



2020 Second Quarter Updates Webinar


Audio Dial In: 1-669-900-6833

Webinar ID: 812869114 Password: 707675

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



Housekeeping

- Please mute your phone
 - Please do not put this call on hold- we will all hear your hold music.
 - This presentation will be posted on the Arhealthwellness website in a few days.
 - All questions will be answered at the end of the presentation.
- 

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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

Submit

Acronyms

Acronym	Definition
AWV	Annual Wellness Visit
E/M	Evaluation & Management
HCC	Hierarchical Condition Category
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)

Where to Find Us

Locate your assigned Provider Relations Representative

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








- FOR MEMBERS
- FOR PROVIDERS**
- GET INSURED

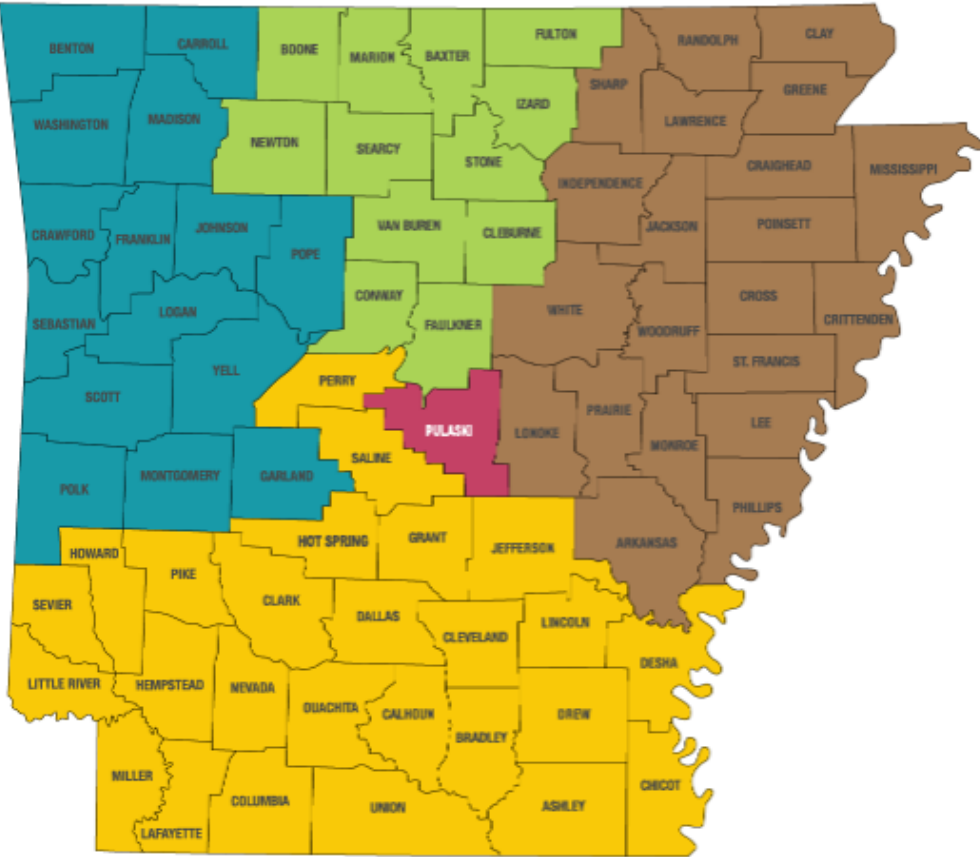
FOR PROVIDERS

- Login
- Become a Provider
- Pre-Auth Check +
- Pharmacy
- Provider Resources +
- QI Program +
- Provider News +
- Provider Relations**
- Coronavirus Information for Providers
- Provider Financial Support & Resources

Provider Relations

Arkansas Health & Wellness Provider Relations Associate Territories

-  **Christopher Ishmael**
-  **Kari Murphy**
-  **Meghan Hunt**
-  **Patrice Eackles**
-  **Valinda Perkins**



Agenda

- Welcome
- Provider Relations
- Q2 Updates
 - Coronavirus update
 - Sequestration Suspension
 - Lexis Nexis
 - Secure Portal
 - Daily Care Gaps
 - TurningPoint
- Ambetter Updates
- Allwell Updates
- Important Reminders
- Contact Information

