



Appropriate use of antibiotics

When members are sick, they may request antibiotics. While antibiotics are powerful resources for fighting bacterial infections, prescribing antibiotics to members who do not need them can lead to antibiotic resistance. In addition, reactions to antibiotics cause 1 out of 5 medication-related visits to emergency rooms. It's important to assess whether antibiotics are necessary and useful given the members diagnosis.

Antibiotics don't work on viruses, and they won't help with some bacterial infections, including most cases of bronchitis and some sinus and ear infections.

These HEDIS measures assess whether plans are prescribing antibiotics appropriately:

- **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:** Guidelines recommend against the use of antibiotics to treat acute bronchitis in otherwise healthy adults.
- **Appropriate Treatment for Children with Upper Respiratory Infection:** Most upper respiratory infections in children are caused by viruses and do not require antibiotic treatment.
- **Appropriate Testing for Children with Pharyngitis:** Testing before prescribing an antibiotic ensures that children with a viral infection are not inappropriately treated.

Who should get a flu shot?

The Centers for Disease Control and Prevention (CDC) recommends that almost everyone ages 6 months and older get a flu vaccine. Receiving a flu shot can keep people from contracting the flu and can reduce the risk of flu-associated hospitalization. However, there are some people who should not receive flu vaccines. Members with severe, life-threatening allergies to ingredients in the vaccine—such as certain antibiotics and gelatin—and members under 6 months cannot get a flu shot. Providers should also discuss risks with members who have egg allergies, are sick, have weakened immune systems or have had Guillain-Barré syndrome.

If there is a shortage of flu shots, the CDC recommends providers prioritize immunizing people in the following groups:

- Children ages 6 months to 4 years
- People ages 50 and older
- People with chronic pulmonary or cardiovascular disorders
- Women who will be pregnant during flu season
- Children ages 6 months to 18 years who receive long-term aspirin therapy
- Residents of nursing homes and chronic care facilities
- People who are immunosuppressed
- American Indians and Native Alaskans
- People with a BMI greater than 40
- Healthcare personnel
- Household contacts and caregivers for: children younger than 5 (but especially children under 6 months); adults ages 50 and older; and people who are at higher risk for influenza complications

You can learn more about flu shot guidelines at [cdc.gov/flu/protect/whoshouldvax.htm#flu-shot](https://www.cdc.gov/flu/protect/whoshouldvax.htm#flu-shot).

HEDIS: Colorectal cancer screening

The HEDIS measure for colorectal cancer screening continues to assess the number of adults ages 50 to 75 who are screened. According to the HEDIS measure, screening options include:

- Annual fecal occult blood test
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- Computed tomography colonography every five years
- Stool DNA test every three years

Read more at ncqa.org/hedis/measures/colorectal-cancer-screening.



Cancer screenings for women

Cancer screenings are an important component of a woman's plan of care and can greatly increase longevity. Breast cancer and cervical cancer screenings can help identify abnormalities early, giving members a better chance at detecting and addressing cancer before it spreads. Arkansas Health & Wellness providers can help members detect cancer early by reminding and encouraging women to schedule these screenings. See below for guidelines on when women should be screened.

HEDIS for women's cancer care



Measure	Details
<p>Breast Cancer Screening <i>One in 8 women will be diagnosed with breast cancer during their lifetime.</i> The U.S. Preventive Services Task Force (USPSTF) recommends women begin biennial mammograms at age 50 but says women can begin screening at age 40, especially if they are at higher risk.</p>	<p>This measure assesses women ages 50 to 74 who had at least one mammogram to screen for breast cancer in the past two years. For 2018, NCQA added digital breast tomosynthesis to the list of acceptable tests for breast cancer screening. Read more at ncqa.org/hedis/measures/breast-cancer-screening.</p>
<p>Cervical Cancer Screening <i>The American Cancer Society (ACS) estimates that more than 13,000 women will be diagnosed with cervical cancer in 2018.</i> Both the ACS and the USPSTF recommend regular Pap screenings to detect abnormal cells.</p>	<p>This measure assesses either women ages 21 to 64 who had a cervical cytology (Pap test) performed every three years or women ages 30 to 64 who had cervical cytology and human papillomavirus co-testing every five years. Read more at ncqa.org/hedis/measures/cervical-cancer-screening.</p>



Payspan: Steps new providers should take

Arkansas Health & Wellness offers Payspan, an easier way to settle claims, create custom reports and receive payments more quickly. Payspan is available for providers who service both Ambetter and Allwell (HMO) members.

Allwell, our Medicare Advantage product, has expanded to new counties in Arkansas. To take advantage of Payspan, each new Allwell provider will need to register by visiting payspanhealth.com and clicking "Register."

Please note: Providers who have been members of our Ambetter network in the past and have just joined our Allwell network need to create another account in Payspan to receive Allwell payments.

Oral health offers clues to overall condition

Providers may find clues to a member's overall health by looking at their mouths and teeth.

Several health conditions can affect a patient's oral health:

Alzheimer's disease: A person with Alzheimer's may forget how to care for their teeth and gums, leading to infections, tooth decay and difficulty eating.

Diabetes: Because diabetes reduces a person's resistance to infection, people with the disease are more likely to develop gum disease.

HIV/AIDS: People with HIV or AIDS may experience oral infections, dry mouth, lesions, canker sores and other problems.

Osteoporosis: Members with osteoporosis may suffer bone loss in their mouths and lose teeth.

In addition to being a sign of poor overall health, oral health problems can contribute to conditions such as endocarditis, cardiovascular disease, premature birth and low birth weight.

