



arkansas
total care™

AFMC Conference 2023

8/28/23

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Agenda



- Medicaid Redetermination
- Personal Caregiver ID
- Medicaid ID Requirement Clarification
- HCBS and Atypical Credentialing
- Request for Reconsiderations or Claim Disputes
- Clinical and Payment Policies
- Provider-Led Trainings
- Fraud, Waste, and Abuse
- Provider Demographic Accuracy
- Contact Information

Join Our Email List Today



- Receive current updates:
 - Arkansas Total Care:
 - ✓ <https://www.arkansastotalcare.com/providers.html>

For Providers

The best support is close to home. That's why Arkansas Total Care operates from your neighborhood. We partner with local services and providers. Our team brings over 20 years of healthcare experience. We look forward to continuing that dedication.

Every individual should live with respect and dignity. We will help our members to maximize their independence. We will also help and maintain members quality of life in their chosen setting.

If you are interested in joining us as a provider, please visit our [Become a Provider](#) page.

Arkansas Total Care provides the tools and support you need to deliver the best quality of care. Please view our listing on the left that covers forms, guidelines and helpful links.

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

Name *	Position Title *
<input type="text"/>	<input type="text"/>
Email *	
<input type="text"/>	
Phone Number *	
<input type="text"/>	
Group Name *	
<input type="text"/>	
Group NPI	
<input type="text"/>	
Tax ID	
<input type="text"/>	
<input type="submit" value="Submit"/>	

Login To Your Account

Access your secure provider information any time.

Login Now

Acronyms



Acronym	Definition
ARTC	Arkansas Total Care
EVV	Electronic Visit Verification
PHE	Public Health Emergency
FWA	Fraud, Waste, and Abuse
HCBS	Home- and Community-Based Services
NPI	National Provider Identification
PASSE	Provider-Led Arkansas Shared Savings Entity
SIU	Special Investigations Unit



Medicaid Redetermination

Medicaid Redetermination



During the Covid-19 public health emergency (PHE), the Families First Coronavirus Response Act provided funds to state Medicaid programs if states agreed to provide continuous coverage during the PHE.

The Covid-19 PHE has ended. The Arkansas Department of Human Services' (DHS) routine redetermination process resumed on April 1, 2023.

Arkansas Medicaid members will need to provide proof of eligibility to retain their Medicaid Coverage – DHS has identified more than 400,000 Medicaid members who be subjected to this initial redetermination process.

You can check your patients' Medicaid eligibility status using the AR Medicaid Provider Portal at portal.mmis.arkansas.gov/armedicaid/provider. Additional resources and information for providers can be found on the DHS Website. From humanservices.arkansas.gov, navigate to the Divisions & Shared Services dropdown, hover over the Medical Services option, and select Update Arkansas.

Member Not Eligible



- You may have noticed an increase in “Member Not Eligible” rejections and denials. Utilize the AR Medicaid Provider Portal see if their coverage was truly terminated or if it has transitioned.
portal.mmis.arkansas.gov/armedicaid/provider
- If the coverage is displayed and shows ARTC coverage in MMIS, then you can confirm coverage in the ARTC portal.
- If the coverage is showing as active, the claim can be resubmitted.
- If the member does not show as active on our portal, you can send an email to providers@arkansastotalcare.com with “Member Eligibility” in the Subject line. Please make sure to include the member’s name, date of birth, and a screenshot of the MMIS eligibility.



Personal Caregiver ID

Personal Caregiver ID Updates



All Arkansas providers are required by the Arkansas Department of Human Services (DHS) to provide a caregiver Medicaid ID for every caregiver servicing members for personal care, attendant care, and respite services.

- Effective Friday, January 27, 2023, the caregiver Medicaid ID must be entered for every caregiver profile in HHAeXchange.
- The caregiver Medicaid ID should be entered in the Professional License Number field of the caregiver profile.
 - The Professional License Number is required when editing or adding a new caregiver and before saving the caregiver profile in HHAeXchange.
 - Failure to add an active and accurate Medicaid ID for each caregiver can result in delay in claim payment or denials.

Personal Caregiver ID cont.