Q2 Updates

COVID-19 Information & Updates



- Visit the “Coronavirus Information for Providers” located under the “For Providers” area of the www.arhealthwellness.com website
- Provider Billing Guidance for COVID-19 Testing provides detailed information as it relates to coding and billing guidelines for the following:
 - COVID-19 Testing Services
 - High-Throughput Technology Testing Services
 - COVID-19 Screening Services
 - COVID-19 Treatment Services
 - Reimbursement Rates for COVID-19 Services for All Provider Types
- Providers performing the COVID-19 testing can bill for testing services that occurred after February 4, 2020
- We will waive prior authorization requirements and member cost sharing for COVID-19 treatment for all members

COVID-19 Information & Updates



- Arkansas Health and Wellness has increased the scope and scale of our use of telehealth services for all products for the duration of the COVID-19 emergency
- Effective immediately, the policies we are implementing include:
 - Continuation of zero member liability (copayments, coinsurance and/or deductible cost sharing) for care delivered via telehealth
 - Any services that can be delivered virtually will be eligible for telehealth coverage
 - All prior authorization requirements for telehealth services will be lifted for dates of service from March 17, 2020 through July 25, 2020
 - Telehealth services may be delivered by providers with any connection technology to ensure patient access to care

Sequestration Suspension



- Medicare FFS Claims: 2% Payment Adjustment Suspended (Sequestration):
 - Section 3709 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act temporarily suspends the 2% payment adjustment currently applied to all Medicare Fee-For-Service (FFS) claims due to sequestration
 - The suspension is effective for claims with dates of service from May 1 through December 31, 2020

- We are proud to introduce our contracted clinicians to VerifyHCP®, a quick and easy clinician directory verification portal developed by LexisNexis® Risk Solutions
- VerifyHCP enables practices to validate or update pre-populated directory information in one place across all participating health plans
- Updated practice information allows us to provide patients with current directory information so they can select in-network providers, choose health plans, and ultimately access care
- Clinicians who do not respond to verification requests may face delayed claim reimbursements and removal from directories
- Outreach to confirm and update directory information will begin 06/15/2020

Lexis Nexis Outreach



- Several outreach methods will be used including email, fax, and phone, with email being the primary method
- Clinicians and practices will be directed to register and log in to the Verify Health Care Portal to confirm their directory information on file is accurate
- The Verify Health Care Portal is a secure, free website for clinicians and their staff to use to confirm directory information, as required by CMS and various state laws
- Contact LexisNexis Risk Solutions Tech Support at <https://healthcare.custhelp.com/app/ask> with questions about the portal

Notification of Pregnancy (NOP)

- AHW NOP forms help identify members with:
 - History of preterm delivery
 - Psychosocial issues
 - Other conditions that may complicate their pregnancy
- Allow the Start Smart for Your Baby® program resources and services to begin with assistance of Care Managers as early as possible to help achieve a healthy pregnancy outcome.
- Start Smart for Your Baby® services include:
 - Educating patients in normal and high risk pregnancies
 - Identify undetected problems that may put them at risk
 - Help assure compliance with antepartum and postpartum visits

Notification of Pregnancy (NOP) – con't



- SSFB Care Managers are available to assist the provider and member should the member need:
 - Home Health services
 - Assistance monitoring blood pressure or blood sugar
 - Compliance with OB visits
 - Other assistance as needed
- Complete and submit NOP forms to the plan following initial OB visit.
- Log onto Secure Provider Portal to access complete and submit form, send by mail, or call member services and ask for assistance completing the form.
- Anyone in the provider's office may complete the NOP form.
- Contact our Start Smart For Baby RN for assistance **501-478-2428**

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, there's 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's a "Login" form with fields for "User Name (Email)" and "Password", each with a "User Name is required." and "Password is required." error message. Below the fields is a green "Login" button and a link "Forgot Password / Unlock Account". Below the login form, there's 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, there's a "How to Register" section with the text "Our registration process is quick and simple. Please click the button to learn how to register." and two buttons: "Provider Registration Video" and "Provider Registration PDF". A red arrow points from the right side of the image towards the "Create An Account" button.

