

Spring Webinar 2019



Arkansas Total Care PASSE Provider Overview

March 6, 2019

Agenda



- PASSE & ARTC Overview
- Provider Resources
- Online Tools
- Claim Submission Information
- Contact Information
- Important Reminders

Disclaimer

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Acronyms



Acronym	Definition
ARTC	Arkansas Total Care
DHS	Department of Human Services
HEDIS	Healthcare Effectiveness Data and Information Set
ID	Identification
NPI	National Provider Identifier
PASSE	Provider-led Arkansas Shared Savings Entity
PCP	Primary Care Physician
TIN	Tax Identification Number
IDD	Intellectually and Developmentally Disabled
BH	Behavioral Health

What Is A PASSE?

- A PASSE is a Provider-led Arkansas Shared Savings Entity
- Created by Act 775
- DHS defines the PASSE as “A new model of Organized Care that will address the needs of certain Medicaid Beneficiaries who have complex behavioral health and intellectual and developmental disabilities service needs”
- Provider-led in that providers must own at least 51% of the new company
- To learn more about the PASSE program visit Medicaid’s website at: <https://humanservices.arkansas.gov/about-dhs/dms/passe>

Purpose of the PASSE

- To improve the health of Arkansans who have need of intensive levels of specialized care due to mental health, intellectual or developmental disabilities
- To link providers of physical health care with providers of behavioral health care and services for individuals with developmental disabilities
- To coordinate care for all community-based services for individuals with intensive levels of specialized care needs
- To reduce excess cost of care due to under-utilization and over-utilization of services
- To allow flexibility in the array of services offered to the population served
- To reduce costs by organizing care, not just by managing finances
- To increase the number of service providers available in the community to the population covered

OUR PURPOSE

Helping Arkansas Live Better

CORPORATE PHILOSOPHY

Transforming the health of the community one person at a time

OUR MISSION

Better health outcomes at lower costs

OUR BRAND PILLARS

Focus on individuals + Active Local Involvement + Whole Health

OUR BELIEFS

- We believe in treating the whole person, not just the physical body.
- We believe treating people with kindness, respect and dignity empowers healthy decisions.
- We believe we have a responsibility to remove barriers and make it simple to get well, stay well and be well.
- We believe local partnerships enables meaningful, accessible healthcare.
- We believe healthier individuals create more vibrant families and communities.

About Arkansas Total Care



Arkansas Total Care is a newly formed partnership between Arkansas Health & Wellness, Mercy Health, and Lifeshare, Inc.

Mercy Health- Mercy operates 7 acute care, specialty care, and critical access hospitals in Arkansas, with additional facilities in Kansas, Missouri, and Oklahoma. Mercy provides primary and physical health services as well as behavioral and pharmacy services.

LifeShare- A licensed IDD and community-based provider in Arkansas, supporting people with Intellectual and Developmental Disabilities and other complex needs. For more than 20 years, LifeShare has created person-centered empowering programs and now works with other providers in managed care settings to collaboratively build programs that empower the lives of the people we collectively support.

Arkansas Health & Wellness- Arkansas Health & Wellness currently offers both Ambetter (a health insurance marketplace plan) and Allwell (a Medicare Advantage plan) in Arkansas. Arkansas Health & Wellness has a history of providing products and services for under/uninsured populations, employers, and self-employed groups. Through its corporate parent, Centene, Arkansas Health & Wellness also has over 30 years of experience supporting the community and those covered by Medicaid, including members with IDD and Behavioral Health needs.