- To avoid claim denials, the caregiver effective date should be listed in HHA appropriately. You can submit these visits via HHAeXchange or a chosen third-party EVV system that aggregates with HHAeXchange.
- Claims received outside of the EVV system will be denied with the note “NO EVV VISIT MATCH FOR MEDICAID ID BILLED.”
- If you have any questions or concerns about this change, please contact Provider Services at 1-866-282-6280 (TTY: 711). You can also contact HHA at 1-855-400-4429.

Personal Caregiver ID cont.



Name: Anderson Stephanie
Team:
Address: XXX
XXX

Caregiver Code: WCP-1008
Agency: QA Provider 1
Languages:

Office: [A BETTER DAY HOME CARE SERVICES INC](#)
Phone:
DOB: XX/XX/XXXX ⓘ

Availability Updated:
Caregiver Hours: H: 0 ⓘ
V: 0

Profile

[Profile Log](#) [Print Profile](#)

Demographics

[History](#)

* First Name: Stephanie
* Last Name: Anderson
* Gender: F
* Caregiver Code: WCP-1008
Caregiver Mobile ID: ⓘ
Enable Mobile Chat: N/A ⓘ
Time & Att. PIN: 100008
Enable Mobile App Biometric Two Factor Authentication: ⓘ
SSN#: XXX-XX-XXXX ⓘ H
Rehire : No Rehire Date :
Marital Status:
Dependents:

Middle Name:
* Initials: SA
* DOB: XX/XX/XXXX ⓘ H
Alt. Caregiver Code: 5008
Mobile Type: ⓘ
Mobile Device ID: ⓘ
Allow Caregiver to select the visit as a Community visit: ⓘ
Ethnicity:
Country of Birth:
Picture:
Secondary Offices: ⓘ

Employment Info

[History](#)

* Type: Employee H
* Employment Type: PCA, HHA, HSK, PA, HCSS, CNA, Other (Non Skilled), APC, HMK, ILST, PBIS, RESP, ESC, SDP, CBSA, COMP, PC, CH, SPC, SHHA, SHC
* Application Date: 02/01/2021
Hire Date: ⓘ
First Work Date:
Last Work Date:
HHA/PCA Registry Number: 1081088888
Professional License Number 123456795
Referral Source:
NYC Registry checks:
Exclusion/Verification Lists Checked On:
Default Travel Method: ⓘ

* Status: Active H
Reason:
Notes:
Employee ID:
Team:
Location:
Branch:
Contract: UHCT, WNCT, CCHQ, EVRC, CCQA
Added/Checked Registry Date: 04/22/2022
NPI Number:
Referral Person:
Signed Payroll Agreement: No Date: ⓘ
EVV Utilization: ⓘ
Secondary Identifier: H [Secondary Identifier Details](#)

Contact Information



- Providers using a third-party EVV vendor can send the updated information to HHAeXchange through the EDI integration process. EDI providers with questions on the specifications should contact EDI Support at EDISupport@hhaexchange.com.
- For questions regarding how to update information in the HHAeXchange system, contact HHA at 855-400-4429.
- For plan-specific questions, please contact Arkansas Total Care at 1-866-282-6280.

Change to Support



We will be sunsetting the support@hhaexchange.com email address on July 1, 2023. Moving forward, all support requests should be made via the HHA Client Support Portal.

HHA developed the Client Support Portal in response to customer feedback for quicker access to support, more visibility on the status of support requests, and an easier way to manage the support request process. We recommend you begin using the HHA Client Support Portal today to take advantage of the improved experience, including:

- Faster support response
- Better communication
- Increased visibility of support request status
- Streamlined support request process



Medicaid ID Requirement Clarification

Medicaid ID Clarification



On May 9, 2023, we sent an email with the subject line "Medicaid ID Requirement Notice." We apologize for any confusion caused by this communication. The information in that email is only applicable for providers who are receiving claims denials for the listed reason

"(4G) Deny: Medicaid Sanctioned/Termed/Excluded Provider."

