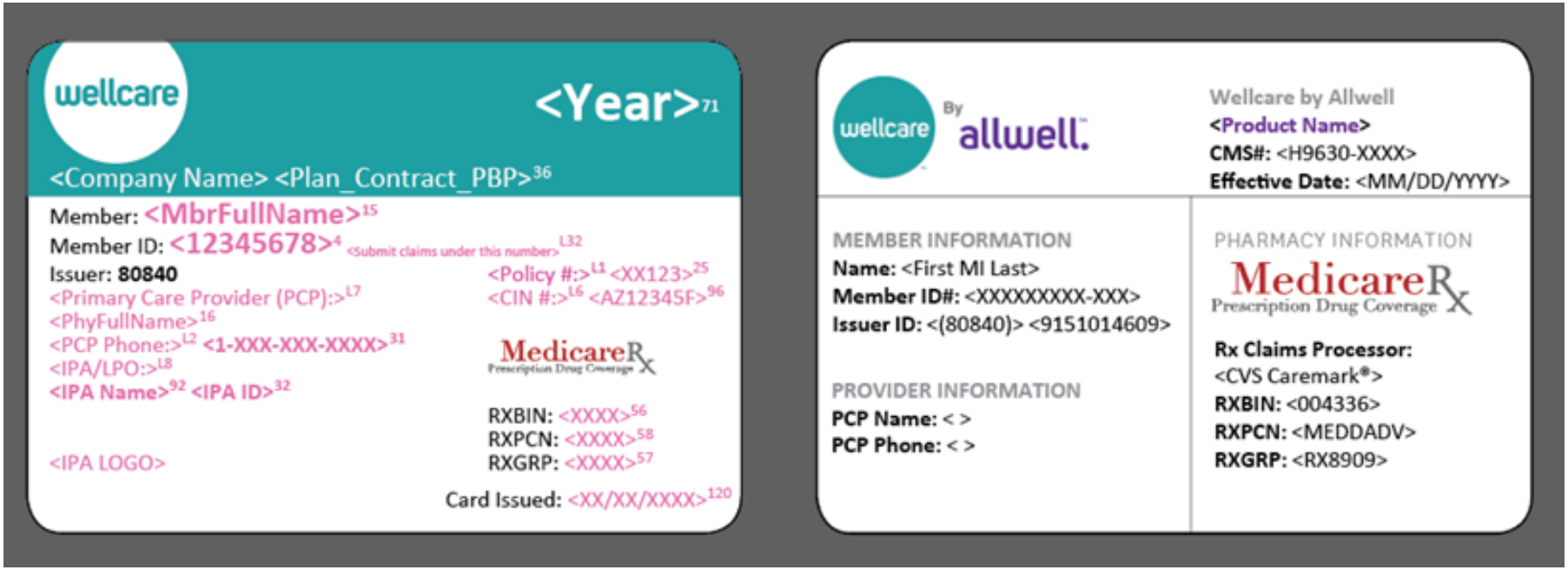
New National Branding Alignment Strategy

Wellcare by Allwell

January 2022, Allwell from Arkansas Health & Wellness will become Wellcare by Allwell.

- Providers contracted with Allwell will continue with the same reimbursements and contract, just under a new brand name.
- **Being a Wellcare by Allwell provider does not mean you are in network for Wellcare.**
- Wellcare providers will not see any changes in their current network or member information. You can be added to Wellcare by Allwell through our contracting team by request. It will not be automatically added.
- Current Allwell Members received letters explaining the change in name.

