



Well visits help keep **children healthy**

Arkansas Health & Wellness encourages members to keep their children healthy by proactively scheduling regular well-child visits. It is important for children to have these visits every year. These annual checkups can help ensure that children are healthy, developing normally and have an opportunity to receive any needed immunizations.

The aim is to identify problems early by checking in at periodic, age-appropriate intervals, provide screening to detect potential problems, perform diagnostic tests when a risk is identified and provide treatment for any health issues found. During well-child visits, children should be screened for lead poisoning. For children enrolled in Ambetter, federal law requires a blood lead level test at 12 and 24 months old. Children ages 3-5 must receive a blood lead test if they have not previously been tested for lead poisoning.

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Teens need special care

Adolescence marks a time of dramatic physical, mental, emotional and social changes. Regular well-care visits present an opportunity for providers to identify physical and mental health conditions, substance abuse disorders and high-risk behaviors. The American Academy of Pediatrics offers tools to guide providers during well visits for young adults. You can find them online at brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx.

As teens mature, they will need to switch from a pediatrician to an adult primary care provider. To ensure there are no breaks in care, talk about this process with the child's parent or guardian. Members can get help finding a provider or making appointments by calling our Customer Service staff at **1-800-294-3557**.

Learn more about HEDIS

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA).

How often are HEDIS measures updated?

HEDIS measures are updated annually. You can find the latest measures online at ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018.

How are HEDIS numbers used?

Most health plans use HEDIS measures to evaluate their performance on important aspects of care and service. Arkansas Health & Wellness reviews HEDIS data to identify opportunities to improve performance and ensure members are receiving appropriate care. In addition, NCQA uses the measures to hold Arkansas Health & Wellness accountable for the timeliness and quality of healthcare services.

How can we improve our HEDIS scores?

Each issue of our newsletter features key HEDIS measures. On this page, we review HEDIS measures for immunizations. Factors like appropriate billing are also important. Providers should submit timely and accurate claim or encounter data for every service rendered and should consider using CPT II codes to reduce medical record requests.



Vaccines key to community health

Vaccines play an important role in keeping patients and the community healthy. The Centers for Disease Control and Prevention (CDC) recommends administering vaccines for 17 different diseases, some starting at infancy and some well into adulthood. However, many adult patients may not realize they still need immunizations.

Immunization schedules detailing when patients should receive vaccines are available online at cdc.gov/vaccines/schedules/hcp/index.html.

The CDC also offers clinical practice guidelines for vaccines on its website (cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf). The guidelines detail issues such as timing and spacing of doses, the educational needs of patients, and preventing and managing adverse reactions.

HEDIS for immunizations

Topic	Measure
Childhood Immunization Status The National Committee for Quality Assurance reports that about 300 children die in the United States each year from vaccine-preventable diseases such as measles and whooping cough. Vaccines protect not only the child receiving the vaccine, but also prevent a resurgence of vaccine-preventable diseases.	This HEDIS measure assesses 2-year-old children who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV) and two influenza (flu) vaccines.
Immunizations for Adolescents As with childhood immunizations, vaccines for adolescents can prevent diseases such as measles and meningitis. The human papillomavirus (HPV) vaccine, which can prevent the virus that may lead to cervical, anal, throat and other cancers, is the most recent addition to the suggested immunizations.	This HEDIS measure assesses 13-year-old adolescents who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series.
Flu Vaccinations for Adults Ages 18-64 The CDC recommends that everyone 6 months and older receive an annual flu shot, unless they have a severe life-threatening allergy to the flu vaccine or any of its ingredients.	This measure assesses the percentage of adults ages 18-64 who report receiving an influenza vaccination between July 1 of the measurement year and the date when the survey was completed.