- **If you have not received a denial notice for this reason, you do not need to take any action regarding that notice at this time.**
- If you have received a denial for this reason, we have determined that your group does not have an active Arkansas Medicaid ID (MCID). We reached this determination after reviewing our network against the provider file sent to us by the Department of Human Services (DHS).
- Per our contract with the state, the Taxpayer Identification Number (TIN) and group National Provider Identifier (NPI) are required to have an Arkansas MCID in order to receive payment for claims.
- Once you have acquired an active MCID, please forward that information to us at **ArkCredentialing@centene.com**. We will verify your information and reactivate you effective the date provided by the state.



HCBS and Atypical Credentialing

HCBS and Atypical Credentialing



Atypical and HCBS Provider Recredentialing Frequency Reduced: Now Required Every Three Years

- In accordance with a recent PASSE agreement update, we have amended our recredentialing schedule for atypical and Home- and Community-Based Services (HCBS) providers. Beginning February 2023, atypical and HCBS providers have been transitioned to a three-year recredentialing cycle. Providers who have gone through this process recently may have seen this change reflected in their approval letter.
- We value your partnership and hope that this change helps facilitate the care you provide our members. If you have any questions about this change, please reach out to us at 1-800-294-3557 or arkcredentialing@centene.com.



Requests for Reconsideration or Claim Disputes

Request for Reconsiderations

If a provider disagrees with the original claim outcome (payment amount, denial reason, etc.):

- Reconsiderations may be submitted using one of the following ways:
 - Calling the Provider Services Department
 - Using the Request for Reconsideration form found on our website (**preferred method**)
 - Sending a written letter that includes a detailed description of the reason for the request
 - To ensure timely processing, the letter must include sufficient identifying information, which includes, at a minimum, member name, member ID number, date of service, total charges, provider name, original EOP, and/or the original claim number found in Box 22 of the CMS 1500 form or Field 64 of the UB-04 form.
- Must be submitted within 180 days of the date of the original explanation of payment (EOP) or denial.
- Written requests for reconsideration and any applicable attachments must be mailed to:

Arkansas Total Care
Attn: Request for Reconsideration
P.O. Box 8020 Farmington, MO 63640-8020

Claim Disputes

Claim Dispute: A provider disagrees with the outcome of the request for reconsideration.

- A claim dispute/claim appeal should be used only when a provider has received an unsatisfactory response to a request for reconsideration. If a dispute form is submitted and a reconsideration request is not located in our system, then the dispute will be considered a reconsideration.
- A claim dispute/appeal must be submitted on the Claim Dispute Form located under the Provider Resources tab of ArkansasTotalCare.com. The form must be completed in its entirety.

The completed form may be mailed to the following address:

Arkansas Total Care

Attn: Claim Dispute

P.O. Box 8020 Farmington, MO 63640-8020

A claim dispute/appeal will be resolved within 30 calendar days. The provider who filed the dispute/appeal will receive a written letter detailing the decision to overturn or uphold the original decision.



Clinical and Payment Policies

ARTC Clinical Policies



Home Find a Doctor Contact

Contrast On Off a a a language

FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Cultural Competency Training Attestation

Provider Relations

Login

Become a Provider

Provider Financial Support & Resources

Provider Training +

Pharmacy

Provider Webinars

Provider Resources -

Clinical & Payment Policies

Pre-Auth Check

Coding Tip Sheets And Forms

Provider News +

QI Program +

Grievance and Appeals

Coronavirus Information for Providers +

Clinical & Payment Policies

Arkansas Total Care Policies

To easily search for a policy, use the Ctrl+F (Command+F on Mac) function on your keyboard to search by keyword, policy number or effective date.

WHAT ARE CLINICAL POLICIES? +

WHAT ARE PAYMENT POLICIES? +

Arkansas Total Care Policies

ARTC CLINICAL POLICIES -



POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
25-hydroxyvitamin D Testing in Children and Adolescents (PDF)	CP.MP.157	January 1, 2022
Abaloparatide (Tymlos) (PDF)	CP.PHAR.345	March 1, 2022
Abatacept (Orencia) (PDF)	CP.PHAR.241	
AbobotulinumtoxinA (Dysport) (PDF)	CP.PHAR.230	June 1, 2022 - NEW
Acupuncture (PDF)	CP.MP.92	October 1, 2021

Policy Update



Recently we sent a notification to providers about policy updates effective **June 1, 2023**. The below changes were made to align with current guidance from the Centers for Medicare & Medicaid Services (CMS). They are not health plan policy updates.

