



arkansas
health & wellness™

2020 First Quarter Updates Webinar

Audio Dial In: 1-646-558-8656

Webinar ID: 812 869 114

Please install and test the Zoom application
before we begin today's webinar



Housekeeping



- Please mute your phone
- Please don't put this call on hold – we'll all hear your hold music

Disclaimer



- Arkansas Health and Wellness has produced this material as an informational reference for providers furnishing services in our contract network. Arkansas Health and 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.
- All Current Procedural Terminology (CPT) codes are copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation (FARS/DFARS) Restrictions apply to government use. The AMA assumes no liability for data contained or not contained herein.

Acronyms



Acronym	Definition
AWV	Annual Wellness Visit
E/M	Evaluation & Management
HEDIS	Healthcare Effectiveness Data and Information Set
NPI	National Provider Identifier
PCP	Primary Care Physician
STAT	Short Turnaround Time
TIN	Tax Identification Number

Provider Services Call Center



- **First line of communication**

- Ambetter Provider Services Call Center 1-877-617-0390
TTY/TDD: 1-877-617-0392
- Allwell Provider Services Call Center 1-855-565-9518
TTY/TDD: 711

- Provider Service Representatives can assist with questions regarding:
 - Eligibility
 - Authorizations
 - Claims
 - Payment inquiries
- Representatives are available Monday through Friday, 8AM to 5PM (Central Standard Time)

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)

Provider Relation Representatives Western Region



Kari Murphy
KAMURPHY@centene.com

Northwest Arkansas: Benton, Carroll, Crawford, Franklin, Johnson, Madison, Pope, Sebastian, Washington



Tanya Brooks
Tanya.Y.Brooks@centene.com

Southwest Arkansas: Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Logan, Miller, Montgomery, Nevada, Ouachita, Perry, Pike, Polk, Saline, Scott, Sevier, Union, Yell

Provider Relation Representatives

Central Region



Meghan Hunt
Meghan.E.Hunt@centene.com

North Central Arkansas: Baxter, Boone, Cleburne, Conway, Faulkner, Fulton, Izard, Marion, Newton, Searcy, Stone, Van Buren



Valinda Perkins
VPERKINS@centene.com

South Central Arkansas: Pulaski

Provider Relation Representatives Eastern Region



Christopher Ishmael
Christopher.L.Ishmael@centene.com

Northeast Arkansas: Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Mississippi, Monroe, Poinsett, Randolph, Sharp, St Francis, White, Woodruff



Patrice Eackles
Patrice.A.Eackles@centene.com

Southeast Arkansas: Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Lonoke, Phillips, Prairie, Pulaski

Where to Find Us

Locate your assigned Provider Relations Representative

https://www.arhealthwellness.com/providers/provider_relations.html

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Become a Provider

Pre-Auth Check



Pharmacy

Provider Resources



QI Program



Provider News



Provider Relations

Provider Relations


Arkansas Health & Wellness Provider Relations Associate Territories



Christopher Ishmael



Kari Murphy



Meghan Hunt



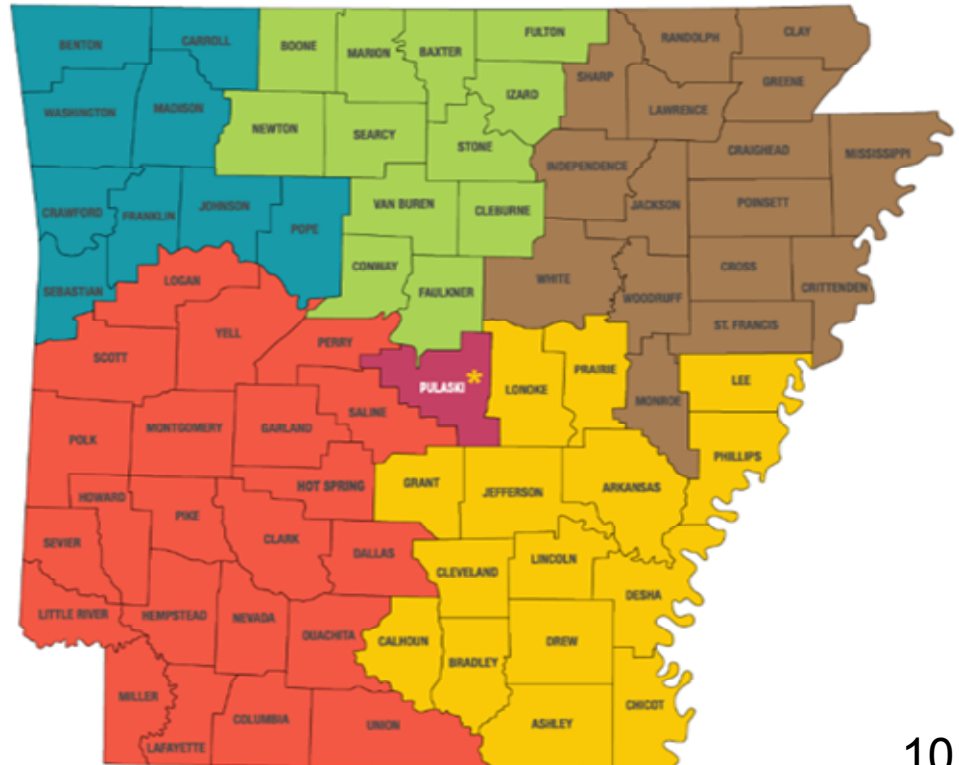
Patrice Eackles



Tanya Brooks



Valinda Perkins



Join Our Email List Today



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

Provider Resources

Arkansas Health & Wellness provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- For Ambetter Information, please visit our [Ambetter website](#).
- For Allwell Information, please visit our [Allwell website](#).

Interested in getting the latest alerts from Arkansas Health and Wellness? Fill out the form below and we'll add you to our email subscription.

Name *

Position/Title *

Email *

Phone Number *

Group Name *

Group NPI * Tax ID *

Network*

Ambetter

Allwell

Agenda

- Ambetter Updates
- Allwell Updates
- Q1 Updates
 - Payment Policy Update
 - Daily Care Gaps
 - TurningPoint
- Important Reminders



Ambetter from Arkansas Health and Wellness

Website Home Page



HAVE AN ENROLLMENT NEED? CALL US AT 1-877-617-0390 (TTY/TDD 1-877-617-0392) [LEARN MORE](#)

[Home](#) [For Providers](#) [For Brokers](#) | [En Español](#)

AAA

Q search



[Plans and Enrollment](#) [Health and Wellness](#) [Understanding Insurance](#) [Member Resources](#) | [Pay My Premium](#) [Find a Doctor](#) [Member Login](#)

Pay Your
Premium Today!