NEW Secure Portal Features

- A member eligibility overview page that reflects all critical data in a single view
- Ability to submit and track the status of claim reconsiderations online
- Expanded free text fields for reconsideration comments and explanations
- Ability to attach required documentation when filing a reconsideration
- Ability to receive push notifications regarding reconsideration status changes

Secure Messaging

- Secure Messaging is a feature within the Secure Provider Portal that allows providers to submit messages directly the health plan.
- To access messages- Click “Messaging” from the Dashboard
- The Secure Messaging Inbox appears displaying any messages for that user
- Click Create Message

Secure Messaging



Step 1

- Secure Messages submitted through the Secure Provider Portal are fully encrypted
- You can include member and/or provider specific data without the fear of committing a HIPAA violation.

This screenshot shows the "arkansas total care" dashboard. The top navigation bar includes links for Eligibility, Patients, Authorizations, Claims, and Messaging. The "Messaging" link is highlighted with a red box, and a yellow callout bubble points to it with the text "Click Messaging." Below the navigation bar, there are dropdown menus for "Viewing Dashboard For : TIN" and "Plan Type" (set to "Arkansas Total Care"). A "Check Eligibility" button is visible. On the right side, there is a "Welcome" section with links for "Add a TIN to My ACCOUNT" and "Reports".

Step 2

This screenshot shows the "Secure Messaging" interface. At the top, there are dropdown menus for "Viewing Messages For : TIN" and "Plan Type" (set to "Arkansas Total Care"), followed by a "GO" button. A red "Create Message" button is highlighted with a yellow callout bubble that says "Click Create Message." Below this, there is a section titled "Secure Messaging" with tabs for "Inbox", "Sent", and "Trash". The "Inbox" tab is selected, and it displays "No Messages to display". A large yellow box with the text "No Message to display" is also visible.

Secure Messaging

- In the New Message screen, you are able to select a Subject from the drop-down menu.
- In the Your Message field you can free text type the message to the Health Plan staff
- Click Send when complete
- You will receive a response to your message within 1-2 business days.



Step 3

This screenshot shows the 'New Message' interface. At the top, there's a header bar with 'Viewing Messages For: TIN' and 'Plan Type' set to 'Arkansas Total Care', with a 'GO' button and a 'Create Message' button. Below this, the 'New Message' section has a 'To' field set to 'Arkansas Total Care'. The 'Subject' field is open, showing a dropdown menu with various options like 'Benefit Inquiry - Transportation', 'Eligibility Inquiry', 'Claim Payment', etc. The 'Your Message' field is a large text area for typing the message. To the right, there are fields for 'Member ID' (123456789) and 'Date of Birth' (mm/dd/yyyy). A note at the top right says 'If your message is about a specific member, please include their ID and Date of Birth below:'. At the bottom, there's a footer with 'Privacy Policy' and 'Copyright © 2020, Centene Corporation'.

Step 4

This screenshot shows the 'Secure Messaging' inbox. The header bar says 'Secure Messaging'. Below it, there are tabs for 'Inbox', 'Sent', and 'Trash'. The 'Inbox' tab is selected, and it shows 'No Messages to display'. A green notification box at the top right says 'Success! Message sent.' with a close button (X). Below the notification, there's a yellow box that says 'No Message to display'.

Interpreta

Daily Care Gap Dashboard

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

Members (88)

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

Plan Type:

Plan Name/Code:

Apply Filters

Reset Filters

10

1 / 91

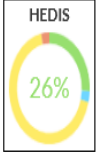
MEMBERSHIP ID	MEMBERSHIP NAME	LAST CLINIC VISIT DATE	LAST DATE	MEMBERSHIP TYPE	MEMBERSHIP STATUS
MEMBERSHIP 1001	Arkansas TotalCare - ManagedPlan - MEDICAL PLAN	11/15/2018	11/15/2018	1	MEMBERSHIP 1001
MEMBERSHIP 1002	Arkansas TotalCare - ManagedPlan - MEDICAL PLAN	11/15/2018	11/15/2018	1	MEMBERSHIP 1002
MEMBERSHIP 1003	Arkansas TotalCare - ManagedPlan - MEDICAL PLAN	11/15/2018	11/15/2018	1	MEMBERSHIP 1003
MEMBERSHIP 1004	Arkansas TotalCare - ManagedPlan - MEDICAL PLAN	11/15/2018	11/15/2018	1	MEMBERSHIP 1004
MEMBERSHIP 1005	Arkansas TotalCare - ManagedPlan - MEDICAL PLAN	11/15/2018	11/15/2018	1	MEMBERSHIP 1005