- Inappropriate Primary Diagnosis
 - Denies or limits diagnosis codes based on coding guidelines supported by CMS and ICD-10. Claims will be denied when billed with unacceptable primary/principal diagnosis, manifestation diagnosis, and sequela diagnosis in outpatient or inpatient facilities.

Supportive Living Clinical Policy



Arkansas Total Care is amending our Supportive Living Criteria policy.

- POLICY ID: ARTC.CC.20. can be viewed on our website.
 - **These changes will go into effect August 14, 2023.**

www.arkansastotalcare.com/providers/resources/clinical-payment-policies.html

*New or amended policies are indicated by a “NEW” designation next to the effective date.



NEW Waiver Manual

New Waiver Manual



The new ARTC Waiver Manual is now available on the public website.

- This can be found under the Provider Resources section of the ARTC website titled “Provider Waiver Manual.”



Provider Self-Led Trainings

Cultural Competency Trainings



- This course allows providers to receive information on how to service the member's health care needs in a culturally competent manner.
- ARTC now provides self-led trainings for providers to complete at their convenience.

A screenshot of the Arkansas Total Care website. At the top, there are three navigation tabs: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". Below the "FOR PROVIDERS" tab, a sidebar menu lists various services, with "Provider Training" highlighted. The main content area shows the "Provider Training" page, which includes a description of the self-led cultural competency training, links to "Discharge Planning Provider Training" and "Treatment Planning for Behavioral Health (PDF)", and a video player. The video player shows a slide titled "Cultural Competency" with the text "Defined as the ability to work with and diverse cultures." and a play button icon. The slide also features the Arkansas Total Care logo and an image of hands stacked together.

Cultural Competency Training Attestation



Home Find a Doctor Contact

Contrast On Off a a a language

FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Cultural Competency Training Attestation

Provider Relations

Login

Become a Provider

Provider Financial Support & Resources

Provider Training

Pharmacy

Provider Webinars

Provider Resources

Provider News

QI Program

Grievance and Appeals

Coronavirus Information for Providers

Cultural Competency Training Attestation

Cultural Competency Trainings needs to be completely every year. Providers who have completed the Cultural Competency Trainings can complete the form below.

Practice Name *

TIN *

Practitioner Name *

Practice Phone Number *

What type of training did you attend? *

- Attended an ARTC presented webinar
- Attended another Cultural Competency training

The year attestation completed *

Check Box for attestation*

Attest

Electronic Signature *

Submit

Provider Portal Training



FOR PROVIDERS

Cultural Competency Training Attestation

Provider Relations

Login

Become a Provider +

Provider Financial Support & Resources

Provider Training -

Web Wizard For Home And Community Based Service Providers

Pharmacy +

Provider Webinars

Provider Resources +

Provider News +

QI Program +

Grievance and Appeals

Coronavirus Information for Providers +

Provider Training

Arkansas Total Care provides a Self-Led Cultural Competency training that provides a comprehensive overview of Cultural Competency. This is an annual training that is offered to every provider and is available 24/7 on the Provider Training Page. After completion of the training, providers will then need to complete the [Cultural Competency Training Attestation Form](#).

[Discharge Planning Provider Training](#)

[Treatment Planning for Behavioral Health \(PDF\)](#)

A screenshot of a YouTube video player. The video title is "Arkansas Total Care Cultural Competency Training". The video content shows a slide with the text "Cultural Competency" and "Defined as the ability to work with and diverse cultures." Below the text is an image of several hands of different skin tones stacked on top of each other. A red play button is overlaid on the video. The video player interface includes a "Share" button in the top right corner and a "Watch on YouTube" button in the bottom left corner. Below the video player, there is a dark blue banner with the text "Secure Provider Portal Quick Start Guide" and a "Share" button. A large red arrow points to the "Share" button in the banner.



