

Arkansas Health & Wellness Provider Newsletter

Summer 2021

Talking to Members About COVID-19 Vaccines

COVID-19 has impacted our communities in a multitude of ways, and we acknowledge the tremendous role each of our provider partners have performed by caring for our members during this pandemic. Thank you for your dedication and courage in the face of threats to your own health, treating and counseling patients through an illness about which little was known, and the countless hours and resources you have spent to improve the health and wellbeing of Arkansans throughout this crisis.

We are hopeful that recent breakthroughs in COVID-19 vaccine development and research will bring relief to providers, members and communities. The Arkansas Department of Health's (ADH) [COVID-19 vaccination plan](#) states that Arkansans aged 12 and older can now receive one of the approved COVID-19 vaccines. We understand that you may be counseling members who have reservations about these vaccines. The ADH has put together a list of [COVID-19 vaccine frequently asked questions](#) that may be helpful when discussing COVID-19 vaccines with members. We also regularly update our [Provider Coronavirus Information page](#) with the most recent health plan news, policies and billing guidance for COVID-19.

Well-Child Visits

Children grow and develop quickly in the first few years of life, so it's important that parents and caretakers schedule regular well-child visits with a pediatrician. Well-child visits give providers the opportunity to track developmental benchmarks, maintain the vaccination schedule recommended by the Centers for Disease Control and Prevention (CDC), evaluate potential health threats and address any areas of concern that families may have.

Bright Futures and the American Academy of Pediatrics (AAP) have developed [resources for clinical staff](#) that review important aspects of the well-child visit, as well as ways to maximize the time spent with the member. They have also created [resources for families](#) to help them understand what to expect during these visits, as well as the importance of vaccinations. The site also hosts quick guides for families that outline milestones and vaccinations needed as children grow. Any of these may be useful at practices that treat children for clinical staff and patient education.

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Risk-Adjusted Data Validation (RADV) Audit

We understand the value of meeting the highest clinical standards and guidelines, and take strides to maintain the integrity of our data. The Department of Health and Human Services (HHS) requires all health plans under the Affordable Care Act (ACA) to participate in routine risk adjustment audits, and we comply fully with any audit requests. This year, Ambetter from Arkansas Health & Wellness has partnered with Optum®, which provides data validation support services.

Acting on our behalf, Optum complies with privacy and confidentiality laws regarding protected health information (PHI) as described in the Health Insurance Portability and Accountability Act (HIPAA), as well as all other applicable laws and regulations.

Once a record is requested, we ask that you submit the medical record with the following documentation:

Physicians	Hospitals
<ul style="list-style-type: none"> • Progress Notes from face-to-face office visits • History and physical notes • Consultation notes • Demographics sheet • Problem list • Signature log 	<ul style="list-style-type: none"> • Progress notes • Consultation reports • Radiology reports • Prescriptions for laboratory services • History and physical exam/annual physical exam notes • Discharge summary • Emergency room (ER) records

This audit will examine both 2019 and 2020 dates of service. For 2019 dates of service, records will be requested March 1, 2021, through July 30, 2021. For 2020 dates of service, records will be requested July 1, 2021, through January 13, 2022. If you have questions or concerns regarding this audit, please contact Sheri Arnold with Optum at 714-226-3320 or at Sheri.Arnold@Optum.com. Or, contact our risk adjustment staff directly at RiskAdjustment@ARHealthWellness.com.

Keeping Teens Healthy

Teens undergo big changes as they grow and come into adulthood. It's important that teens get wellness checks once a year, and that providers speak with them and their families about vaccines and preventive care they may need. Bacterial meningitis, human papillomavirus (HPV), influenza, and tetanus, diphtheria and pertussis (Tdap) are all required for teens, as these illnesses can cause serious complications. The CDC has [resources for adolescent and school health](#), and the American Academy of Pediatrics and Bright Futures have developed guides and fact sheets on their [Resources for Children and Teens site](#) that can be useful for teens, their families, and clinical staff alike.

At this age, teens are developing habits they may carry through adulthood, so counsel on appropriate diet and exercise are key. This is also the ideal time to speak with them about establishing an adult primary care doctor who will continue to support them in their health journey.

Continuity of Care — Provider Incentive Program

As part of our valued provider network, you play a vital role in our mission to help our members reach their best health. As thanks for your continued partnership in this mission, we've launched our Continuity of Care (CoC) program, formerly Partnership for Quality (P4Q), which gives you the opportunity to earn monetary incentives for meeting preventative health benchmarks with our members.

The CoC program rewards you for outreach to members for annual visits and condition management. Conducting annual wellness visits and assessing and addressing conditions, along with submitting required documentation, increases the amount you can earn. Incentive payments range from \$100 to \$300 per member, and incentive amounts correlate with the chart below.