PASSE Model Implementation

- There are two phases for Arkansas Medicaid's implementation of this new model

	Phase I – 2018		Phase II - 2019
	Arkansas Total Care	AR Medicaid	Arkansas Total Care
Care Coordination Services	X		X
Benefits & Eligibility		X	X
Claims Processing		X	X
Prior Authorization		X	X
Utilization Management		X	X
Case Management		X	X
Network Contracting	X		X
Provider Network		X	X

ID Card--Sample

 <p>arkansas total care</p>		 <p>PASSE An Arkansas Medicaid Program</p>
<p>NAME: (JANE DOE) MEMBER ID#: XXXXXXXXXX</p>	<p>RX: ENVOLVE PHARMACY SOLUTIONS 1-800-460-8988 RXBRN: 004336 RXPCN: MCAIDADV RXGRP: RX5476 PHARMACY HELP DESK: 1-855-266-2596</p>	
<p>If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Arkansas Total Care's 24/7 nurse advice line at 1-866-282-6280.</p>		
<p>IMPORTANT CONTACT INFORMATION: Member Services: 1-866-282-6280 TTY/TDD: 711, 24/7 Nurse Advice Line: 1-866-282-6280, Vision: 1-844-280-6792</p>		
<p>MEDICAL CLAIMS: EDI Payer for Medical Claims 88069 Arkansas Total Care Attn: Claims P.O. Box 8020 Farmington, MO 63640</p>		<p>PROVIDERS: Provider Services: 1-866-282-6280 IVR Eligibility Inquiry - Prior Auth: 1-866-282-6280 Vision: 1-844-280-6792</p>
<p>VISION CLAIMS: EDI Payer for Vision Claims 56190 Envolve Benefit Options Attn: Claims PO Box 7548 Rocky Mount, NC 27804</p>		<p>EDI/EFT/ERA please visit Provider Resources at ArkansasTotalCare.com</p>

Online Resources

Provider Webinar Sign Up



Home Contact

Contrast On Off a a a language+

FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Login

Become a Provider

Pharmacy

Provider Webinars

Provider Resources 

Provider News

Grievance and Appeals

PASSE Town Hall Webinar

Provider Webinars

This Provider Webinar Series offers the providers and their office staff the opportunity to learn from subject matter experts. Participants can ask questions about current topics and best practices. Registration is free and each webinar will be approximately one hour in length.

2019 Q1 Provider Webinar

When: March 6th, 2019 at 10 AM and 3 PM (CST)

Where: Online session

Summary: This webinar covers a general overview of ARTC, the PASSE model, billing, our provider portal, and contact information.

Web Wizard For Home And Community Based Service Providers

When: March 8th, 2019 at 3:00 PM-4:00 PM (CST)

Where: Online session

Summary: This webinar covers a general overview of Web Wizard.

Webinars *

Web Wizard for HCBS Providers - March 8th - 3PM (CST) ▼

Please choose which webinar(s) you would like to attend. Registration ends one hour before the scheduled class time.

First Name *

Last Name *

Quick Reference Guide

Simplify Office Administrative Tasks



Keep our Quick Reference Guide nearby to make pre-visit planning and post-visit tasks quick and easy.

Website: ArkansasTotalCare.com

- Patient care forms
- Pre-Auth Needed tool
- Arkansas Total Care News
- Provider Manual
- Preferred Drug List
- Member resources

Secure Provider Portal: Provider.ArkansasTotalCare.com

- Verify member eligibility
 - Access patient health records
 - View patient gaps
 - Manage prior authorizations
 - Submit and manage claims
 - And more!
-

Provider Resources

- 2019 Provider Manual
- Provider Newsletter
- Quick Reference Guide
- Pre-Auth Needed? Tool
- Inpatient Authorization form

Provider Resources

Arkansas Total Care provides the tools and support you need to deliver the best quality of care.

Reference Materials

- [Provider Newsletter - Q1 2019 \(PDF\)](#)
- [2019 Provider Manual \(PDF\)](#)
- [Quick Reference Guide \(PDF\)](#)
- [Payspan \(PDF\)](#)
- [Secure Portal \(PDF\)](#)
- [Provider Education Member ID Card \(PDF\)](#)
- [Prior Authorization Guide \(PDF\)](#)

Medical Management

- [Pre-Auth Needed?](#)
- [Inpatient Prior Authorization Fax Form \(PDF\)](#)
- [Outpatient Prior Authorization Fax Form \(PDF\)](#)
- [Grievance, Appeal, Concern or Recommendation Form \(PDF\)](#)

Claims and Claim Payment

- [Electronic Transactions \(PDF\)](#)
- [Claim Dispute Form \(PDF\)](#)
- [Health Care Claim: Professional \(837\) \(PDF\)](#)
- [Health Care Claim: Institutional \(837\) \(PDF\)](#)

Online Resources

Provider Resources (cont.)