Meeting appointment accessibility standards

Arkansas Health & Wellness is committed to making sure members have timely access to healthcare in accordance with accessibility requirements set forth by regulatory and accrediting agencies. We monitor compliance with these standards annually and use the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits. Please review our appointment availability standards below:

AMBETTER		
Same day or within 24 hours	One week or less	2 weeks or more
Pediatric sick visit	Adult sick visit: Within 48 hours	Routine primary care appointments: Within 30 calendar days
Urgent care providers	Behavioral health routine visits: Within 10 business days	
Emergency providers: Immediately, 24 hours a day, 7 days a week with no prior authorization	Behavioral health urgent care: Within 48 hours	
After-hours care: Phone access within 6 hours		
Behavioral health: non- life-threatening emergency		
ALLWELL		
Same day or within 24 hours	One week or less	2 weeks or more
Emergency primary care	Urgent Care: Within 2 days of request	Routine primary care appointments: Within 21 days of request
Emergency specialty referral	Specialty urgent care: Within 3 days of referral	Routine specialty referral: Within 45 days of request
Emergency dental care	Immediately if an emergency exists	Routine dental appointment: Within 45 days of request
	Urgent dental care: Within 3 days of request	

Arkansas Health & Wellness offers a comprehensive network of PCPs, specialist physicians, hospitals, behavioral healthcare providers, and diagnostic and ancillary services providers to ensure every member has access to covered services. The travel distance and access standards that Ambetter utilizes to monitor its network adequacy are in line with both state and federal regulations. For the standard specific to your specialty and county, please reach out to your Provider Services Department.

The availability of our network practitioners is key to member care and treatment outcomes. Please ensure your information is up to date with our Provider Relations Representatives so our members can reach your office to schedule appointments without difficulty. You can update your information by visiting the provider portal on our website at ARHealthWellness.com or calling us at **1-800-294-3557**.

Ensuring appropriate, quality care

Arkansas Health & Wellness has developed utilization management and claims management systems to identify, track and monitor the care provided to our members. Utilization management (UM) decisions are based only on the appropriateness of care and service and the existence of coverage. Arkansas Health & Wellness does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit.

UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, health homes, maternity care and ancillary care services. Arkansas Health & Wellness uses nationally recognized criteria (such as InterQual) if available for the specific service. Other criteria are developed internally through a process that includes a review of scientific evidence and input from relevant specialists.

Submitting complete clinical information with the initial request for a service or treatment will help us make appropriate and timely UM decisions. Providers may discuss any medical UM denial decisions with a physician or another appropriate reviewer at the time of notification of an adverse determination. Providers can obtain a copy of Arkansas Health & Wellness' UM criteria, ask questions of UM staff or contact a reviewer by calling **1-800-294-3557**.



Help for new moms

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Perinatal depression has many of the same symptoms of regular depression, but it occurs in women who are pregnant or have recently given birth. Women who have previously suffered from depression, experience challenging life events or have interpersonal conflicts are at higher risk. The Agency for Healthcare Research and Quality recommends screening all women for depression who are pregnant or have recently given birth, utilizing the same tools used for the general population.

Arkansas Health & Wellness offers pregnant Ambetter members access to the Start Smart for Your Baby® program. The care management program offers support, advice and other help to keep women and their babies healthy. To take part in Start Smart for Your Baby, women can contact Member Services at 1-800-617-0390 (TTY/TDD 1-877-617-0392). As soon as you confirm a member's pregnancy, submit a notification of pregnancy (NOP).



Be on the lookout for depression

According to the Agency for Healthcare Research and Quality (AHRQ), depression is among the leading causes of disability in those 15 years of age and older.

Screening tools vary, but AHRQ says providers may begin screening for depression with the PHQ-2, a two-question patient health questionnaire. If providers receive affirmative answers to the questions, they can follow up with the more detailed PHQ-9 questionnaire or a different diagnostic tool.

Several HEDIS measures examine the diagnosis and treatment of depression:

- **Depression Screening and Follow-Up for Adolescents and Adults:** The percentage of members ages 12 and older who were screened for depression using a standardized tool and who, if screen positive, received follow-up care.
- **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis of depression who had an outpatient encounter that resulted in a PHQ-9 score in their record.
- **Depression Remission or Response for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis for depression and an elevated PHQ-9 score who had evidence of response or remission within four to eight months after the initial elevated PHQ-9 score.

Additional HEDIS measures examine treatment standards, including care after a hospitalization for a mental health issue, and antidepressant medication management.

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, Arkansas Health & Wellness has resources to help. You can learn more about our behavioral health services at ARHealthWellness.com.

For help identifying a behavioral health provider, or for prior authorization for inpatient or outpatient services, call 1-800-294-3557.



AHW Provider Webinar Series

Arkansas Health & Wellness hosts webinars each quarter. These Provider Webinars are designed to offer our 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 one hour in length.