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



CALENDAR

08 Mar

MEMBERS



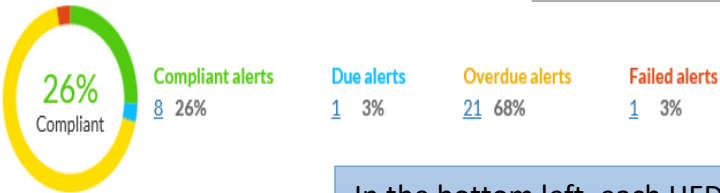
All HEDIS Measures

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

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

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

HEDIS Compliance Members

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

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
		W34	Overdue	Jan 01 2020	Dec 31 2020
DUNCAN;I	(51 M)	ABA	Overdue	Jan 01 2020	Dec 31 2020
		COL	Overdue	Jan 01 2020	Dec 31 2020
		PDC1	Due	Mar 21 2020	Dec 31 2020
GRIGGS;	(21 F)	ABA	Overdue	Jan 01 2020	Dec 31 2020

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

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 I 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

HEDIS

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

HEDIS Tip Sheets and QRG



Ambetter

Located under
Provider Resources

Marketplace Quality
Quick reference Guide

Quality

- [Clinical Practice Guidelines](#)
- [Cultural Competency Plan \(PDF\)](#)
- [LBP & AAB \(PDF\)](#)
- [Quality Improvement \(QI\)](#)
- [Ambetter Member Reassignment Form \(PDF\)](#)
- [Cervical Cancer Screening Tips \(PDF\)](#)
- [Annual Wellness Guide \(PDF\)](#)
- [Appropriate Treatment for URI \(PDF\)](#)
- [Obesity & BMI Coding Tips \(PDF\)](#)

HEDIS Tips and Quick Guides

- [Marketplace Quality Quick Reference Guide 2020 \(PDF\)](#)
- [Congestive Heart Failure Reference Guide \(PDF\)](#)



HEDIS Tip Sheets and QRG

Allwell




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](#).

Risk Adjustment And RA Tip Sheets 

Risk Adjustment Initiatives 

Coding Tip Sheets And Forms 

HEDIS Tips And Quick Guides 

- [Annual Physical and Wellness Visit Coding Tip Sheet \(PDF\)](#)
- [2020 Obesity and BMI Coding Tip Sheet \(PDF\)](#)
- [2020 HEDIS Quick Reference Guide \(PDF\)](#)
- [2020 Rheumatoid Arthritis Coding Tip Sheet \(PDF\)](#)

Provider Tools

- Provider Portal and Availability
 - Member attribution
 - Care Gaps
 - P4P and Incentives
- HEDIS team
 - Resources
 - In-depth gap closure strategy
 - Specialized reporting needs
- Case Management
- Health plan outreach programs
 - Member engagement
 - Appointment scheduling assistance
 - Specialized screening kits such as colorectal cancer
 - Health fairs

HEDIS & Quality Update: Home Testing Kits



- Allwell
 - Members with open gaps for A1c, Nephropathy, and Colon Cancer Screening will receive home test kits in the next few weeks
- Ambetter
 - Members with open gaps for A1c, Nephropathy, and Colon Cancer Screening will receive home test kits towards the end of July
 - All testing results go to member and assigned PCP

HEDIS Team



Quality Fax: (800) 716-2380

Quality Email: QI_AR_HEDIS@centene.com

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501-725-7685

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Danielle Winstead, LPN, PHIAS

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501-478-2313

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HEDIS Coordinator

501-478-2288

Keitha.L.McGhee@centene.com

Risk Adjustment 101

Importance of Effective Risk Adjustment Program to
Health Plans and Providers

What is Risk Adjustment?