2022 ID Cards Will Be Clearly Distinguished



Wellcare by Allwell D-SNP

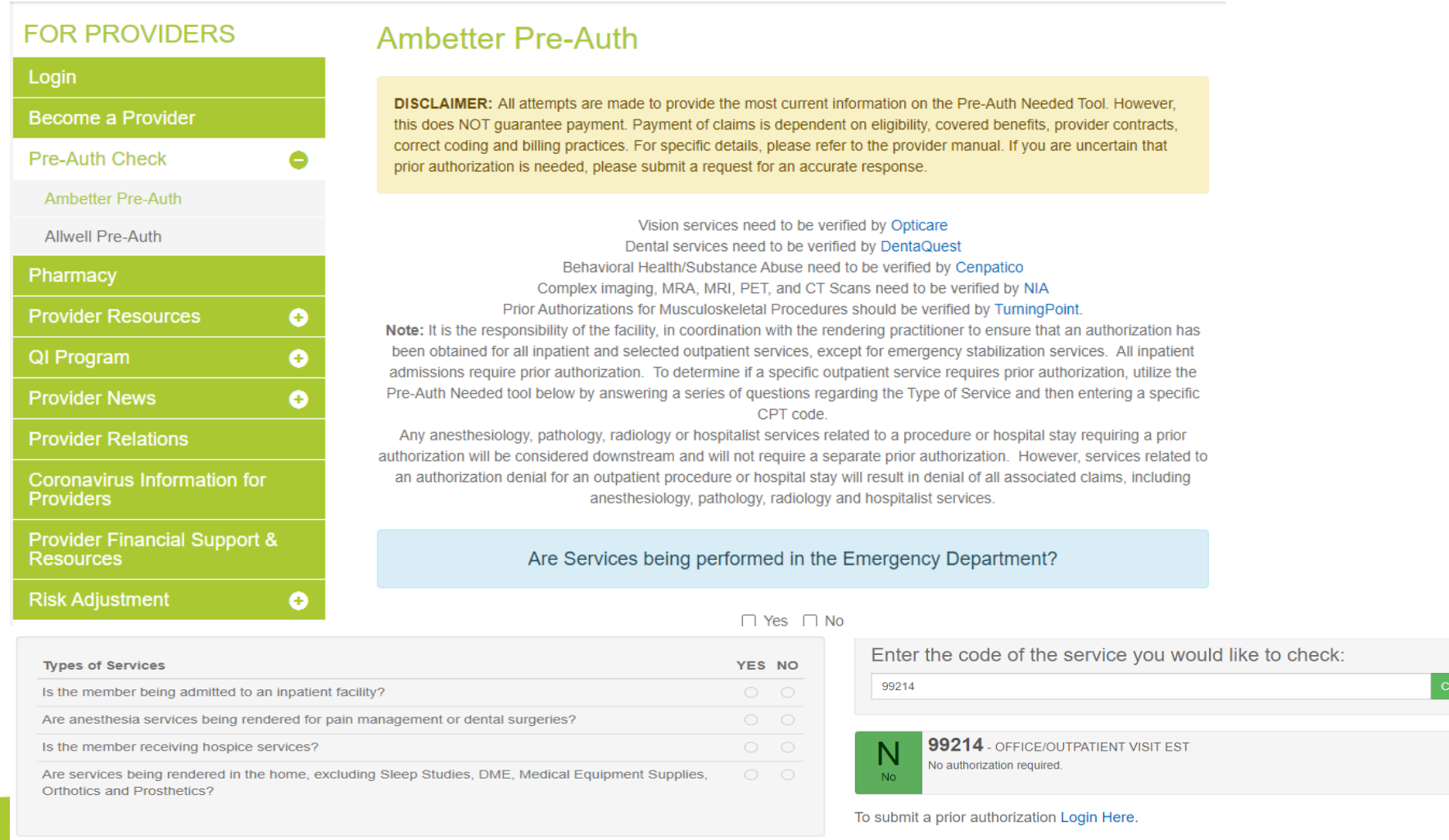
Wellcare by Allwell Dual Liberty D-SNP Full Benefit Dual Eligibles.