Date	Title
9/20/18	Summer 2018 Provider Webinar
12/13/18	Fall 2018 Provider Webinar
03/7/19	Winter 2019 Provider Webinar

Please proceed to [ARHealthWellness.com/providers/resources/provider-webinars.html](https://www.ARHealthWellness.com/providers/resources/provider-webinars.html) and register. Instructions on accessing the webinars will follow. Reminders will be sent via email once registered.

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](https://www.Provider.ARHealthWellness.com).

PLEASE NOTE:

Once you log in to the portal, you must fill out the fields at the top of the page to receive accurate information.

- Select your tax ID
- Select the applicable product (Ambetter or Allwell)
- Click "GO"

Protected and convenient access at your fingertips:

Visibility of Multiple TINs

One point of entry allows for quick and easy access to member information for multiple TINs/practices.

Access Daily Patient Lists from One Screen

One concise view allows primary care providers to scan patient lists for member eligibility, care gaps and much more.

Manage Batch Claims for Free

Submit and manage claims, including batch files, for free. View detailed Electronic Funds Transfer (EFT) payment history.

Simplify Prior Authorization Process

"Smart Sheets" feature prompts for required clinical information when submitting prior authorization requests.

Additional Features to Streamline Office Operations:

- View patient demographics and history
- Secure messaging between provider and Arkansas Health & Wellness
- Update provider demographics



Disclosure of Ownership Forms

Thank you for participating in the NovaSys Health network maintained by Arkansas Health & Wellness. We value your partnership as well as the work that you do to provide care to our members. A new requirement from CMS obligates all carriers who provide Medicare and Medicaid services to collect Disclosure of Ownership forms from their providers, whether those providers practice in a group or as an individual. In compliance with this new CMS regulation, we ask that you fill out and return the Disclosure of Ownership form to us. If you have not already received a packet containing the Disclosure of Ownership form, please contact our Provider Services Team at **1-800-294-3557**. Completion of this form is necessary for you to enjoy the full benefits of network inclusion, and must be submitted prior to processing payment claims. Once completed, please return to us via mail, fax or email. Timely return of the Disclosure of Ownership form will help avoid any unnecessary disruptions in your network status.

Mail: ATTN: Credentialing
Arkansas Health & Wellness
P.O. Box 25538
Little Rock, AR 72212

Fax: 844-357-7890

Email: arkcredentialing@centene.com

We appreciate the service and care you provide for our members, which contributes to the success of Arkansas Health & Wellness. Feel free to contact us with any questions at **1-800-294-3557**.



Checking Eligibility Status

Checking eligibility is an important step to providing your patients with the services they need. We have taken steps to make checking members' eligibility status easier for you. Our secure provider portal for both our Ambetter and Allwell members quickly and easily allows you to confirm whether or not the member is covered. By visiting **Provider.ARHealthWellness.com**, you can check eligibility, authorize services and manage claims.

Eligibility for Ambetter members will appear as either Eligible, Ineligible, Delinquent or Suspended. A Delinquent status indicates that the member's premium has not been paid, but claims will be processed. For members with a Suspended status, claims may be denied.

For Allwell members, status may appear as either Eligible, Delinquent or Suspended.

All providers in our network have access to this portal and all member information is reflective of all changes made within the last 24 hours. Eligibility searches can be performed using the date of service, member name and date of birth, or the member ID number and date of birth.

For Ambetter members, you may also call our 24/7 toll-free interactive voice response line (IVR) at **1-877-617-0390**. The automated system will prompt you to enter the member ID number and the month of service to check eligibility.

If you are unable to confirm an Ambetter member's eligibility using the secure portal or the 24/7 IVR line, please call Provider Services at **1-877-617-0390**. Follow the menu prompts to speak to a Provider Services Representative to verify eligibility before rendering services. Provider Services will require the member name or member ID number and date of birth to verify eligibility.

Notice: Policy Updates

This notification is to inform you that Arkansas Health & Wellness is amending or implementing new policies. The effective date for the policies listed below is 8/6/2018.

If you have questions about a specific policy we ask that you reach out to us at **1-800-294-3557**.