- Pre-Auth Needed Tool-Check to see if a service needs a Prior Authorization
- You will need to answer 6 questions with the radio buttons before the box to enter your code will appear
- Once your code is entered, you will see a green N for no auth required, a red Y for auth required, or a blue C for conditional.

Pre-Auth Check

Use our tool to see if a pre-authorization is needed. It's quick and easy. If an authorization is needed, you can access our login to submit online. For the best experience, please use the Pre-Auth tool in Chrome, Firefox, or Internet Explorer 10 and above.

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response

Vision Services need to be verified by [Envolv Vision](#).
Dental Services are provided through [Delta Dental](#) or [MCNA](#). Please verify.
Complex imaging, MRA, MRI, PET, and CT scans need to be verified by [NIA](#)

Non-participating providers must submit Prior Authorization for all services.
For non-participating providers, [Join Our Network](#).

Would this be Emergency or Urgent Care, Dialysis or are these family planning services billed with a contraceptive management diagnosis?

Yes No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Are anesthesia services being rendered for pain management?	<input type="radio"/>	<input type="radio"/>
Are oral surgeon services being rendered in the office?	<input type="radio"/>	<input type="radio"/>
Are chiropractic services being rendered?	<input type="radio"/>	<input type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	<input type="radio"/>	<input type="radio"/>
Are hospice services being provided?	<input type="radio"/>	<input type="radio"/>

Enter the code of the service you would like to check:

99213

Check

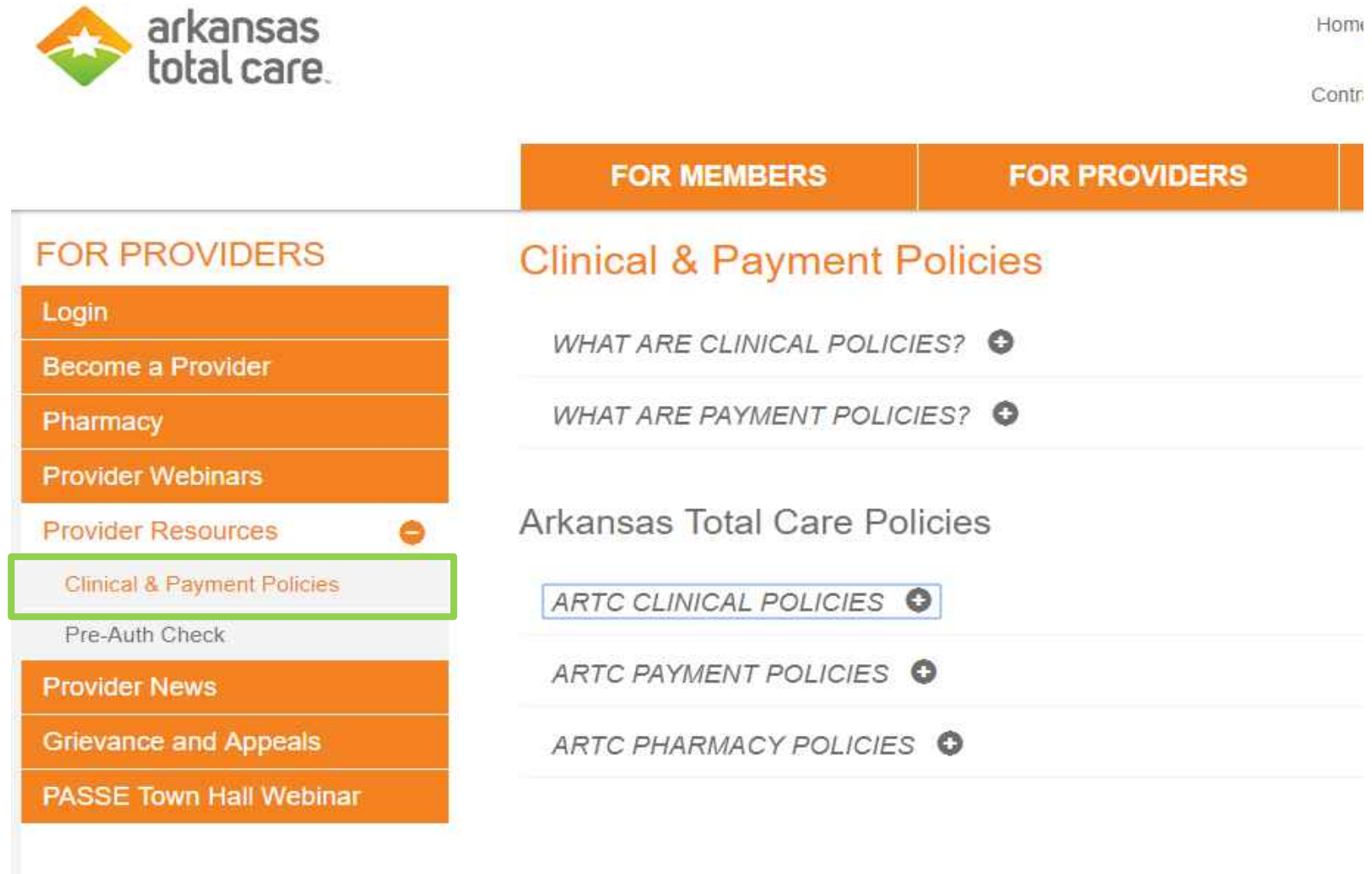
C
Conditional

99213 - OFFICE/OUTPATIENT VISIT EST
Pre-authorization required for non-participating providers only.

To submit a prior authorization [Login Here](#).

Clinical and Payment Policies

- Effective May 1, 2019, Arkansas Total Care will have updated Clinical and Payment policies. This information will be available to you on the website under the Provider Resources tab.