Providers can help Arkansas Health & Wellness members stay healthy by asking about their dental health and reminding them to get regular dental care.

The American Dental Association says there is no one-size-fits-all dental treatment. Some people may need routine visits once or twice a year, while others may need to see a dentist more often because of their individual health considerations.

Providers who need assistance with helping members find dental care providers can contact Arkansas Health & Wellness or refer members in need of a dental provider to Arkansas Health & Wellness member services at **1-800-294-3557**.





Provider webinar dates

Every quarter, members of our provider relations team host hourlong webinars that serve as a touch point between our provider network and Arkansas Health & Wellness staff. These webinars are designed to cover industry topics like quality improvement, provider analytics and provider data accuracy. They also give our provider relations representatives a chance to share information about quickly evolving healthcare issues, such as the Arkansas Works program.

If you would like to review previous webinar content, PowerPoint presentations are available by request. Email Providers@ARHealthWellness.com with "Provider Webinar PowerPoint" as the subject line, and we will be happy to provide you with a copy.

Disclosure of Ownership forms

We value your partnership and the service and care you provide to our members as an Arkansas Health & Wellness preferred provider. The Centers for Medicare & Medicaid Services (CMS) requires that any carriers that provide Medicare and Medicaid services collect Disclosure of Ownership forms from their providers, whether those providers practice in a group or as individuals.

So we can remain in compliance with this new CMS regulation and continue to serve our members, we ask that you fill out and return the Disclosure of Ownership form to us. If you have not received a packet containing the Disclosure of Ownership form, please contact our provider services team at **1-800-294-3557**. Completion of this form is necessary for you to enjoy the full benefits of network inclusion, and it must be submitted prior to processing claims payment.

Once completed, please return to us via mail, fax or email. Timely return of the Disclosure of Ownership form will help avoid any unnecessary disruptions in your network status.

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

Fax: 1-844-357-7890
Email: arkcredentialing@centene.com

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



Join our webinars

Thursday, Sept. 20: Fall Provider Webinar at 10 a.m. and 3 p.m.
Thursday, Dec. 13: Winter Provider Webinar at 10 a.m. and 3 p.m.
To register, email Providers@ARHealthWellness.com.



Secure provider portal

Our secure provider portal is a great resource for managing claims, consolidating multiple tax identification numbers and handling patient administrative tasks. To navigate, visit **provider.arhealthwellness.com** and log in or create an account. Select your tax ID in the first field, select the applicable product (Ambetter or Allwell) in the second field, and then click the “GO” button.

From this window, you’ll have access to daily patient lists from one screen and be able to view patient demographics and history. You’ll also be able to manage batch claims for free, securely message with Arkansas Health & Wellness staff and manage the prior authorization process.

Provider relations representatives

As Allwell (our Medicare Advantage product) expands its offering in additional counties in Arkansas, so has our provider relations team. In August, our team of six provider relations specialists traveled to their respective territories and talked to providers about our incentive programs, our products and our secure provider portal.

When not in the field, provider relations staff members host quarterly webinars and act as your direct contact when a question or issue needs to be escalated. They communicate information on new policies and products, work with hospital and clinical staff to navigate evolving healthcare issues like changes to the Arkansas Works program and attend medical society conferences. Our specialists are here to partner with you and are eager to find innovative solutions to “Help Arkansas Live Better.”

Here are our provider relations specialists and their respective territories:

Tanya Brooks, Southwest Arkansas
Patrice Eackles, Southeast Arkansas
Meghan Hunt, North Central Arkansas
Chris Ishmael, Northeast Arkansas
Kari Murphy, Northwest Arkansas
Va'Linda Perkins, Central Arkansas





Updates to CMS-required training

In the past, the Centers for Medicare & Medicaid Services (CMS) has required providers who participate in networks serving Medicare populations to participate in and provide proof of completion of three training courses: CMS General Compliance; Fraud, Waste and Abuse; and Model of Care. In response to provider feedback, CMS has now omitted the requirements for CMS General Compliance and Fraud, Waste and Abuse. Model of Care training is still required.

Although these trainings will no longer be required, Arkansas Health & Wellness will continue to use the relevant information in these materials in some of our provider resources, such as our webinars. Additionally, we plan to include reminders about the Model of Care training requirement in our communications to our provider network. We value the service and care you give our members and want to facilitate an environment where it is easy for you to work with our members to achieve their best health.



Helping teens transition to adult care

Arkansas Health & Wellness has resources to help teens find adult providers as they age out of pediatric care. Our staff can help identify a primary care physician, specialist or other provider as needed, and they can work with the member or the member's current provider to fulfill this service.

The American Academy of Pediatrics recommends a transition to an adult care provider between ages 18 and 21, considering cases individually and including discussion with the patient and his or her caregivers.

The National Alliance to Advance Adolescent Health (NAAAHA) says the process can begin as early as age 12, when patients and their families can be informed of the transition policy. Transition planning can begin at age 14 and can continue with readiness assessments until the transition takes place between ages 18 and 21.

We encourage your staff to contact Arkansas Health & Wellness for help shifting a patient to a new physician, if needed. You can also find tip sheets and clinical resources at gottransition.org, a NAAAHA program.

Allwell expansion

Allwell, our Medicare Advantage product, will expand to cover 16 additional counties in 2019.

As a result of this expansion, we're welcoming new providers to our Allwell network. This also means that existing Allwell providers can now see patients from our new counties. Whether they're moving, traveling or new to Allwell, these individuals are now part of the greater portion of Arkansas that you help to live better as part of our Allwell network.



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