Year/Month	Policy
2018/04	CP.MP.26 Articular Cartilage Defect Repairs
2018/04	CP.MP.54 Hospice
2018/04	CP.MP.84 Cell-free Fetal DNA Testing
2018/04	CP.MP.89 Genetic Testing
2018/04	CP.MP.118 Injections for Pain Management
2018/04	CP.MP.120 Pediatric Liver Transplant
2018/04	CP.MP.160 Implantable Wireless PAP Monitoring
2018/04	CP.MP.119 Balloon Sinus Ostial Dilation
2018/04	CP.MP.153 H Pylori Serology Testing

Member Chart Review Information and Resources

Chart review is an important step in ensuring our members receive the highest quality of care, and Arkansas Health & Wellness participates fully in any and all audits requested by federal entities.

The records requested ensure that we are in compliance with the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS). We appreciate your continued commitment to help our members achieve their best health, and ask that you review the information below with your staff. These audits help us learn more about each member's individual needs, and the information gathered can be used to improve the care we provide to your patients.

Each year, Arkansas Health & Wellness contracts with vendors to aid in chart retrieval collection. Working directly with you, these vendors will help determine the most convenient means for you to submit data. Multiple means of record collection are available, such as on-site, electronic transmittal, fax, and through a secure drop box. Each request that you receive will specify the dates of service needed in order to validate diagnosis as well as the date by which the requested records must be sent to us. As soon as an audit is requested, the vendor will reach out to partner with you in the process.

Allwell from Arkansas Health & Wellness is required by CMS to submit complete diagnostic data for our Medicare members enrolled in specific plans. When CMS requests this data from us, we will provide a list to your office of members whose data we need. For 2018, we have engaged Optum and CiOX Health (CiOX) to conduct medical chart review. Once a request is received, a CiOX representative will work with you to provide retrieval options for all information listed in the chart below. This information will need to be provided for services rendered from January 1, 2017, to present. Chart collection must be completed by December 14, 2018.

Allwell Chart Review Information Needed

Information Needed from Physicians

- Progress Notes and/or SOAP notes from face-to-face office visit
- History and Physical
- Consult Notes
- Demographics Sheet
- Operative and Pathology Notes
- Procedure Notes/Reports
- Emergency Department Records
- Physical, Speech, and/or Occupational Therapist Reports
- Problem List
- Discharge Summary
- Physician Orders
- Physician Signature and Credentials (electronic or handwritten)
- Signature Log

Ambetter from Arkansas Health & Wellness periodically receives requests from HHS for records in order to perform audits. Once a request is received, our contracted vendor will reach out to your office with specific details about which records we need in order to fulfill HHS' request, and the time frame in which a response must be given. This year, we have partnered with Change Healthcare and CiOX to assist with audit completion. In order to ensure readiness, please review the chart on the right, which provides an overview of information that will be requested when an audit occurs.



Ambetter Chart Review Information Needed

Information Needed from Physicians

- Progress notes from face-to-face office visits
- History and physical notes
- Consultation notes
- Demographics sheet
- Problem list
- Signature log

Information Needed from Hospitals

- Progress notes
- Consultation reports
- Radiology reports
- Prescriptions for laboratory services
- History and physical exam/annual physical exam notes
- Discharge summary
- Emergency room (ER) records

Arkansas Health & Wellness complies with the Health Insurance Portability and Accountability Act and all applicable laws and regulations. The Office of Civil Rights has determined that a healthcare provider may disclose health information to a health plan as long as the health plan has or has had a relationship with the individual who is the subject of the information. These disclosures may also be made to a business associate acting on behalf of the health plan, such as our 2018 vendors, Change Healthcare, CiOX and Optum. When a request is active, we will reach out to your office with further details, but should you have any questions about the audit process prior to a request being submitted, please do not hesitate to reach out to our Risk Adjustment team at **1-501-954-6100, ext. 81526**.



LexisNexis validating demographic data

Arkansas Health & Wellness takes pride in our extensive network of quality providers. To ensure our members are able to quickly and easily locate the best provider to suit their needs, we've partnered with LexisNexis and American Medical Association Business Solutions again this year to validate provider data on a quarterly basis.

We value your partnership with us and ask that you update your provider demographic data so that as our members navigate their options, they can reference the full range of quality care

available to them. Without current demographic information, members may have difficulty locating providers in their area, and their care needs may go unmet. Additionally, these updates are required by CMS and covered in your Participating Provider Agreement with Ambetter and Allwell from Arkansas Health & Wellness.