- Risk Adjustment is a model used to gauge the cost a health plan will incur to care for members
- The purpose of risk adjustment is to deter plans from developing products that only attract the healthiest members – protect against adverse selection
- CMS and HHS use the Hierarchical Condition Category (HCC) grouping logic as basis of risk adjustment model that rely on accurate data from hospital and physician claims

Risk Adjustment Importance



- CMS & HHS **REQUIRE** health plans to report complete **and** accurate diagnostic information on enrollees
 - Confirm diagnosis through medical record review
- Capture and document conditions in each member's chart **ANNUALLY**
 - Conditions not documented annually does not exist
- Opportunity for providers to provide comprehensive care with every face-to face encounter
 - Document chronic conditions, co-existing conditions, active status conditions, and pertinent past conditions

Risk Adjustment Incentive Programs



- **IMPACT (Incentive Model for Provider Assessed Condition Tracking)**
 - Marketplace ONLY
 - Members with high risk scores
 - February 2020 – May 2020
 - Payout September 2020
- **P4Q (Performance 4 Quality)**
 - June 1, 2020 – December 31, 2020
 - Marketplace & Medicare
 - All members with HCC's
 - Payment begins after September 2020 and carries into 2021
 - Appointment Agenda's detail gaps to address
 - Utilize Provider Analytic Portal
 - In-depth training coming soon

Risk Adjustment Incentive Programs

- **In Office Assessment (Formerly HQPAF)**
 - February 1, 2020 – December 31, 2020
 - Marketplace & Medicare
 - All members with HCC's; targeted providers
 - Optum contracted vendor that works with providers on our behalf
 - Payment submitted ongoing after conditions have been met

Provider Partnerships

- **Telephonic Outreach Program**
 - Member Outreach to assist with scheduling AWW or visits for Incentive Programs
- **Chart Review Projects (RADV/RetroChart)**
 - Timely response for member medical record
 - Clinic responsibility to ensure copy center responds to request
- **EMR Access**
 - Work with provider partners to obtain remote EMR Access

Risk Adjustment Contact

Sherrill Montgomery, Risk Adjustment Manager

501.478.2526

Sherrill.S.Montgomery@Centene.com

TurningPoint

- 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 authorization 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 12/1/19 for dates of service on or after 1/1/2020

MUSCULOSKELETAL

Orthopedic Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Knee Arthroplasty
- ✓ Unicompartamental/Bicompartamental 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**

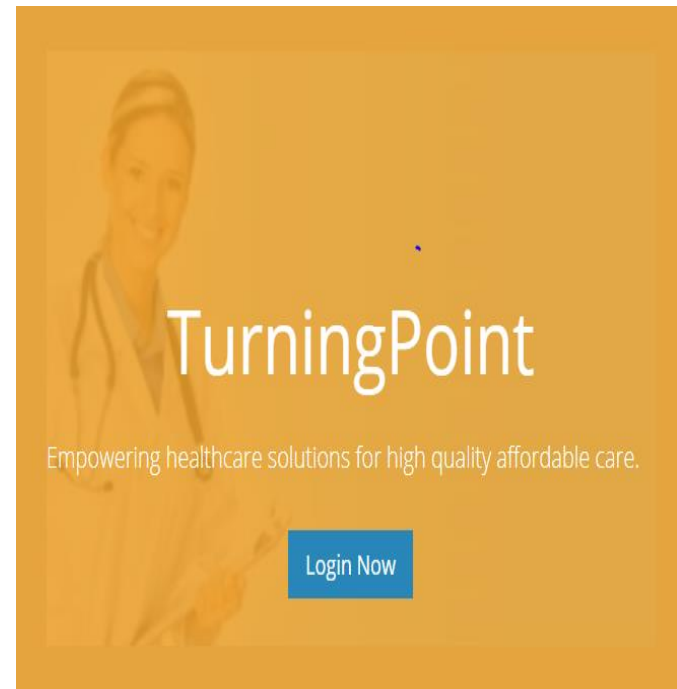
TurningPoint Provider Portal Access

- **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](mailto:Providersupport@turningpoint-healthcare.com)

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



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Ambetter 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 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