- Available in 54 counties in January 2022.
  - Wal-Mart Over The Counter $430 qtr.
  - Flex Card $1,000 year
  - SSBCI UTILITY $50 mo.
  - In-Home Chores & Personal SVCs
  - Personal Emergency Response System
  - Unlimited Transportation
  - $3,000 dental

Arkansas, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Drew, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Van Buren, White, Woodruff, Yell

Prior Authorization

Pre-Auth Check Tool



How to Secure Prior Authorization

- Prior Authorizations can be requested in the following ways:
  - **Secure Web Portal: This is the preferred and fastest method**
    - Ambetter and Allwell: Provider.Arhealthwellness.com
  - **Phone**
    - Ambetter: 1-877-617-0390
    - Allwell: 1-855-565-9518
  - **Fax- IP and OP paper forms available on the website under Provider Resources**.
    - Ambetter: 1-866-884-9580
    - Allwell: 1-833-562-7172

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.

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National Imaging Associates, INC (NIA)

NIA's Physical Medicine Prior Authorization Program – Ambetter Only

The Program

- 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.

Important Dates

- 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 & Settings Included

Disciplines:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Settings:

- Office
- Outpatient Hospital
- Home Health

Membership Included

- Exchange Programs

Registering on RadMD.com
To Initiate Authorizations

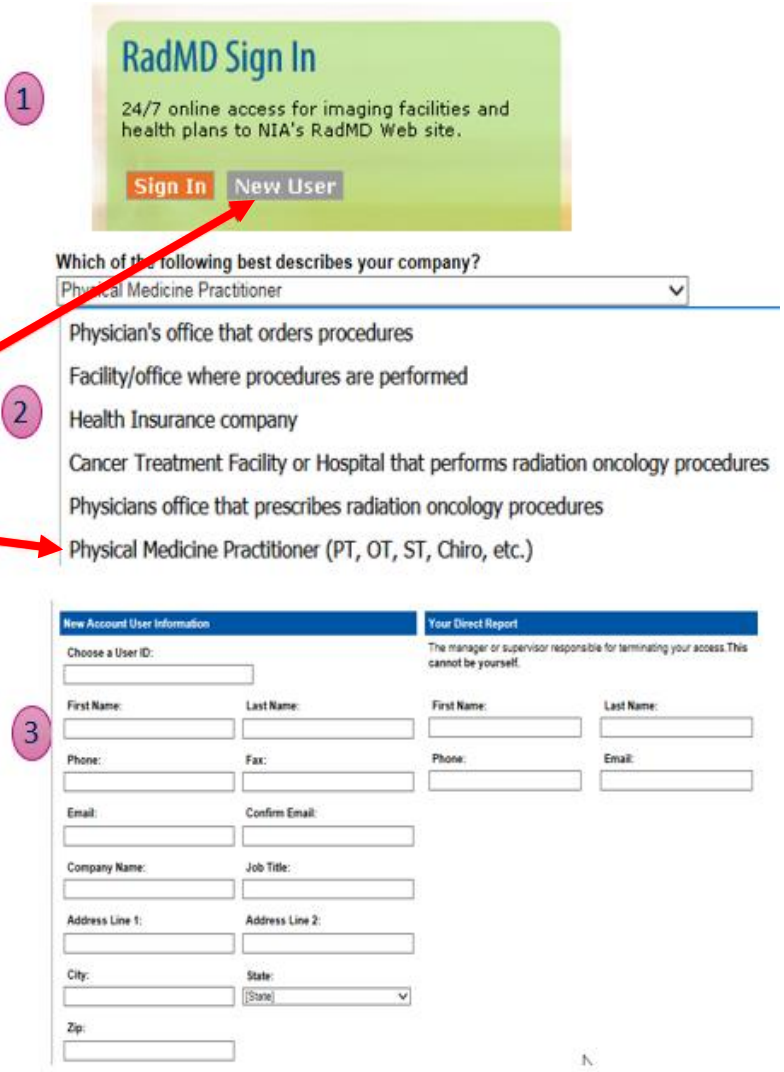
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

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.



When to Contact NIA

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

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Turning Point

Our clinical policies and processes are easily accessible to the market via several access points.