Pay Now



Have an
enrollment need?

[Learn More](#)



Find doctors,
specialists and
hospitals near
you.

[Find a Doctor](#)



Make sure your
prescriptions are
covered.

[View Covered Drugs](#)



Get medical help
from doctors via
video and phone,
24/7.

[Ambetter Telehealth*](#)



Features for Providers

For Providers

Stay Connected

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

SIGN UP

Healthy partnerships are our specialty.

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

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

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

Login To Your Account



Access your secure provider information any time.

Login Now

Pre-Auth Check



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

Check Now

Provider Resources



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

Go Now

Find A Medication



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

View List

Join Our Network



Interested in becoming an Ambetter provider?

Find Out How

Provider Newsroom



Stay up to date with the latest news and announcements.

Read More



Provider Resources

- Reference Materials:
 - 2020 Provider and Billing Manual
 - Quick Reference Guide
 - ICD-10 Information
 - Payspan
 - Secure Portal
- Medical Management:
 - Pre-Auth Needed?
 - Prior Authorization Guide
 - Inpatient Prior Authorization Fax Form
 - Outpatient Prior Authorization Fax Form
 - Grievance and Appeals
- Behavioral Health:
 - Discharge Consultation Form
 - Electroconvulsive Therapy (ECT) Authorization Request Form
 - Intensive Outpatient/Day Treatment Form for Mental Health/Chemical Dependency



Secure Provider Portal

- Our Secure Provider Portal offers an easy way for you to manage daily administrative tasks.

Stay Connected

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







[SIGN UP](#)

Healthy partnerships are our specialty.

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

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

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

<p>Login To Your Account</p>  <p>Access your secure provider information any time.</p> <p>Login Now</p>	<p>Pre-Auth Check</p>  <p>Use our tool to see if a pre-authorization is needed.</p> <p>Check Now</p>	<p>Provider Resources</p>  <p>Use our helpful resources to deliver the best quality of care.</p> <p>Go Now</p>
<p>Find A Medication</p>  <p>View our Preferred Drug List to see what drugs are covered.</p> <p>View List</p>	<p>Join Our Network</p>  <p>Interested in becoming an Ambetter provider?</p> <p>Find Out How</p>	<p>Provider Newsroom</p>  <p>Stay up to date with the latest news and announcements.</p> <p>Read More</p>



Secure Provider Portal Functions

- Information contained on our Secure Provider Portal
 - Member Eligibility & Patient Listings
 - Health Records
 - Care Gaps
 - Authorizations
 - Claims Submissions & Status
 - Corrected Claims & Adjustments
 - Payment History
 - Monthly PCP Cost Reports

Secure Provider Portal – Create An Account



- Registration is free and easy

A screenshot of the Secure Provider Portal website. The page has a dark blue header with navigation links: "Features", "Join Our Network", and "CREATE ACCOUNT". Below the header is a section titled "The Tools You Need Now!" with a subtext: "Our site has been designed to help you get your job done. Manage all products with ease in one location". On the left side, there are three service cards: "Check Eligibility" (with a thumbs up icon), "Authorize Services" (with a checkmark icon), and "Manage Claims" (with a dollar sign icon). On the right side, there is a "Login" form with fields for "User Name (Email)" (containing "name@domain.com") and "Password", both with "User Name is required." and "Password is required." error messages. Below the login form is a green "Login" button and a link for "Forgot Password / Unlock Account". Below the login form is a section titled "Need To Create An Account?" with the text "Registration is fast and simple, give it a try." and a prominent orange "Create An Account" button. Below this is a "How to Register" section with two buttons: "Provider Registration Video" and "Provider Registration PDF". A red circle highlights the "Create An Account" button, and a red arrow points to it from the right.



Pre-Auth Check Tool

- Utilize the this tool to see if a pre-authorization is needed

Stay Connected

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







[SIGN UP](#)

Healthy partnerships are our specialty.

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

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

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

<p>Login To Your Account</p>  <p>Access your secure provider information any time.</p> <p>Login Now</p>	<p>Pre-Auth Check</p>  <p>Use our tool to see if a pre-authorization is needed.</p> <p>Check Now</p>	<p>Provider Resources</p>  <p>Use our helpful resources to deliver the best quality of care.</p> <p>Go Now</p>
<p>Find A Medication</p>  <p>View our Preferred Drug List to see what drugs are covered.</p> <p>View List</p>	<p>Join Our Network</p>  <p>Interested in becoming an Ambetter provider?</p> <p>Find Out How</p>	<p>Provider Newsroom</p>  <p>Stay up to date with the latest news and announcements.</p> <p>Read More</p>



Pre-Auth Needed?

Pre-Auth Needed?

For the best experience, please use the Pre-Auth tool in Chrome, Firefox, or Internet Explorer 10 and above.

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision services need to be verified by [Envolve Vision](#)

Dental services need to be verified by [Envolve Dental](#)

Behavioral Health/Substance Abuse need to be verified by Arkansas Health & Wellness

Complex imaging, MRA, MRI, PET, and CT Scans need to be verified by [NIA](#) Prior Authorizations for Musculoskeletal Procedures should be verified by [TurningPoint](#)

Note: It is the responsibility of the facility, in coordination with the rendering practitioner to ensure that an authorization has been obtained for all inpatient and selected outpatient services, except for emergency stabilization services. All inpatient admissions require prior authorization. To determine if a specific outpatient service requires prior authorization, utilize the Pre-Auth Needed tool below by answering a series of questions regarding the Type of Service and then entering a specific CPT code.

Any anesthesiology, pathology, radiology or hospitalist services related to a procedure or hospital stay requiring a prior authorization will be considered downstream and will not require a separate prior authorization. However, services related to an authorization denial for an outpatient procedure or hospital stay will result in denial of all associated claims, including anesthesiology, pathology, radiology and hospitalist services.

Are Services being performed in the Emergency Department?