Fraud, Waste, and Abuse

Fraud, Waste, and Abuse



- Arkansas Total Care takes the detection, investigation, and prosecution of fraud, waste, and abuse very seriously and has an FWA program that complies with the federal and state laws.
- Arkansas Total Care routinely conducts audits to ensure compliance with billing regulations.
- The Centene Special Investigation Unit (SIU) performs retrospective audits, which may result in taking actions against providers who commit fraud, waste, and abuse.

Fraud, Waste, and Abuse cont'd

- These actions may include, but are not limited to:
 - Remedial education and/or training to prevent the billing irregularity
 - More stringent utilization review
 - Recoupment of previously paid monies
 - Termination of provider agreement or other contractual arrangement
 - Civil and/or criminal prosecution
 - Any other remedies available to rectify
- Some of the most common FWA submissions seen are:
 - Unbundling of codes
 - Up-coding services
 - Add-on codes without primary CPT
 - Diagnosis and/or procedure code not consistent with the member's age and/or gender
 - Use of exclusion codes
 - Excessive use of units
 - Misuse of benefits
 - Claims for services not rendered

If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call our anonymous and confidential hotline at 1-866-685-8664.

Provider Demographic Accuracy

Provider Demographic Accuracy

Help us ensure the information provided to ARTC members for your service location is up to date!

- Provider demographic information is validated through credentialing, rosters, provider data change forms, and third- party vendor requests, such as LexisNexis.
- Maintaining correct clinic information ensures our members are able to locate the providers they need through the ARTC provider directory posted online.
- Changes can be submitted through the secure provider portal or by submitting a Provider Data Change Form to arkcredentialing@centene.com
- Changes can include, but are not limited to:
 - Adding or removing a location
 - Updating your phone number
 - Removing inactive practitioners
- We are required to report directory accuracy to the state.

Key Contacts

Key Contacts

Department	Phone/Website	Fax/Email
HHAeXchange Support	1-855-400-4429	HHA Client Support Portal
Engolve Pharmacy Services —Prior Authorization	1-866-399-0928 Pharmacy.Envolvehealth.com	1-866-399-0929
Turning Point	501-263-8850/ 1-866-619-7054	501-588-0994
NIA Advanced Imaging (MRI,CT, PET)	1-866-500-7685 RadMD.com	N/A
Engolve Vision	1-844-280-6792 VisionBenefits.EnvolveHealth.com	N/A
EDI Claims Assistance	1-800-225-2573 ext. 6075525	EDIBA@CENTENE.COM

Care Coordination Update and Contacts



- ARTC has implemented an Enhanced Care Coordination (ECC) program to best support our members with complex needs. The ECC team is comprised of clinicians and those with CES-waiver experience and utilizes an inter-disciplinary approach. The ECC team works in conjunction with the assigned Care Coordinator to create a seamless process for members and providers.
- If you have any concerns or questions regarding Care Coordination, please reach out to:
 - Lauren H. Grounds Lauren.H.Grounds@ArkansasTotalCare.com
 - Tanya Y. Brooks Tanya.Y.Brooks@ArkansasTotalCare.com
 - Jessica E. Sanders Jessica.E.Sanders@ArkansasTotalCare.com

Need to Contact Us?



Provider Services Call Center

- **First line of communication**
 - Arkansas Total Care Provider Services Call Center
 - 1-866-282-6280 TTY/TDD: 771
- Provider Service Representatives can assist with questions regarding:
 - Eligibility
 - Authorizations
 - Claims
 - Payment inquiries
 - Negative Balance reports
 - Appeals
 - Check Re-issue
 - Secure Portal Password reset
- Representatives are available Monday through Friday, 8AM to 5PM (Central Standard Time).

Provider Inquiries

- After speaking with a Provider Service Representative, you will receive 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 must have the following when 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 Relations Territories

Arkansas Total Care Provider Relations Associate Territories



**Kari
Murphy**



**Rachel
Baney**



**Randal
Bailey**



**Rose
Pennick**



**Tamesa
Sutton**



**Valinda
Perkins**



Thank You!