Authorization Submission:

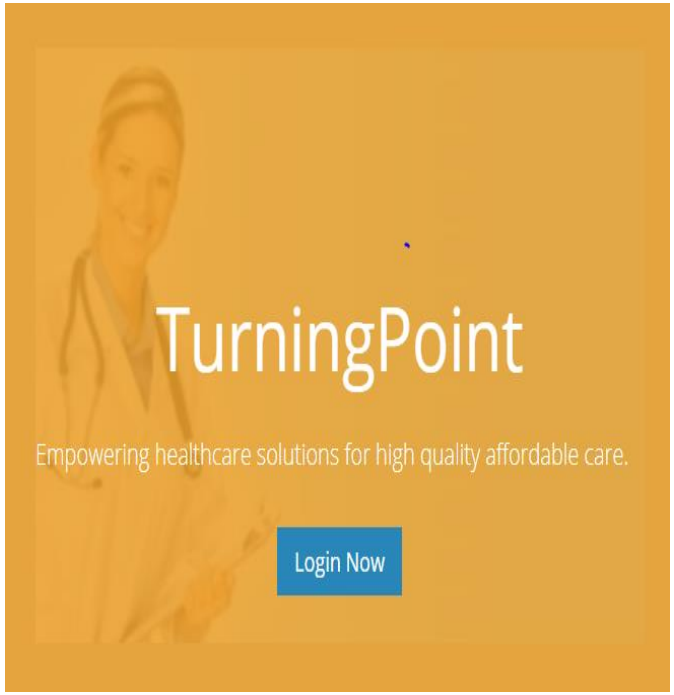
- **Web:** https://myturningpoint-healthcare.com
- **Fax:** 501-588-0994
- **Phone:** 501-263-8850 | 866-619-7054

Provider Resources:

- **Provider Relations Team**
- **Frequently Asked Questions (FAQ) document**
- **TurningPoint Provider Manual**

TurningPoint Provider Portal Access

- **Portal users must be registered before submitting requests.**
- **All providers will receive a notification of staff registered for portal access.**
- **Portal demonstrations can be set-up for your practice upon request.**



NOTE: To become a registered user of TurningPoint's Web Portal, please contact their Provider Relations Team:
Phone: 866-422-0800
Email: ***providersupport@turningpoint-healthcare.com***

TurningPoint

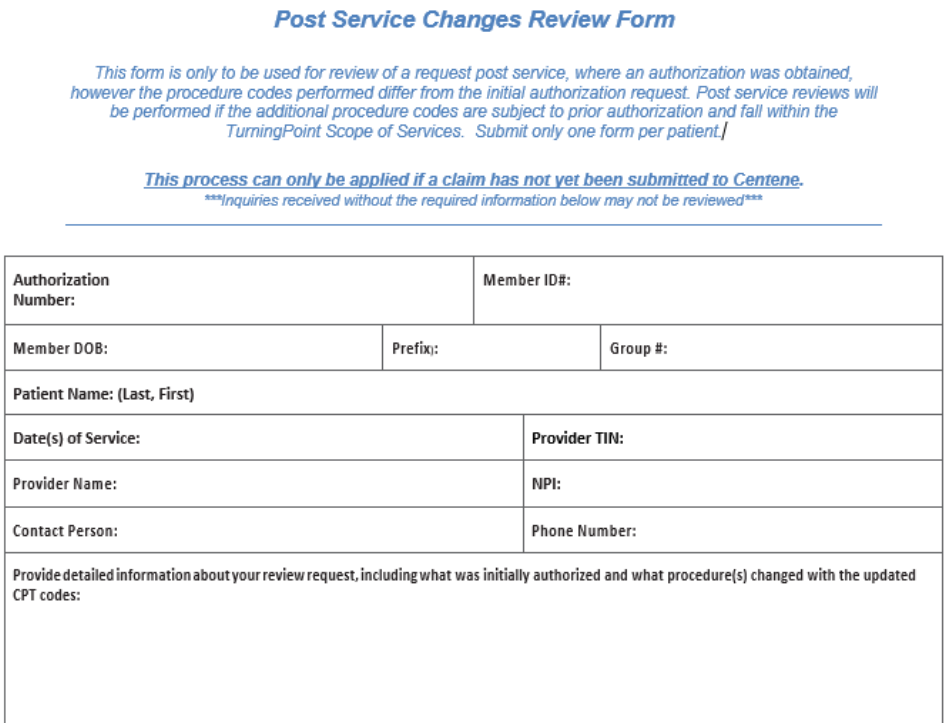
Improving Quality

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.

