



Keep us informed

We're proud to have a network of providers across the state working with us to meet our members' individual health needs. In order for members to identify the care provider who will help them reach their best health, it is important for us to have accurate contact information for all our provider partners. Let us know if you plan to move, change phone numbers or leave the network by emailing ARKCredentialing@Centene.com to update or verify your contact information or status.

You can also check your information on our secure provider portal at ARHealthWellness.com/providers. Please let us know at least 30 days before you expect the change to ensure that our members have the most up-to-date information.

When a service is denied

Should Arkansas Health & Wellness decide to deny, reduce, suspend or stop coverage of certain services, we will send you and your patient written notification. The denial notice will include information on the availability of a medical director to discuss the decision.

Peer-to-Peer Reviews

If a request for medical services is denied because of a lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling Arkansas Health & Wellness at **1-877-617-0390**. A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Filing Appeals

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests. This will help us make timely medical necessity decisions based on complete information.



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HEDIS for diabetes

More than 100 million Americans have diabetes or prediabetes. Left untreated, the condition can lead to heart disease, stroke, hypertension, blindness, diseases of the nervous system, amputations and death. Providers can help members manage their condition and control their glucose levels by prescribing medications and recommending lifestyle changes, such as eating a healthy diet, getting sufficient exercise and quitting smoking.

HEDIS measures for diabetes include:

- Comprehensive diabetes care
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
- Diabetes monitoring for people with diabetes and schizophrenia
- Statin therapy for patients with diabetes

NCQA provides a Diabetes Recognition Program to recognize providers who use HEDIS measures to care for their patients with diabetes. To learn more about the program, go to the [NCQA website](#).

Tests for diabetics

The HEDIS measure for comprehensive diabetes care, directed to patients ages 18 to 75 who have type 1 or type 2 diabetes, lists the following tests and exams:

- **HbA1c testing.** Completed at least annually
 - HbA1c result >9 = poor control
 - HbA1c result <8 = in control
- **Dilated retinal eye exam.** Performed in previous two years
- **Medical care for nephropathy.** At least one of the following: nephropathy screening, ACE/ARB therapy or documented evidence of nephropathy
- **Blood pressure.** Lower than 140/90 mm Hg considered in control

HEDIS measures performance

HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most U.S. health plans to measure performance on important aspects of care and service.

HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans. Final HEDIS rates are typically reported to NCQA, the Centers for Medicare & Medicaid Services and state agencies once a year. Through HEDIS, NCQA holds Arkansas Health & Wellness accountable for the timeliness and quality of healthcare services (e.g., acute, preventive and mental health) delivered to our diverse membership. Arkansas Health & Wellness also continually reviews HEDIS rates and looks for ways to improve.

HEDIS topics covered in this issue of the provider newsletter include diabetes, hypertension and metabolic monitoring for children and adolescents on antipsychotics.

HEDIS for hypertension

The HEDIS measure for controlling high blood pressure is designed to assess how well adults with hypertension are managing their condition, as uncontrolled high blood pressure can lead to heart attacks, stroke and kidney disease.

NCQA recently updated the measure to reflect a new blood pressure target: below 140/90 mm Hg for adults ages 18 to 85 with a diagnosis of hypertension. The previous measure included a different target for older adults without diabetes.

In addition to updating this measure, NCQA will allow:

- More administrative methods to collect the measure
- Blood pressure readings to be taken using remote patient monitoring devices
- Telehealth encounters to satisfy certain components of the measure

To learn more about revisions to the high blood pressure measure, review the **2019 summary of HEDIS changes**.



Monitoring youths on antipsychotic medications

ambetter.

Children and adolescents who are prescribed antipsychotic medications are at increased risk of weight gain, high blood sugar, high cholesterol and triglyceride levels and elevated blood pressure. If three or more of these occur at the same time, it is called metabolic syndrome.

The HEDIS measure for metabolic monitoring for children and adolescents on antipsychotics assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.

Providers can help members by continually monitoring factors such as blood sugar and weight and by advising children and adolescents to be physically active and eat a healthy diet.

What's new in HEDIS?

Each year, NCQA releases new technical specifications for HEDIS measures. The 2019 changes include:

New Measures

- **Risk of continued opioid use.** This measure assesses the percentage of members ages 18 and older who have a new episode of opioid use that puts them at risk of continued use.
- **Prenatal immunization status.** This addition assesses the percentage of deliveries at 37 gestational weeks or more in which women received influenza and diphtheria and pertussis (Tdap) vaccines.
- **Adult immunization status.** This measure tracks the percentage of adults ages 19 and older who are up to date on vaccines for influenza, tetanus and diphtheria (Td) or tetanus, Tdap, herpes zoster and pneumococcal disease.

Changes to Existing Measures

- **Controlling high blood pressure.** The measure was updated to align with clinical guidelines. Read more in the article on Page 2.
- **Follow-up after emergency department visit for mental illness.** Patients going to the emergency room with intentional self-inflicted injuries may receive a principal diagnosis for the injury and a secondary diagnosis for mental illness. Because of this, NCQA added a principal diagnosis of intentional self-harm to the denominator and a principal diagnosis of intentional self-harm with a secondary diagnosis of a mental health disorder to the numerator.
- **Follow-up after hospitalization for mental illness.** NCQA added a principal diagnosis of intentional self-harm to the denominator.
- **Plan all-cause readmissions.** This measure will now include observation stays as index hospitalizations and readmissions events for all product lines. It will also remove patients with high-frequency hospitalization from the risk-adjusted readmission rate and report a rate of these outlying individuals among the plan population. Implementation of this measure is delayed until 2020.