Yes No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Are anesthesia services being rendered for pain management or dental surgeries?	<input type="radio"/>	<input type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input type="radio"/>
Are services being rendered in the home, excluding Sleep Studies, DME, Medical Equipment Supplies, Orthotics and Prosthetics?	<input type="radio"/>	<input type="radio"/>

To submit a prior authorization [Login Here.](#)





Prior Authorization Reminders

- Prior Authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria
- Please verify eligibility and benefits prior to rendering services for all members
- Failure to obtain an authorization may result in administrative claim denials
- It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization
- Providers cannot bill a member for services for which they fail to obtain prior authorization as required

Retroactive Authorization Criteria for No-Authorization Denials



- Ambetter from Arkansas Health and Wellness may consider retroactive authorization requests with documentation of the following situations:
 - Documentation of a catastrophic event that substantially interferes with normal business operations of a provider, or damage or destruction of the provider's business office or records by a natural disaster
 - Pending or retroactive member eligibility: Provider is required to obtain and verify member coverage, benefits, eligibility, and authorization requirements. The Prior Authorization request must be submitted within **180 days** of the date the member's eligibility was entered
 - Mechanical or administrative delays or errors by the health plan

Retroactive Authorization Criteria for No-Authorization Denials



- The provider was unaware that the member was eligible for services at the time that services were rendered and one of the following conditions are met:
 - The provider's records document that the member was physically unable to provide the member identification number and there are no previous claims or authorizations from the provider for the member.
 - The member became eligible within 1 month of the date of service in question and the provider submits documentation of attempts to obtain insurance eligibility information
- There is documented evidence that the provider was misinformed that Prior Authorization was not required
- Any other significant situation that justifies failure to request an authorization within the requisite timeframe

Retroactive Authorization Criteria for No-Authorization Denials











- Review by the Administrative Appeals Committee does not guarantee approval or payment
- Submit your requests to:
 - Ambetter from Arkansas Health and Wellness
 - Attn: Appeals
 - P.O. Box 2520
 - Little Rock, AR 72202
 - Fax: 866-811-3255
- No-authorization denials are not based on medical necessity. Arkansas Health and Wellness will not review retro authorization requests without a letter explaining the reason an authorization was not obtained within the requisite timeframe.



Clinical & Payment Policies

- Guidelines used to assist in administering health plan benefits, either by prior authorization, payment rules and accepted principals of correct coding.

<h3>Login To Your Account</h3>  <p>Access your secure provider information any time.</p> <p>Login Now</p>	<h3>Pre-Auth Check</h3>  <p>Use our tool to see if a pre-authorization is needed.</p> <p>Check Now</p>	<h3>Provider Resources</h3>  <p>Use our helpful resources to deliver the best quality of care.</p> <p>Go Now</p>
<h3>Find A Medication</h3>  <p>View our Preferred Drug List to see what drugs are covered.</p> <p>View List</p>	<h3>Join Our Network</h3>  <p>Interested in becoming an Ambetter provider?</p> <p>Find Out How</p>	<h3>Provider Newsroom</h3>  <p>Stay up to date with the latest news and announcements.</p> <p>Read More</p>
<h3>Clinical & Payment Policies</h3>  <p>Review clinical and payment policy information.</p> <p>View List</p>	<h3>Provider Relations Territories</h3>  <p>Learn More About Our Provide Relations Team</p> <p>Learn More</p>	



How to Access the Policies?

Ambetter Policies

AMBETTER CLINICAL POLICIES 

AMBETTER PAYMENT POLICIES 

POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
3-Day Payment Window (PDF)	CC.PP.500	7/1/2014
Add on Code Billed Without Primary Code (PDF)	CC.PP.030	10/18/2016
ADHD Assessment and Treatment (PDF)	CP.MP.124	4/1/2017
Allergy Testing (PDF)	CP.MP.100	5/1/2019

HEDIS



- ❖ Healthcare
- ❖ Effectiveness
- ❖ Data and
- ❖ Information
- ❖ Set

- A standard measurement tool created by the National Committee for Quality Assurance (NCQA)
- Measures quality performance and identifies areas in need of quality improvement
- Used by 90% of American health plans to measure performance on important dimensions of care and service
- HEDIS reporting is required for NCQA accreditation, CMS Medicare Advantage Programs, and used for Consumer Report health plan rankings
- Allows for measurement, standardized reporting and accurate, objective side-by-side comparison

Ambetter Annual Wellness Visit (AWV) Coding Tips



ambetter.™

- A successful AWV will:
 - Identify patients who need disease management or intervention
 - Improve meaningful data exchanges between health plan and providers
 - Improve quality of care provided and patient health outcomes
- The medical record must support all diagnoses and all services billed on the claim
 - Address all conditions that require or affect patient care, treatment or management
 - Thoroughly document the specific diagnosis and care plan
 - Code to the highest specificity using ICD-10 guidelines
 - Consider including CPT II codes to provide additional details
 - Submit claim/encounter data for each service rendered
 - Ensure all claim/encounter data is accurate and submitted in a timely manner