Coding & Documentation			
Exam Type	Initial CPT®	Subsequent CPT®	<ul style="list-style-type: none">- Focused on modifiable risk factors and disease prevention No chief complaint/Not due to present illness Complete systems review, Past medical, social, and family history, Pertinent risk factors Risk factor and age appropriate counseling, screening labs, tests, and vaccines- Documentation should include<ul style="list-style-type: none">-Status of chronic conditions that are not significant enough to require additional work-up-Description and care plan for minor problems that do not require additional work-up- Orders and/or referrals
Age 18-39	99385	99395	
Age 40-64	99386	99396	
Age 60+	99387	99397	
Seperate Evaluation and Management			
<ul style="list-style-type: none">• Provider may perform separately identifiable services 99201 - 99215, 99385 - 99387, 99395 - 99397, G0402, G0438 - G0439 on the same day.• Documentation must satisfy medical necessity for a problem oriented E/M separately from the components of the AWV and the Routine Physical Exam.		<ul style="list-style-type: none">• The components of both the AWV and the Routine Physical Exam must be met and documented.• Report E/M and routine physical with modifier -25 when performed on the same date.	



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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 Required- 1/1/2020 update



- The updated list of services that require an authorization is posted on the health plan website under Provider Documents
<https://www.arhealthwellness.com/content/dam/centene/ar-health-wellness/AllwellProviderDocs/Provider%20Bi-Annual%20Prior%20Auth%20Update.pdf>
 - These services include but are not limited to:
 - Chiropractic
 - Dermatology
 - DME
 - For complete CPT/HPCPS code listing, please see our Online Prior Authorization Tool. Payment, regardless of authorization, is contingent on the members eligibility at the time service is rendered.
- * We follow Medicare guidelines and coverage but it is within the MA plan's discretion to determine what will require a Prior Authorization.**

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/VO 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.

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 records must support all diagnoses and all services billed on the claim should:
 - 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

*Provider/member incentives will be issued for one of the visits (Physical/AWV), but not both. They should pay at 100% of contracted allowable if performed on the same day.

Annual Physical & Wellness Visit Coding Tip Sheet



Annual Wellness Visits			
Welcome to Medicare Exam G0402 (Once in a lifetime benefit)	Initial Annual Wellness Visit G0438 (Once in a lifetime benefit)	Subsequent Annual Wellness Visit G0438 (All subsequent visits)	The Annual Wellness Visit (AWV) includes Personalized Prevention Plan Services (PPPS) that focus on disability and disease prevention. This service is covered once per calendar year. (Refer to Medicare Claims Processing Manual for other services covered at the time of an IPPE or AWV.)

Annual Physical Exams			
Exam Type	Initial	Subsequent	Annual Physical Exams include an appropriate history/exam with risk counseling and/or quality intervention. The extent and focus of exam depends on the age and gender of the patient. This service is covered once per calendar year (Refer to CPT Code book for further guidance and to view other services covered at the time of a preventive medicine exam)
Age 18-39	99385	99395	
Age 40-64	99386	99396	
Age 60+	99387	99397	

Coding Guidelines



ICD-10-CM Codes	CPT/HCPCS Codes		HEDIS Measures
Z00.00 (Adult) – Z00.129 (Child) “With normal findings” <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	G0402 One-Time Benefit	“Welcome to Medicare Exam” Initial Preventive Physical Exam (IPPE)	<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
	G0438 One-Time Benefit	Initial Annual Wellness Visit (AWV)	
	G0439	Subsequent Annual Wellness Visit (AWV)	
Z00.01 (Adult) – Z00.121 (Child) “With abnormal findings” <input type="checkbox"/> Use when any abnormality is present at the time of encounter <input type="checkbox"/> Report additional codes for all conditions addressed	99385 – 99387 99395 - 99397	Routine Physical Exam	
	<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		

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 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

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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.

Education Requests

Would you like training for you and your staff?
You can submit your requests to
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Hours of Operation: 8am-4:30pm



Provider Contracting Email Address:

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Regular contracting inquiries and contract requests



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Phone: 1-844-263-2437

Fax: 1-844-357-7890

Provider Credentialing Email:

arkcredentialing@centene.com

Ambetter from Arkansas Health and Wellness

Provider Services

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QUESTIONS?

**Please submit any questions by using the
Q&A feature in Zoom**

Or

**Send us an email with
“Provider Webinar” in the subject line
Providers@ARhealthwellness.com**

Thank you!