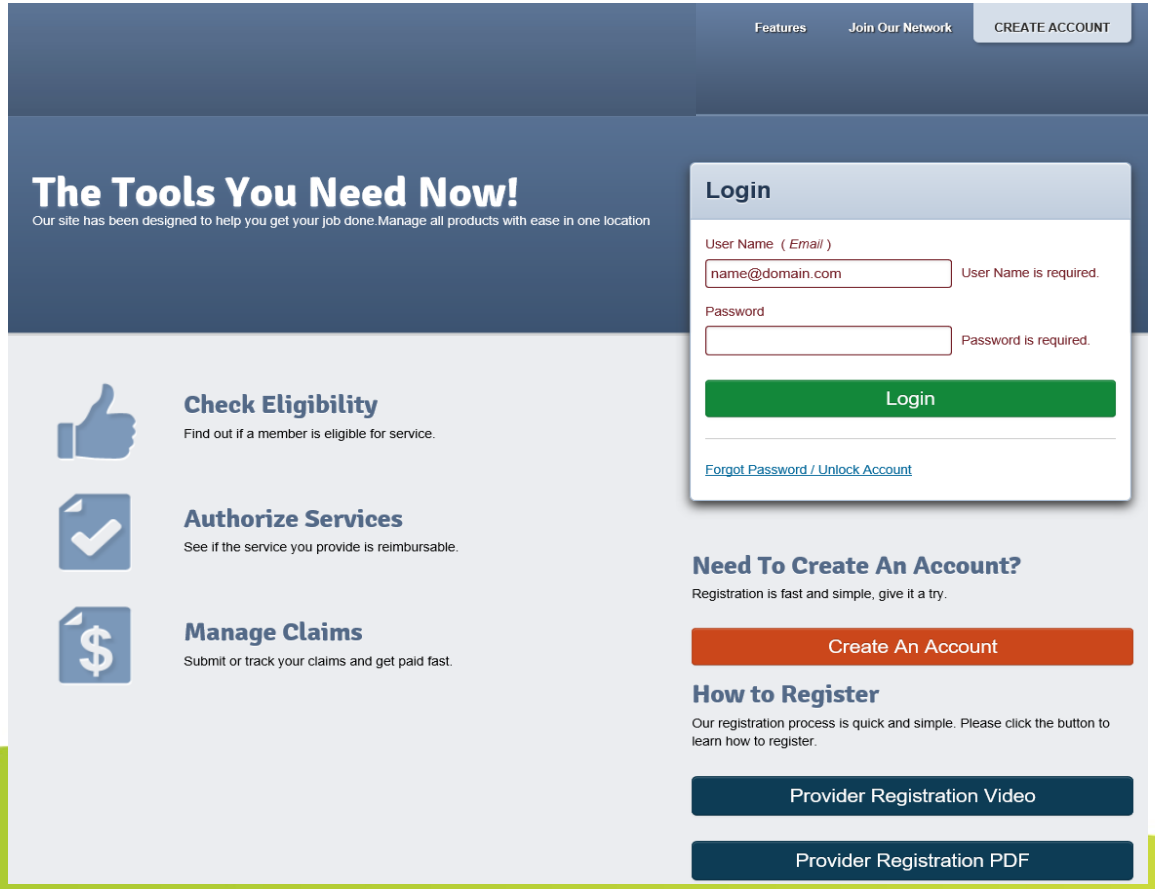
****Inquiries received without the required information below may not be reviewed****

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:		