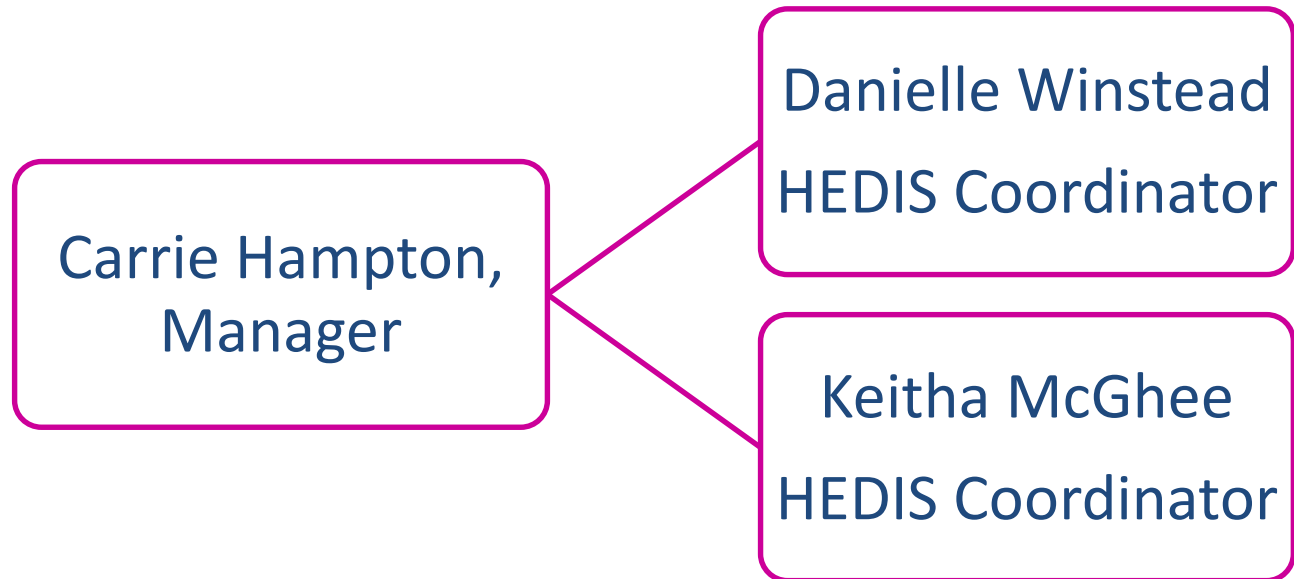
AWV Coding Guidelines

ICD-10-CM Codes	CPT/HCPCS Codes		HEDIS Measures
<p>Z00.00 (Adult) – Z00.129 (Child) “With normal findings”</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use when chronic conditions are stable or improving at the time of encounter <input type="checkbox"/> Report existing chronic conditions in addition 	<p>99381-99387 99391-99397</p>	<p>Routine Physical Exam</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Body Mass Index (BMI) Assessment (BMI and Weight Required) <input type="checkbox"/> Colorectal Cancer Screening <input type="checkbox"/> Controlled Blood Pressure <input type="checkbox"/> Diabetes Mellitus <ul style="list-style-type: none"> • HbA1c Testing • Blood Sugar Controlled • Diabetic Eye Exam • Nephropathy Screening <input type="checkbox"/> Depression Screening <input type="checkbox"/> Cognitive Function Screening <input type="checkbox"/> Medication Reconciliation
<p>Z00.01 (Adult) – Z00.121 (Child) “With abnormal findings”</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use when any abnormality is present at the time of encounter <input type="checkbox"/> Report additional codes for all conditions addressed 	<ul style="list-style-type: none"> <input type="checkbox"/> Provider may perform a separately identifiable E/M service 99201 – 99215 <input type="checkbox"/> Documentation must satisfy medical necessity for a problem oriented E/M separately from the components of the AWV <input type="checkbox"/> Report with modifier -25 		

Quality Improvement HEDIS Team



- For additional information regarding Quality Improvement or for training and support, contact Arkansas Health & Wellness, Quality Improvement HEDIS Team at:
 - Email: QI_AR_HEDIS@Centene.com

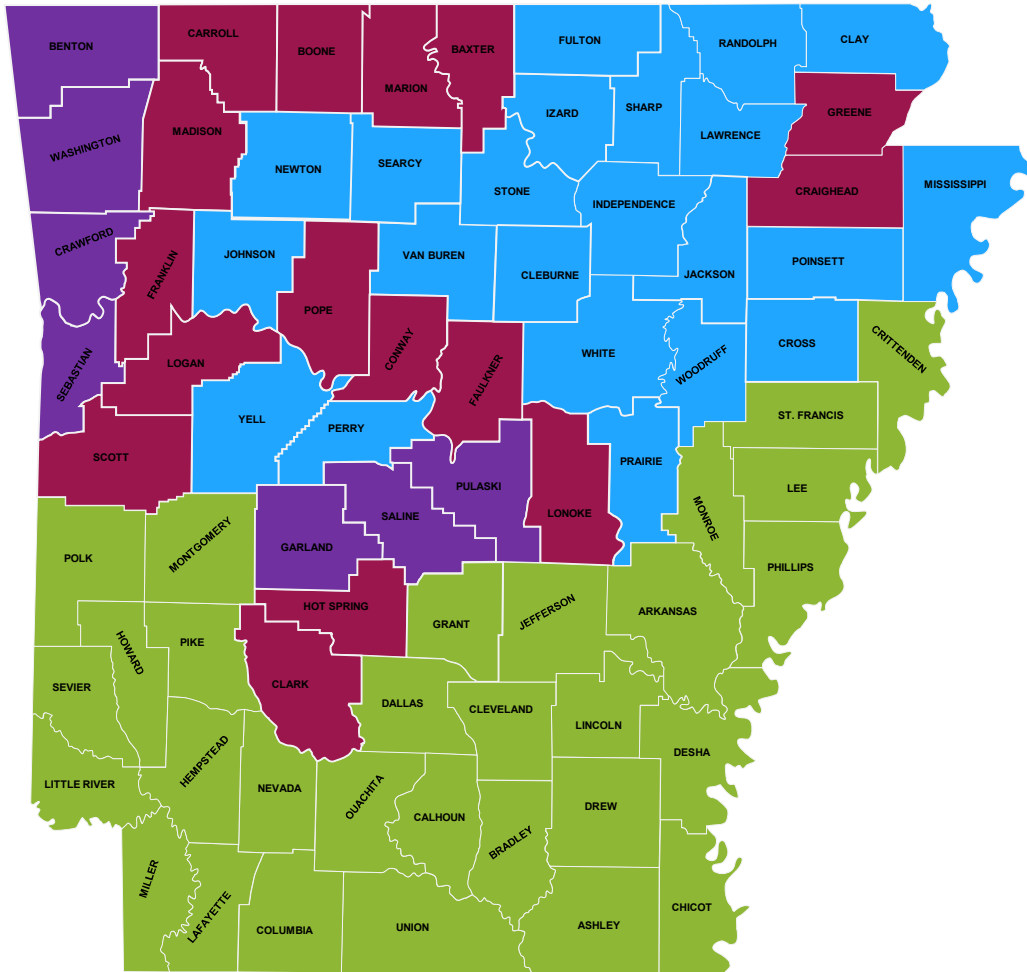




Allwell from Arkansas Health and Wellness



2020 Allwell Expansion Counties



2020 Expansion Counties*:

- | | |
|--------------|-------------|
| Johnson | Searcy |
| Prairie | Woodruff |
| Clay | Mississippi |
| Yell | Lawrence |
| Cross | Perry |
| Independence | Cleburne |
| Poinsett | Randolph |
| Fulton | Van Buren |
| Newton | Sharp |
| Izard | Stone |
| White | Jackson |

- 2018 Counties in Purple
- 2019 Counties in Maroon
- 2020 Counties in Light Blue
- 45 Counties for 2020!

Website



Home Arkansas Health & Wellness

Contrast On Off a a a language

I'M A MEMBER

I'M A PROVIDER

I'M A BROKER

CONTACT US

Find a Seminar

About Us

Our Health Plans

How to Enroll

Pay My Premium

Find a Doctor or Pharmacy

Drug and Pharmacy Information

Plan Materials and Forms

Member Rights and Resources

CMS STAR Rating

Be Well Bulletin

Important Notifications

[Read notifications](#)



Allwell from Arkansas Health & Wellness. Arkansas' Medicare Advantage plan.