As part of this process, you will receive an email that will include instructions on how to log in to the Verify Health Care Portal, a secure website where you will be able to update your

Provider Relations

Thank you for participating with Arkansas Health & Wellness. You have an essential role in the care of our members; therefore, we have a dedicated Provider Relations Team at your service, ready to provide the tools and support you need to help our members achieve their best health. Please email us at Providers@ArHealthwellness.com to schedule a visit with your Provider Relations Representative.

pre-populated information. Information updated in the portal will share your demographic data across any other Medicare and Marketplace payers who are also using the Verify Health Care Portal. You may complete this activity yourself or forward the email to a delegate to complete on your behalf. Attestations are due within two weeks of receipt of the request. Please contact Provider Services at **1-800-294-3557** with any questions you may have. Thank you again for your ongoing partnership.



Reciprocal Ambetter network

Ambetter from Arkansas Health & Wellness is part of the vast Ambetter network throughout the U.S. In 2017, our nationwide membership grew to over 1 million and we continue to expand, offering quality care designed to meet the health needs of the individual. With an extensive provider network in the state, we are confident that members can find excellent care in their community. This peace of mind can be available when away from home, too. Outside of Arkansas, members can enjoy in-network benefits from any participating (contracted) provider in all Ambetter states (listed below), and members from other states have access to our provider network when traveling in Arkansas. As part of our provider network, your reach extends far beyond the community where you practice. Thank you for your commitment to excellence, and to keeping our members healthy, wherever life may take them.

- Arkansas
- Arizona
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Massachusetts
- Mississippi
- Missouri
- New Hampshire
- Nevada
- Ohio
- Texas
- Washington

Work Requirements and the Arkansas Works Program

As a provider, you serve an integral role in the lives of our members. Not only do you provide valuable care, but you also act as a trusted adviser to your patients. We want to equip you with the information and resources needed to help answer coverage questions and ease your patients' concerns.

Beginning in June 2018, certain Arkansas Works members will be subject to a work requirement in order to keep their health insurance coverage. Members receiving Ambetter coverage ages 30 to 49 who do not have an exemption must meet the work requirement in order to maintain their eligibility to receive benefits through the Arkansas Works program.

This requirement states that Arkansas Works members will have to work or volunteer 80 hours each month or have an exemption in order to keep their health insurance. Members will have to report hours worked or exemption status to the Department of Human Services (DHS) every month in order to maintain coverage. An exemption is a specific situation or criteria that allows you to keep your coverage without having to meet the work requirement. Examples of common exemptions include:

- Member gets SNAP or TEA Cash Assistance
- Member gets Unemployment Benefits
- Member works and makes at least \$680 a month before taxes
- Member has a disability (includes blindness) or needs help with daily living activities
- Member has a child under the age of 18 living in the home
- Member is pregnant or has been pregnant within the last 60 days
- Member cares for a person who cannot care for themselves
- Member can't work or look for work because of a short-term disability
- Member is in an alcohol or drug treatment program
- Member goes to school, vocational or job training full time

The work requirement does not apply to all Ambetter members. Those who are required to work or who have an exemption will need to report their activities and status, on a monthly basis, to DHS through their online portal at access.arkansas.gov or by calling the Ambetter Member Services team at **1-877-617-0390 (TTY/TDD 1-877-617-0392)**.

Failure to report will result in a noncompliance status. If a member fails to report for three (3) months in a calendar year (consecutive or nonconsecutive), they will lose coverage. Those who lose their coverage because they did not meet the work requirement will not be able to regain coverage through Arkansas Works until the next open enrollment period.

Your assistance will be essential in helping these members keep their coverage. We ask that you remind members to check their Access Arkansas portal often and to report their activities/exemption every month.

We have a team of specialists who are experts on the changes to the Arkansas Works program. Please encourage your Ambetter members to call us at **1-877-617-0390 (TTY/TDD 1-877-617-0392)** or visit our website, AmbetterWorks.com, to learn more.





Allwell Success in Arkansas

In 2017, Arkansas Health & Wellness expanded our current product offerings to include Allwell, our Medicare Advantage Product. Allwell from Arkansas Health & Wellness had an exceptional year and we are looking forward to continued growth in 2019. This success would not have been possible without an outstanding network of quality providers. We appreciate the care that you give our members, as educators and advocates for their well-being throughout their health journey. Thank you for your partnership as we work together to *Help Arkansas Live Better.*

Payspan: A Faster, Easier Way to Get Paid

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

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

Set up your Payspan account today

Visit payspanhealth.com and click "Register." You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).



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