Cross-Cutting Topics

NCQA instituted two changes across multiple measures. These are the introduction of telehealth into 14 measures and the exclusion of members with advanced illness from certain **measures**, including cancer screenings and some cardiovascular measures.



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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.

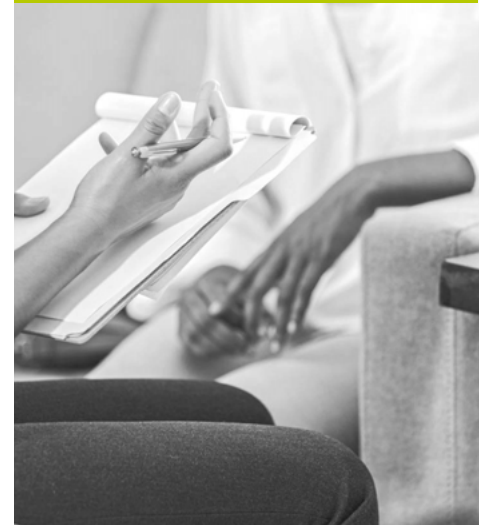
Allwell, our Medicare Advantage product, has expanded to new counties in Arkansas. To take advantage of Payspan, each new Allwell provider will need to register by visiting payspanhealth.com and clicking "Register."

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

LexisNexis validating demographic data

One benefit of membership in our provider network is visibility in our Find a Provider tool. The Find a Provider tool helps members easily locate physicians and centers of care. To keep our Find a Provider tool up to date and complete, it is imperative that we have accurate information on record. Because our tool helps members locate providers based on services offered and location, failure to update this data may lead to provider suppression and does not convey the full range of quality care available to members.

We've partnered with LexisNexis to validate demographic data quarterly. As part of this process, providers will be sent an email with details on how to log in to the Verify Health Care Portal, a secure website where you will be able to update your prepopulated information. Information updated in the portal will share your demographic data across any other Medicare and Marketplace payers who are also using the Verify Health Care Portal. You may complete this activity yourself or forward the email to a delegate to complete on your behalf. Attestations are due within two weeks of receipt of the request. Please contact Provider Services at **1-800-294-3557** with any questions you may have. Thank you again for your ongoing partnership.



Disclosure of Ownership forms

Thank you for participating in the NovaSys Health network maintained by Arkansas Health & Wellness. We value your partnership and the work that you do to provide care to our members. A new requirement from the Centers for Medicare & Medicaid Services obligates all carriers who provide Medicare and Medicaid services to collect Disclosure of Ownership forms from their providers, whether those providers practice in a group or as individuals. In compliance with this new CMS regulation, we ask that you fill out and return the Disclosure of Ownership form to us. If you have not already received a packet containing the Disclosure of Ownership form, please contact our Provider Services team at **1-800-294-3557**.

Completion of this form is necessary for you to enjoy the full benefits of network inclusion, and it must be submitted before processing payment claims. Once completed, please return to us via mail, fax or email. Timely

return of the Disclosure of Ownership form will help avoid any unnecessary disruptions in your network status.

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



Provider Relations staff

Our staff of six Provider Relations representatives are experts in Arkansas Health & Wellness products and want to be your point of contact for everything, from company trainings and development to communicating new policies. They are happy to work with your staff to navigate evolving healthcare issues, such as changes to the Arkansas Works program.

Our Provider Relations team hosts quarterly webinars, travels throughout the state to visit provider partners and attends medical society conferences. Our specialists are here to partner with you and are eager to find innovative solutions to help Arkansas live better.

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

Allwell expansion

In 2019, Allwell will expand to cover 23 Arkansas counties. We are excited about the prospect of serving new members in these areas, and we are glad that our growing network will have an opportunity to reach more people throughout the state. Providers in counties neighboring our expansion may see new members and can refer members to a geographically wider network of specialists if needed.

As our business grows, we are dedicated to our members and provider partners. We encourage you to reach out to our Provider Relations team and to refer to our Provider Newsletters for updates on clinical and payment policies, HEDIS guidelines and other topics of interest. Thank you for your partnership during this exciting time for Arkansas Health & Wellness, and for all of Arkansas.



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Providers can help members plan ahead

Do members you care for have advance directives? Many Americans do not. Arkansas Health & Wellness wants to make sure members are getting the information they need to execute these important documents for helping to communicate the type of end-of-life care they want.

What providers can do:

- Talk to members about their end-of-life wishes and explain the role of advance directives in determining the care they receive.
- Inform members they should share a copy of the advance directive with the person or people designated to be involved in their care decisions. Members should also add a copy to their medical records.
- Provide members with resources for advance care planning, such as the National Hospice and Palliative Care Organization's CaringInfo website, which includes downloadable, state-specific advance directives. Learn more at caringinfo.org.

Providers are required to document advance care planning discussions and note whether an advance care plan is in the member's medical record.



Your credentialing **rights**

Credentialing protects our members by ensuring that providers meet state and federal regulatory requirements and accreditation standards.

During the credentialing and recredentialing process, Arkansas Health & Wellness obtains information from outside sources such as state licensing agencies and the National Practitioner Data Bank.

If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Arkansas Health & Wellness will notify the practitioner and request clarification.

A written explanation detailing the error or the difference in information must be submitted to Arkansas Health & Wellness to be included as part of the credentialing and recredentialing process. Information must be sent in a timely manner to avoid delays in the credentialing process.

Practitioners have the right to:

- Review primary source materials collected during this process.
- Request the status of their credentialing application.
- Ask questions about the credentialing process at any time.

Providers can learn more by contacting Provider Services at **1-800-294-3557**.



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