Medicare coverage should be one of the good things about getting older. With so many details and options to consider, it's important to get the information you need to make decisions that are right for you.

What would you like to explore?



MEDICARE PLANS



FIND A DOCTOR



DRUG COVERAGE

Provider Resources



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
- QI Program +
- Provider News +
- Provider Relations



Stay Connected

Get the latest alerts and news from Arkansas Health and Wellness

Sign Up

Provider Resources

Allwell provides the tools and support you need to deliver the best quality of care. To become an Allwell provider, please fill out [the Become a Provider Form](#).

Provider Webinar

To sign up for the latest provider webinar, please visit the [Arkansas Health & Wellness Provider Webinar](#) page.

Provider Newsletter

- [2019 Arkansas Health & Wellness Provider Newsletter, Issue 4 \(PDF\)](#)
- [2019 Arkansas Health & Wellness Provider Newsletter, Issue 3 \(PDF\)](#)
- [2019 Arkansas Health & Wellness Provider Newsletter, Issue 2 \(PDF\)](#)
- [2019 Arkansas Health & Wellness Provider Newsletter, Issue 1 \(PDF\)](#)
- [Arkansas Health & Wellness Provider Report - Fall 2018 \(PDF\)](#)
- [Arkansas Health & Wellness Provider Report - Summer 2018 \(PDF\)](#)
- [Arkansas Health & Wellness Provider Report - Spring 2018 \(PDF\)](#)

Prior Authorization Reminders



- Prior Authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria
- Please verify eligibility and benefits prior to rendering services for all members
- Failure to obtain an authorization may result in administrative claim denials
- It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization
- Providers cannot bill a member for services for which they fail to obtain prior authorization as required

Prior Authorization Required for Services Effective 1/1/2020



Prior Authorizations Required for Services Effective 1/1/2020

Procedure Code	Procedure Description
31661	BRONCH THERPOLSTY 2/> LOBES
C1813	PROSTHESIS, PENILE, INFLATABLE
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE, HIGH FREQUENCY, WITH RECHARGEABLE BATT AND CHARGING SYSTEM)
C2622	PROSTHESIS, PENILE, NON-INFLATABLE
J9145	INJECTION DARATUMUMAB 10 MG (WILL BE ADDED UNDER PART B DRUG LIST)
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG (WILL BE ADDED UNDER PART B DRUG LIST)

Prior Authorizations Removed for Services Effective 1/1/2020



Prior Authorizations Removed for Services Effective 1/1/2020

Procedure Code	Procedure Description
40812	EXC LES-MUCOS/SUBMUCOSA-MOUTH; W/SIMPL REPR
92611	MOTION FLUROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING
A4357	BDSD DRBG DAY/NIGHT W/WO TUB/ANTIREFLUC EACH
A6550	DRSSNG SET/NEG PRESS WOUND THERAPY ELEC PUMP/STAT OR PORTABLE
B9002	ENTERAL NUTR INFUSION PUMP ANY TYPE
K0001	STANDARD WHEELCHAIR
62369	ELETRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS) WITH REPROGRAMMING AND REFILL.



Retroactive Authorization Criteria for No-Authorization Denials

- Arkansas Health and Wellness' Administrative Appeals Committee may consider retroactive authorization requests with documentation of the following situations:
- Documentation of a catastrophic event that substantially interferes with normal business operations of a provider, or damage or destruction of the provider's business office or records by a natural disaster
- Pending or retroactive member eligibility: Provider is required to obtain and verify member coverage, benefits, eligibility, and authorization requirements. The Prior Authorization request must be submitted within **60 days** of the date the member's eligibility was entered
- Mechanical or administrative delays or errors by the health plan

Retroactive Authorization Criteria for No-Authorization Denials



- The provider was unaware that the member was eligible for services at the time that services were rendered and one of the following conditions are met:
 - The provider's records document that the member was physically unable to provide the member identification number and there are no previous claims or authorizations from the provider for the member.
 - The member became eligible within 1 month of the date of service in question and the provider submits documentation of attempts to obtain insurance eligibility information
- There is documented evidence that the provider was misinformed that Prior Authorization was not required
- Any other significant situation that justifies failure to request an authorization within the requisite timeframe.

Retroactive Authorization Criteria for No-Authorization Denials



- Review by the Administrative Appeals Committee does not guarantee approval or payment
- Submit your requests to:
 - Allwell from Arkansas Health and Wellness
 - Attn: Appeals
 - P.O. Box 2520
 - Little Rock, AR 72202
 - Fax: 866-811-3255
- No-authorization denials are not based on medical necessity. Arkansas Health and Wellness will not review retro authorization requests without a letter explaining the reason an authorization was not obtained within the requisite timeframe.

Allwell Physical & Annual Wellness Visit (AWV) Coding Tips



- A successful AWV will:
 - Identify patients who need disease management or intervention
 - Improve meaningful data exchanges between health plan and providers
 - Improve quality of care provided and patient health outcomes
- The medical record must support all diagnoses and all services billed on the claim
 - Address all conditions that require or affect patient care, treatment or management
 - Thoroughly document the specific diagnoses and care plan
 - Code to the highest specificity using ICD-10 guidelines
 - Consider including CPT II codes to provide additional details
 - Submit claim/encounter data for each service rendered
 - Ensure all claim/encounter data is accurate and submitted in a timely manner