Percentage of Appointment Agenda Completed/Paid	Bonus Amount Paid Per Appointment Agenda
<50%	\$100
<50%-<80%	\$200
>80%	\$300

Arkansas Health & Wellness has created a comprehensive appointment agenda that details the information you should cover with members. To submit data to our risk adjustment team, first access the appointment agenda through our Secure Provider Portal. Once inside the portal, navigate to the Provider Analytics tab on the right, and select CoC Appointment Agenda. There are two sections — Health Condition History and Care Guidance — that will guide you through which information needs to be addressed with the member.

Member rosters will also be available within the portal. When viewing your member roster, a helpful color-coded system is visible so that you can easily tell which members you have addressed all conditions with, and which members still need some or all conditions addressed. In addition to the appointment agenda, be sure to submit claims with the applicable ICD-10, CPT®, CPT® II or NDC codes that support the medical record. The appointment agenda can be submitted through our Secure Provider Portal, or it can be printed and sent via fax to 1-813-464-8879, or emailed to Agenda@WellCare.com.

This program is available to providers from January 2021 to December 2021 for our Ambetter, Allwell and WellCare lines of business. For more detailed information, refer to our recent [CoC Provider Webinar \(PDF\)](#), or contact the risk adjustment team at RiskAdjustment@ARHealthWellness.com.



Upcoming Provider Webinars

Our provider relations team hosts many webinars throughout the quarter to share news and updates on health plan policies, provide training and field questions from our provider network. These trainings and the dialogue that follows in the Q&A portion of the webinars help better inform Arkansas Health & Wellness representatives about ways we can help your practice and barriers you may face to providing great care to members.

In addition to new provider orientations and quarterly updates, representatives build webinars that illustrate how to use Arkansas Health & Wellness provider tools, like the secure provider portal, and review industry best practices. We schedule multiple dates and sessions for most topics so there are many opportunities for providers and staff to attend. Refer to the schedule and course description below for Quarter 3 2021 course offerings, and visit our [Provider Webinars page](#) to register.* If you missed a webinar or would like to reference material that was covered previously, visit our Provider Webinars page to access the slide decks from previous webinars. New webinar slide decks are posted online approximately one week after the webinar date.

*The dates, times and course offerings are subject to change — please refer to our [Provider Webinar Page](#) for the most up-to-date course offerings.

2021 Quarter 3 Webinars

Arkansas Health & Wellness Quarter 3 Updates

Two sessions available

September 7, 2021 — 10 a.m.

September 21, 2021 — 2 p.m.

Ambetter New Provider Orientation

July 13, 2021 — 10 a.m.

Allwell New Provider Orientation

July 20, 2021 — 2 p.m.

Cultural Competency Training

Three sessions available

July 22, 2021 — 2 p.m.

August 10, 2021 — 10 a.m.

September 9, 2021 — 10 a.m.

Secure Provider Portal Training

Three sessions available

July 15, 2021 — 2 p.m.

August 19, 2021 — 1 p.m.

September 30, 2021 — 2 p.m.

Office manager meeting

September 7, 2021 — 2 p.m.

Provider Emails Keep You Informed

We want all of our providers to have access to the most recent news and events from Arkansas Health & Wellness. While we send out alerts and notifications through many channels, often the fastest way to reach our broad and diversified network is through email. With the healthcare landscape evolving quickly in light of policy changes and public health hurdles, we encourage all of our providers to sign up for our provider email network.

You can sign up for provider emails by visiting our [provider resources website](#) and filling out the corresponding form below.

In-Office Assessments — Provider Incentive Program

Through December 31, 2021, providers for our Ambetter and Allwell members have the opportunity to participate in Optum's In-Office Assessment (IOA) program. Early detection and ongoing assessments of chronic conditions helps set members up for success in reaching their health goals. The IOA program acts as a helpful resource for providers with guidance on how to perform complete and comprehensive annual exams for members. The information contained in the assessment is thorough and clear, providing a standardized template for how to make the most out of face-to-face encounters. By covering the most clinically appropriate questions about member health, members and their doctors can identify care opportunities that minimize future complications and maximize the member's whole health.

For more information on Optum's IOA program, or about ICD-10 coding and documentation, contact our risk adjustment team at RiskAdjustment@ARHealthWellness.com.

Understanding Utilization Management

Arkansas Health & Wellness' utilization management (UM) program considers nationally recognized standards of care alongside cost trend data to ensure we can keep providing high-quality, affordable care to our members. Our UM care criteria extend to preventive, emergency, primary, specialty, acute, short-term, maternity and ancillary care services. We integrate industry standards from organizations such as InterQual®, National Imaging Associates (NIA), and the American Society of Addiction Medicine (ASAM). Our risk adjustment experts evaluate and implement this criteria so that members receive covered services that are medically necessary, appropriate to the member's condition, provided in the appropriate setting, and meet professionally recognized standards of care.

Medically necessary services are defined as any medical service, supply or treatment authorized by a physician to diagnose and treat a member's illness or injury, which:

- Is consistent with the symptoms or diagnosis.
 - Is provided according to generally accepted medical practice standards.
 - Is not custodial care.
 - Is not solely for the convenience of the physician or the member.
 - Is not experimental or investigational.
 - Is provided in the most cost-effective care facility or setting.
 - Does not exceed the scope, duration or intensity of the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment.
- When specifically applied to a hospital confinement, it means that the diagnosis and treatment of the
- medical symptoms or conditions cannot be safely provided as an outpatient service.