Secure Provider Portal

Secure Provider Portal – Create An Account

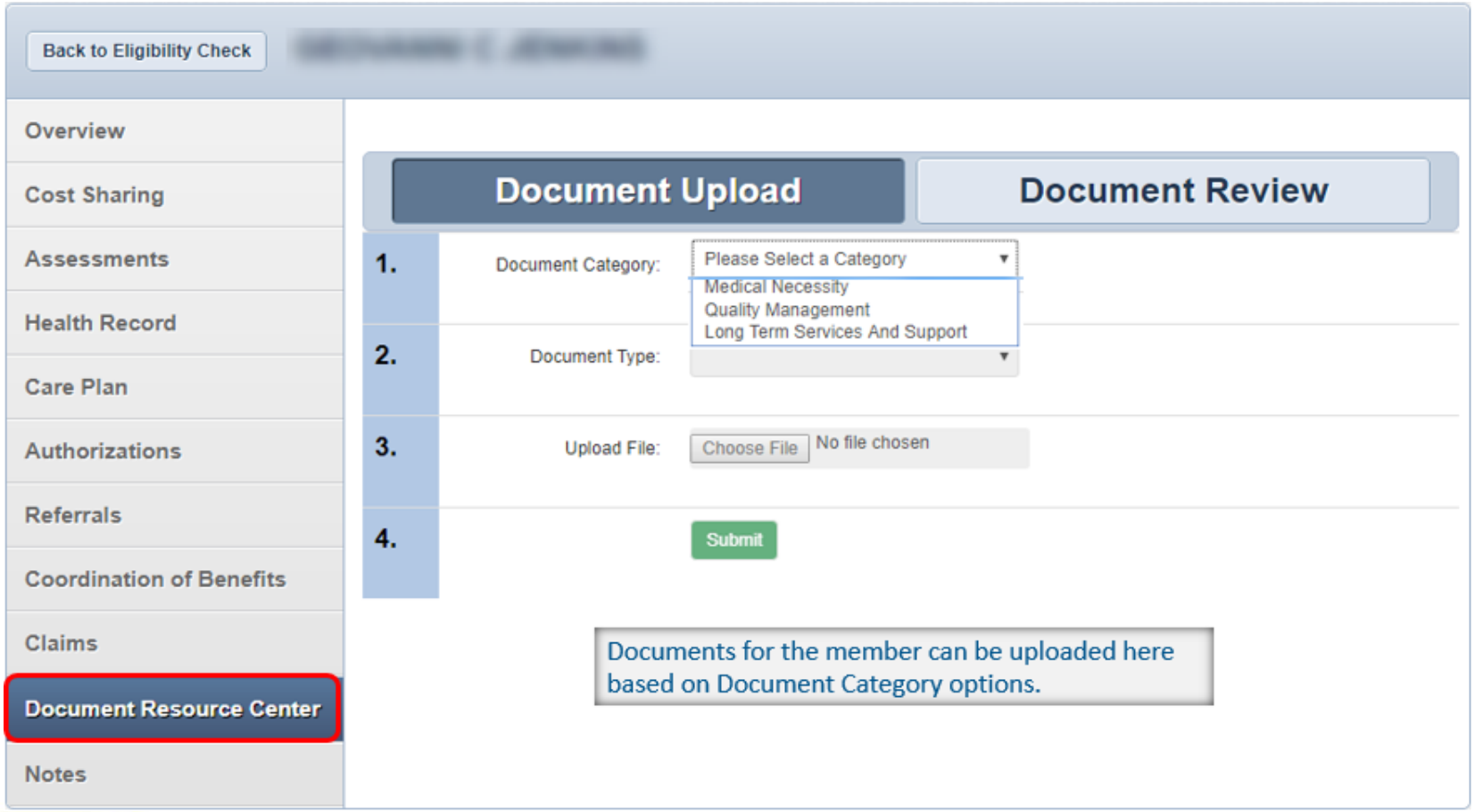
- Registration is free and easy



Secure Portal Features

- A member eligibility overview page that reflects all critical data in a single view
- Ability to submit and track the status of claim reconsiderations online
- Expanded free text fields for reconsideration comments and explanations
- Attach required documentation when filing a reconsideration
- Upload records for care gap information
- Receive push notifications regarding reconsideration status changes
- Void/Recoup option on claims already adjudicated by the health plan
  The manual inside the portal has instructions for this new feature on page 92