Coding Guidelines

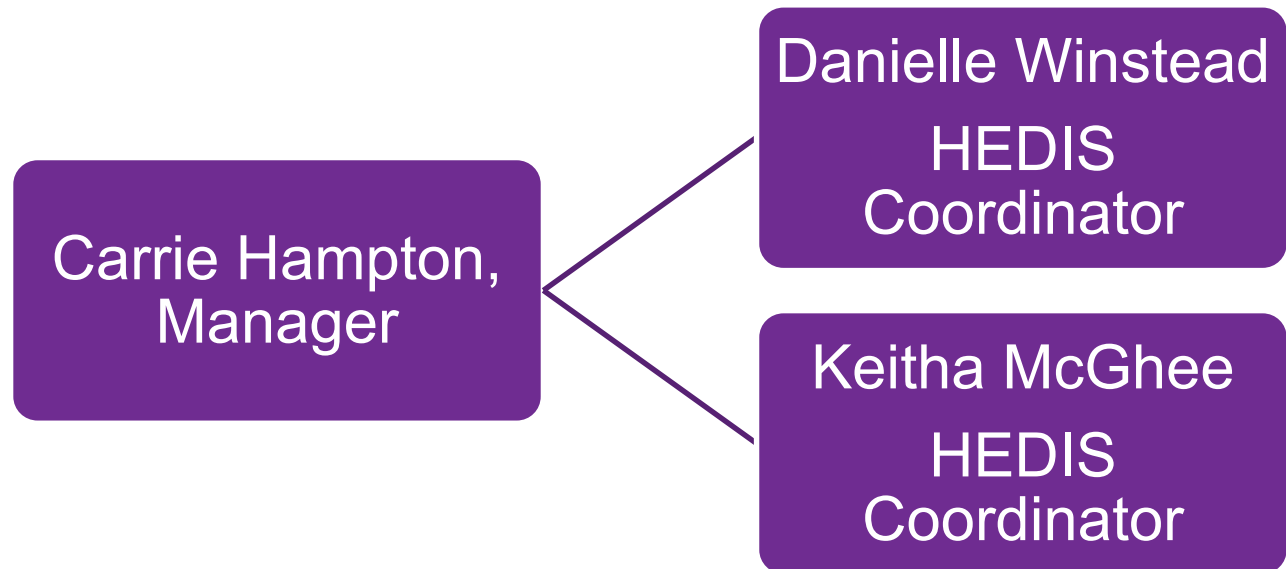


ICD-10-CM Codes	CPT/HCPCS Codes		HEDIS Measures
<p>Z00.00 (Adult) – Z00.129 (Child) “With normal findings”</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use when chronic conditions are stable or improving at the time of encounter <input type="checkbox"/> Report existing chronic conditions in addition 	<p>G0402 One-Time Benefit</p>	<p>“Welcome to Medicare Exam” Initial Preventive Physical Exam (IPPE)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Body Mass Index (BMI) Assessment (BMI and Weight Required) <input type="checkbox"/> Colorectal Cancer Screening <input type="checkbox"/> Controlled Blood Pressure <input type="checkbox"/> Diabetes Mellitus <ul style="list-style-type: none"> • HBA1c Testing • Blood Sugar Controlled • Diabetic Eye Exam • Nephropathy Screening <input type="checkbox"/> Depression Screening <input type="checkbox"/> Cognitive Function Screening <input type="checkbox"/> Medication Reconciliation
	<p>G0438 One-Time Benefit</p>	<p>Initial Annual Wellness Visit (AWV)</p>	
	<p>G0439</p>	<p>Subsequent Annual Wellness Visit (AWV)</p>	
<p>Z00.01 (Adult) – Z00.121 (Child) “With abnormal findings”</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use when any abnormality is present at the time of encounter <input type="checkbox"/> Report additional codes for all conditions addressed 	<p>99385 – 99387 99395 - 99397</p>	<p>Routine Physical Exam</p>	
	<ul style="list-style-type: none"> <input type="checkbox"/> Provider may perform separately identifiable services 99201 – 99215, 99385 – 99387, 99395 – 99397, G0402 <input type="checkbox"/> Documentation must satisfy medical necessity for a problem oriented E/M separately from the components of the AWV and the Routine Physical Exam <input type="checkbox"/> The component of both the AWV and the Routine Physical Exam must be met and documented <input type="checkbox"/> Report E/M and routine physical with modifier -25 when performed on the same date of service 		

Quality Improvement HEDIS Team



- For additional information regarding Quality Improvement or for training and support, contact Arkansas Health & Wellness, Quality Improvement HEDIS Team at:
 - Email: QI_AR_HEDIS@Centene.com



Q1 Updates

Payment Policy Update



- **Policy Name:** Physician's Office Lab Testing
- **Reference Number:** CC.PP.055
- **Product Type:** ALL
- **Effective Date:** 12/1/2019 (RESCINDED)
- Arkansas Health & Wellness implemented a Short Turnaround Time (STAT) laboratory (lab) policy across Ambetter and Allwell lines of business
- The policy's intent was to limit in-office laboratory procedures to specific codes outlined in the policy
- The policy has rescinded retroactively to the 12/1/2019 effective date and no longer appears on any websites
- Systems were updated as of 2/15/2020 and all denials that were subject to this policy were reviewed and are currently being processed through the payment system
 - Claims will process through normal claim edits
- If you have additional questions regarding this policy's retraction, please contact our contracting team at 1-844-631-6830 or email us at arkansascontracting@centene.com

Daily Care Gap Information - Now Available



- Daily Care Gap information for all Ambetter and Allwell members can be obtained through Arkansas Health & Wellness' Payer Space on the Availity Portal
- Through the Availity Portal you will be able to:
 - Close gaps
 - Receive real-time analytics
 - HEDIS care gap information is updated daily by Interpreta
 - ✓ Using data from pharmacy, membership and claims
- The information provided by Interpreta includes:
 - Date a member should be scheduled to see a provider when a gap has not yet been closed
 - Percentages of total care gaps that have been closed
 - Total care gaps that need to be closed
 - Total care gaps that are past deadline for closure
- Use your existing Availity login. If you do not yet have an Availity login, or need assistance or training, visit Availity's website at www.Availity.com

Note: Providers will continue to use the Secure Provider Portal to see their pay-for-performance bonus



Interpreta - Dashboard



Availity Home Notifications 2 My Favorites Arkansas Help & Training Josh's Account Logout

Claims & Payments My Providers Reporting More Keyword Search

INTERPRETA Search for members or providers

PROVIDER ORGANIZATION

QUALITY 22% MEMBERS

EXPORT DATA

Members (88)
Identify high-risk members based on daily clinical risk score, past annual cost, last clinic visits.