Arkansas Health & Wellness does not reward providers or employees who perform utilization reviews for issuing denials of authorization, and no preferential treatment is given in correlation with denying or approving benefit coverage. Authorizations must be obtained at certain intervals of the member's care journey to ensure treatments and procedures are covered by the member's plan benefits.

Providers are welcome to request a peer-to-peer review for any adverse decisions. An Arkansas Health & Wellness physician or other appropriate reviewer will perform this review and reach a determination. Our full UM criteria can be viewed in our 2021 provider and billing manuals for both [Ambetter \(PDF\)](#) and [Allwell \(PDF\)](#).

Ambetter Physical Medicine Prior Authorizations



Effective January of this year, Ambetter and National Imaging Associates (NIA) launched a physical medicine prior authorization program to help guide determinations for physical medicine service requests. The program encompasses physical therapy, occupational therapy and speech therapy services in office, outpatient hospital, and home health settings.

To request a prior authorization for physical medicine services on behalf of an Ambetter member, visit RadMD.com. You will need to set up an account by clicking the “New User” button on the right side of the screen. In compliance with HIPAA regulations, everyone requesting prior authorizations will need their own separate username and password when using the Rad.MD portal.

When requesting authorizations, a full plan of care, including number of visits, goals and objective measurement should be included. For diagnostic imaging and cardiology, it is important to have a record of non-surgical interventions that have been attempted prior to the authorization request for more invasive interventions. Including conservative care measures in the notes of authorization requests may lead to quicker determinations and less claim denials. Clinical guidelines for authorization requests can be found on [RadMD.com](https://www.radmd.com).

Keep Up-To-Date on Important Clinical and Payment Policies

Our clinical and payment policies guide our health plan benefit and payment determinations and present a standardized set of guidelines that members and providers can refer to as needed. All providers or facilities are sent a postcard notification that policies have been amended, or new policies implemented. If you have any questions or would like to learn more about standing policies, changes or updates, all of our clinical and payment policies are updated regularly and are available on our [policy website](#).

Standards for Appointment Availability and Wait Times

Getting the right care when needed is a key component of recovering when sick and staying healthy when preventive care is called for. In many cases, when illnesses or conditions are managed quickly, it reduces the need for emergent or more invasive treatments later. Our appointment availability standards follow recommendations established by state and federal regulatory and accrediting agencies, and we monitor practitioner compliance with these standards at least once per year.

The charts below outline Ambetter and Allwell appointment accessibility standards.* If you have questions about these requirements, or if you would like to speak to a provider representative, reach out to us at 1-800-294-3557 or by email at Providers@ARHealthWellness.com.



*The charts below do not outline every accessibility and wait time requirement for Ambetter and Allwell. To view the complete lists, visit our 2021 Provider and Billing Manuals for [Ambetter \(PDF\)](#) and [Allwell \(PDF\)](#).

Ambetter Appointment Access Standards

Appointment Type	Access Standard
Primary care — Routine visits	30 days
Primary care — Adult sick visit	48 hours
Primary care — Pediatric sick visit	24 hours
Behavioral Health — Non-life-threatening Emergency	Six hours
Specialist	Within 60 calendar days
Urgent care providers	48 hours
Behavioral health urgent care	48 hours
After hours care	Office number answered 24 hours a day, seven days a week by answering service or instructions on how to reach a physician
Emergency providers	24 hours a day, seven days a week

Standards for Appointment Availability and Wait Times, continued

Allwell Appointment Access Standards

Appointment Type	Access Standard
Primary care — Emergency	Same day or within 24 hours of the member's call
Primary care — Urgent care	Within two days of request
Primary care — Routine	Within 21 days of request
Specialty referral — Emergency	Within 24 hours of referral
Specialty referral — Urgent care	Within three days of referral
Specialty referral — Routine	Within 45 days of referral
Maternity — First trimester	Within 14 days of request
Maternity — Second trimester	Within seven days of request
Maternity — Third trimester	Within three days of request
High-risk pregnancies	Within three days of identification or immediately if an emergency exists
Dental — Emergency	Within 24 hours of request
Dental — Urgent care	Within three days of request
Dental — Routine	Within 45 days of request

Pharmacy Coverage and Preferred Drug Lists

Both our Ambetter and Allwell lines of business utilize a Preferred Drug List (PDL), and we update these lists regularly. Our PDL's outline procedures for prior authorization, as well as guidelines for step therapy, quantity limits and exclusions.

You can view our [Ambetter Preferred Drug List](#) and [Allwell List of Drugs \(Formulary\)](#) on our websites. If you have questions about our pharmacy procedures, or would like a printed copy of either PDL, please call 1-800-294-3557 (TTY: 1-877-617-0392) or email Providers@ARHealthWellness.com.