Patient Overview – Document Resource Center



Risk Adjustment and Providers

Risk Adjustment Overview

- 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
- Ask Providers to take every opportunity to provide comprehensive care with every face-to face encounter
  - ❖ Document chronic conditions, co-existing conditions, active status conditions, and pertinent past conditions
  - ❖ Include ICD-10 code(s) of active conditions on claim
  - ❖ Support all active conditions with proper documentation in the medical record

Risk Adjustment Projects

- Continuity of Care (CoC)
  - Allwell, Ambetter, WellCare
- In Office Assessment (IOA)
  - Allwell, Ambetter, QualChoice
- Risk Adjustment Data Validation (RADV) Audit
  - Ambetter, QualChoice
- Annual Medical Record Request and Review-
  - Allwell, Ambetter, QualChoice

Continuity Of Care (CoC)

- Annual incentive program engaging providers to utilize health data of members to address chronic conditions that roll up to HCC's.
- Maximize Earning Potential by:
  - Utilizing Provider Portal to access member target list and agendas.
  - Assessing all conditions identified on agenda (valid/present or resolved/not present).
  - Submitting claim using applicable ICD-10 code that supports valid condition.
  - Completing agenda and returning it electronically via Provider Portal.
- Incentive Amount: $100-$300 per completed agenda returned with a 2021 claim on file – ***Must include ICD-10 on claim***
- Program Dates: January 1 – December 31

Medical Record Requests and Review

Chart Review Projects – Ambetter & Allwell

- Contracted vendors are Change Healthcare and Ciox
- Request medical records for review and confirmation of ICD-10 data previously received to address chronic conditions that roll up to HCC's

Project Dates:

- Allwell and WellCare (Medicare) October 2021-June 2022 requesting charts for Jan 1,2020 to present
- Ambetter and QualChoice (Marketplace)-November 2021-April 2022 requesting charts for January 1, 2021 to present

Risk Adjustment Best Practices

- **Take a comprehensive care approach**
  - Address all chronic conditions each visit
  - Code to the highest specificity
- **Document Diagnosis**
  - Use ICD-10 on claims to document conditions that exist
  - Provide documentation for each diagnosis in the medical record
- **Utilize Health Data**
  - Provider Analytic Tool
  - Appointment Agenda Data
  - In Office Assessment Forms
- **Utilize Coding Educational Materials**
  - Risk Adjustment Tip Sheets and ICD-10 coding information available on health plan website.

Risk Adjustment Contacts

- Program Information-

  Sherrill Montgomery

  Senior Manager, Risk Adjustment

  Sherrill.S.Montgomery@Centene.com
- Initiative Information-

  Karyn Langley

  Project Manager, Risk Adjustment

  Karyn.Langley@Centene.com
- Coding Information-

  Haley Hicks

  Senior Coding Analyst, Risk Adjustment

  Haley.M.Hicks@Centene.com

Contact Information

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- Provider Service Representatives can assist with questions regarding:
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  - Authorizations
  - Claims
  - Payment inquiries
  - Appeal status
  - Negative Balance reports
- Representatives are available Monday through Friday, 8 a.m. to 5 p.m. (Central Standard Time)

Contacting the Provider Service Center

- Provider Services Call Center can assist with the following provider inquiries:
  - Member Eligibility
  - Claim Inquiry
  - Prior Authorization Request
  - Network Verification
  - Appeal Status
  - Payment Inquiries
  - Check Stop Pay or Check Reissues
  - Negative Balance Report Request
  - Provider Demographic Change Request
  - Secure Portal Password Reset

Education Requests

Would you like training for you and your staff?

You can submit your requests to

Providers@arhealthwellness.com

Providers@arkansastotalcare.com

Contracting Department

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

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