Plan Type: Show All Plan Name/Code: Name Add Plan Apply Filters Reset Filters

10 1 / 9

MEMBER ID	MEMBER NAME	MEMBER STATUS	LAST VISIT DATE	LAST VISIT TIME	LAST VISIT LOCATION	LAST VISIT PROVIDER
MEMBER ID	MEMBER NAME	MEMBER STATUS	LAST VISIT DATE	LAST VISIT TIME	LAST VISIT LOCATION	LAST VISIT PROVIDER
MEMBER ID	MEMBER NAME	MEMBER STATUS	LAST VISIT DATE	LAST VISIT TIME	LAST VISIT LOCATION	LAST VISIT PROVIDER
MEMBER ID	MEMBER NAME	MEMBER STATUS	LAST VISIT DATE	LAST VISIT TIME	LAST VISIT LOCATION	LAST VISIT PROVIDER
MEMBER ID	MEMBER NAME	MEMBER STATUS	LAST VISIT DATE	LAST VISIT TIME	LAST VISIT LOCATION	LAST VISIT PROVIDER

PROVIDER

Provider's Name, NPI and address will appear here in the upper left corner

In the upper right corner is the HEDIS overall Compliant percentage icon, calendar icon and members icon

HEDIS 26% Compliant
CALENDAR 08 Mar
MEMBERS

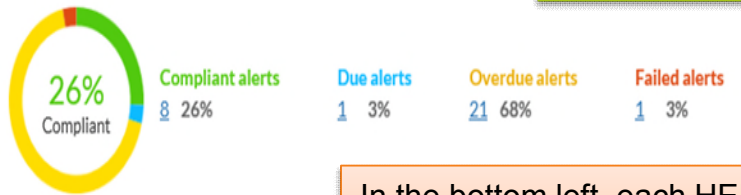
All HEDIS Measures

In the middle shows each alert and the number of alerts within each category. Hyperlinks are available for each alert, when clicked, a listing of each member under the selected alert

Denominator Alerts: 31 Eligible Alerts: 31 Excluded Alerts: 0

HEDIS Status: All

EXPORT DATA



In the bottom right, a list of all HEDIS Measures, alert percentages and the number of eligible members for each measure

In the bottom left, each HEDIS Compliance Member who is attributed to the PCP listed above will appear. It shows the member's name, age, sex, measure, measure's status, clinical due date and deadline date

HEDIS Compliance Members

NAME	MEASURE(S)	STATUS	CLINICAL DUE DATE	DEADLINE DATE
CALDERON (16 F)	URI	Fail	-	Sep 05 2019
CASTANEDA; (30 F)	CCS	Overdue	Jan 01 2020	Dec 31 2020
DAVES, (6 F)	ADV	Overdue	Jan 01 2020	Dec 31 2020
DUNCAN;I (51 M)	W34	Overdue	Jan 01 2020	Dec 31 2020
	ABA	Overdue	Jan 01 2020	Dec 31 2020
GRIGGS; (21 F)	COL	Overdue	Jan 01 2020	Dec 31 2020
	PDC1	Due	Mar 21 2020	Dec 31 2020
	ABA	Overdue	Jan 01 2020	Dec 31 2020

HEDIS Measures

NAME Sort by: Name

ABA	43% 0% 57% 0%	ELIGIBLE: 7
Adult BMI Assessment		
ADV	0% 0% 100% 0%	ELIGIBLE: 2
Annual Dental Visit		
CCS	29% 0% 71% 0%	ELIGIBLE: 7
Cervical Cancer Screening		
CDC10	0% 0% 100% 0%	ELIGIBLE: 1
Comprehensive Diabetes Care - HbA1C Control <8.0		
CDC4	0% 0% 100% 0%	ELIGIBLE: 1
Comprehensive Diabetes Care - Eye Exam		

Member Alerts in Interpreteta

- 1 - **Compliant** – Meets HEDIS specifications
- 2 - **Due** – Clinically due for the event
- 3 - **Overdue** – Missed the clinical deadline
- 4 - **Failed** – Missed the HEDIS deadline



Member's Name, date of birth, Member ID, address, assigned PCP name, PCP NPI | appear here in the upper left corner

In the upper right corner there are icons for Member Details, Clinical Priority, HEDIS Compliance rate and claims if any have been filed to address a measure



Member
Details

Clinical
Priority

14

LOW

HEDIS

100%

Claims

15



CURRENTLY ENROLLED AS OF 03-08-2020: Marketplace HMO


The bottom half shows the Action List, Clinical Summary and Enrollments

- [Action list](#)
- [Clinical Summary](#)
- [Enrollments](#)
- [Member Calendar](#)

 EXPORT DATA

ACTION LIST (1)


Gaps in care, gaps in coding, drug safety with pharmacogenomics

DAYS	STATUS	ACTION	CATEGORY	CLINICAL DUE DATE	DEADLINE DATE	
	Compliant	Patient has had a BMI assessment this year or last year. ADAMS; JULIA DIANE N/A	HEDIS	8/5/2021	12/31/2021	+
Successfully closed on 8/5/2019		 Adult BMI Assessment (ABA)				

CLINICAL SUMMARY

The member's current conditions and drugs. Procedures and labs within the past 365 days.

[EXPAND ALL](#)

-  Conditions and Diagnoses (12) +
-  Procedures & Services (39) +
-  Medications (3) +
-  Labs (0) +

ENROLLMENTS



PCP NAME	PLAN DESCRIPTION	START DATE	END DATE
----------	------------------	------------	----------

Action List

- Action list section provides the status of an eligible measure for a member. It also provides the claim which closed the HEDIS measure

ACTION LIST (1)

Gaps in care, gaps in coding, drug safety with pharmacogenomics

DAYS	STATUS	ACTION	CATEGORY	CLINICAL DUE DATE	DEADLINE DATE	
	Compliant	Patient has had a BMI assessment this year or last year. ADAMS; JULIA DIANE N/A	HEDIS	8/5/2021	12/31/2021	—
Successfully closed on 8/5/2019		 Adult BMI Assessment (ABA)				
Eligibility						
DESCRIPTION	CC	PROVIDER NAME	SERVICE DATE	CLAIM ID	LINE	
Office/outpatient Visit Est	CPT - 99213		07/12/2019		1	
Compliance (2)						
DESCRIPTION	CC	PROVIDER NAME	SERVICE DATE	CLAIM ID	LINE	
Body mass index (BMI) 23.0-23.9, adult	ICD10CM - Z68.23		08/05/2019		1	
Body mass index (BMI) 23.0-23.9, adult	ICD10CM - Z68.23		08/05/2019		3	

Member Reassignment Forms



Providers can submit a Member Reassignment Form if a member is attributed to a PCP but the following has occurred:

- Member has never been seen by a PCP within the group
- Provider spoke with member and member stated they were seeing another provider
- [Allwell Member Reassignment Form](#)
- [Ambetter Member Reassignment Form](#)

Member Reassignment Form

Member Information

Member Name:	Member ID Number:	Member DOB:
Member Phone Number:	Member Address:	
Provider Currently Assigned to:		

Provider Information

Group Name:	Phone Number:
Address:	Name of Person Completing Form:
Reason for Reassignment:	

Please return form to Fax Number: 1-844-822-6220.
Secure email: RiskAdjustment@ARhealthwellness.com

- Arkansas Health & Wellness launched an innovative Surgical Quality and Safety Management Program with TurningPoint Healthcare Solutions, LLC, which became effective 1/1/2020
- TurningPoint is responsible for processing prior authorizations requests for medical necessity and appropriate length of stay for Musculoskeletal Surgical procedures
- This new process applies to: Allwell and Ambetter
- Physicians began submitting requests to TurningPoint for prior authorization on 12/1/1 for dates of service on or after 1/1/2020

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.**

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**

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Become a Provider

Pre-Auth Check 

Ambetter Pre-Auth

Allwell Pre-Auth

Pharmacy

Provider Resources 

QI Program 

Provider News 

Provider Relations

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision services need to be verified by [Opticare](#)

Dental services need to be verified by [DentaQuest](#)

Behavioral Health/Substance Abuse need to be verified by [Cenpatico](#)

Complex imaging, MRA, MRI, PET, and CT Scans need to be verified by [NIA](#)

Prior Authorizations for Musculoskeletal Procedures should be verified by [TurningPoint](#). 

Note: It is the responsibility of the facility, in coordination with the rendering practitioner to ensure that an authorization has been obtained for all inpatient and selected outpatient services, except for emergency stabilization services. All inpatient admissions require prior authorization. To determine if a specific outpatient service requires prior authorization, utilize the Pre-Auth Needed tool below by answering a series of questions regarding the Type of Service and then entering a specific CPT code.

Any anesthesiology, pathology, radiology or hospitalist services related to a procedure or hospital stay requiring a prior authorization will be considered downstream and will not require a separate prior authorization. However, services related to an authorization denial for an outpatient procedure or hospital stay will result in denial of all associated claims, including anesthesiology, pathology, radiology and hospitalist services.

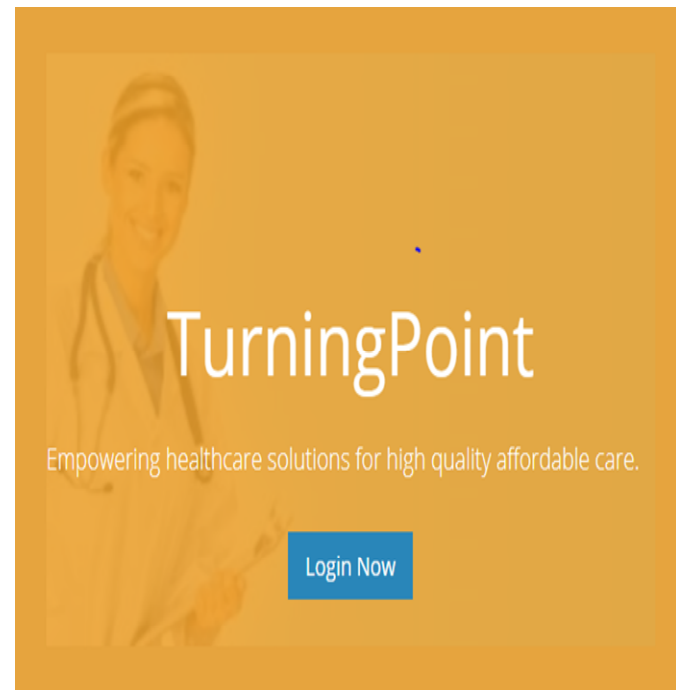
TurningPoint Provider Portal Access

- **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



Key Contact Information

Steve Morgan
Director, Provider Relations & Contracting
Ph: 321-888-3620
smorgan@tpshealth.com

Stacy Wolf
VP, Operations and Provider Relations
Ph: 805-896-7648
swolf@tpshealth.com

Robyn Schena
Provider Relations Representative
Ph: 407-278-2065
rschena@tpshealth.com

Provider Relations Support:
Ph: 1-866-422-0800
Email: Providersupport@turningpoint-healthcare.com

Hours of availability: Monday – Friday
8:00 AM – 5:00 PM

Important Reminders

Updating Provider Directory Information

- Thirty-day advance notice is recommended when there is change to the following:
 - Office phone number
 - Office address
 - Panel status (open/closed)



Please call the Provider Services Call Center:

Ambetter: 1-877-617-0390

Allwell: 1-855-565-9518

Thank you for helping us maintain up-to-date directory information for your practice

Education Requests

Would you like training for you and your staff?
You can submit your requests to
Providers@arhealthwellness.com



Provider Webinars



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 +

Arkansas Health & Wellness Provider Webinars

The Provider Webinars are designed to offer our providers and their office staff the opportunity to learn from subject matter experts and ask questions about topics and best practices. Registration is free and each webinar will be one hour in length. If interested in previous Ambetter specific webinars please visit [Ambetter Webinars](#). If you have any questions please reach out to us at 1-800-294-3557.

2020 Provider Webinars

- March 11th - 10AM
- March 25th - 2PM
- June 10th - 10AM
- June 24th - 2PM

Join Webinar

When a session is live, please click the button below to watch the presentation. If you are not able to hear audio from a computer, you can also call into the conference via phone:

Dial: 1.669.900.6833
Meeting ID: 812 869 114

Join Video Conference

Arkansas Health And Wellness – Q1 Provider Updates

Date/Time: 3/11/2020 at 10AM or 3/25/2020 at 2PM
Targeted Audience: New and experienced providers, billers, coders and office staff
Line of Business: Ambetter and Allwell
Description: This course will focus on updates, best practices and any changes

Available Online Webinar Sessions*

- March 11, 2020 - 10AM - AHW Q1 Provider Updates
- March 25, 2020 - 2PM - AHW Q1 Provider Updates

Please choose which webinar(s) you would like to attend. Registration ends one hour before the scheduled class time.

Needing to Contact Us?



Arkansas Health and Wellness Contracting

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



Provider Contracting Email Address:

ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Arkansas Health and Wellness Credentialing

Phone: 1-844-263-2437

Fax: 1-844-357-7890

Provider Credentialing Email:
arkcredentialing@centene.com

Ambetter from Arkansas Health and Wellness

Provider Services

Phone: 1-877-617-0390

TTY/TDD: 1-877-617-0392

ambetter.arhealthwellness.com

Allwell from Arkansas Health and Wellness

Provider Services

Phone: 1-855-565-9518

TTY/TDD: 711

allwell.arhealthwellness.com

QUESTIONS?

Please submit any questions by using the chat

feature or in an email with

“Provider Webinar” in the subject line to

Providers@ARhealthwellness.com

Thank you!