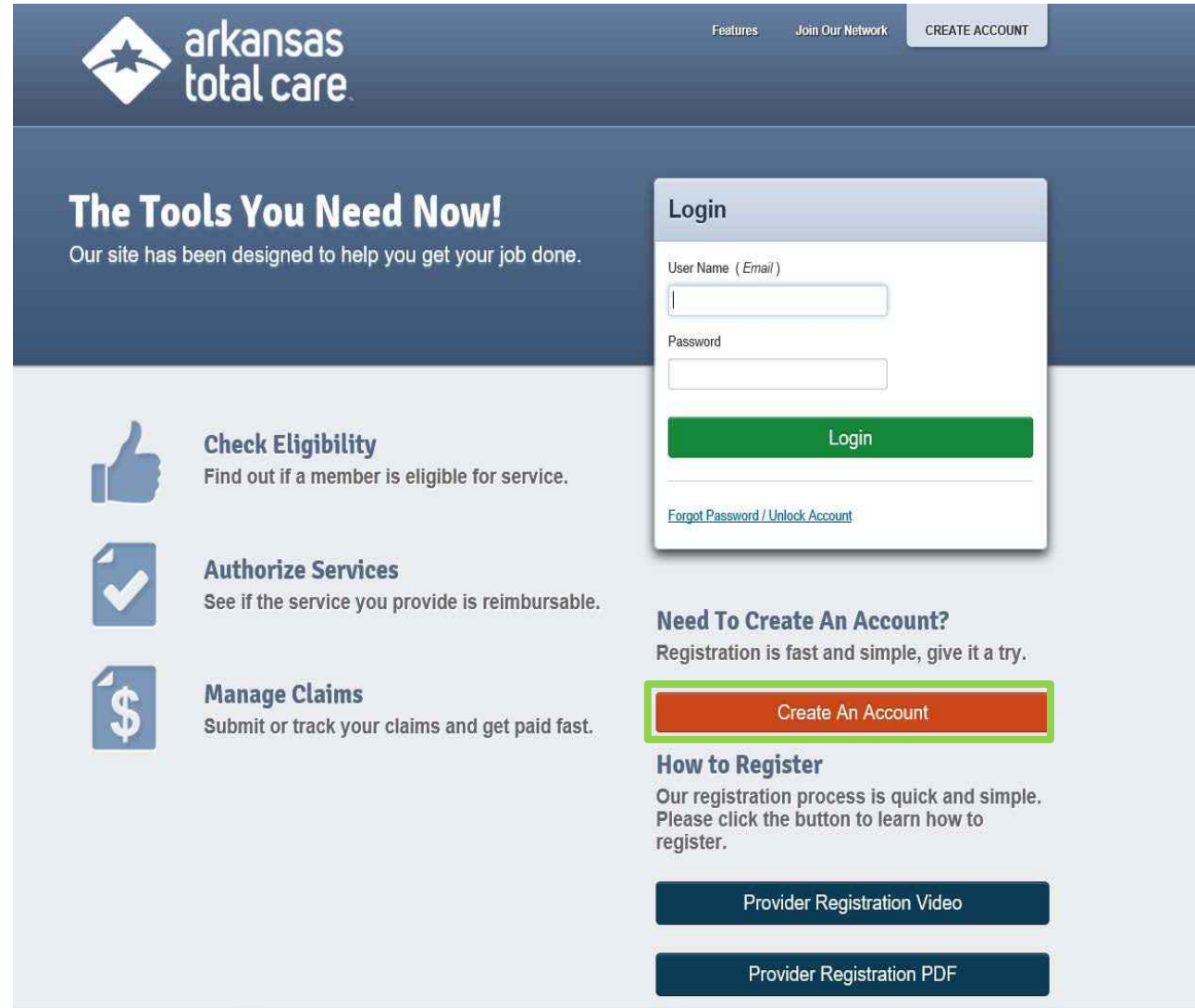
The screenshot displays the Arkansas Total Care website interface. At the top left is the logo. On the right, there are links for 'Home' and 'Contact Us'. Below these are two tabs: 'FOR MEMBERS' and 'FOR PROVIDERS'. The 'FOR PROVIDERS' tab is active, showing a sidebar menu with options: Login, Become a Provider, Pharmacy, Provider Webinars, Provider Resources (with a minus sign), Clinical & Payment Policies (highlighted with a green border), Pre-Auth Check, Provider News, Grievance and Appeals, and PASSE Town Hall Webinar. The main content area shows the 'Clinical & Payment Policies' section with expandable links: 'WHAT ARE CLINICAL POLICIES?', 'WHAT ARE PAYMENT POLICIES?', 'ARTC CLINICAL POLICIES', 'ARTC PAYMENT POLICIES', and 'ARTC PHARMACY POLICIES'.

Online Resources

Secure Provider Portal:

- Verify member eligibility
- Submit and view status for claims and authorizations
- View detailed patient list

- The ARTC provider portal is separate from the Ambetter & Allwell portal! You will need to create a new login.



The screenshot shows the Arkansas Total Care provider portal homepage. At the top, there is a navigation bar with the logo, "Features", "Join Our Network", and a "CREATE ACCOUNT" button. Below the navigation bar, a dark blue banner reads "The Tools You Need Now!" with the subtext "Our site has been designed to help you get your job done." To the right of this banner is a "Login" form with fields for "User Name (Email)" and "Password", a green "Login" button, and a link for "Forgot Password / Unlock Account". Below the banner, there are three main service areas: "Check Eligibility" (with a thumbs-up icon), "Authorize Services" (with a checkmark icon), and "Manage Claims" (with a dollar sign icon). To the right of these areas, there is 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 is 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".

Secure Provider Portal



The screenshot shows the Arkansas Total Care Secure Provider Portal dashboard. At the top, there is a navigation bar with the Arkansas Total Care logo and icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a section for "Viewing Dashboard For:" with a dropdown menu showing a redacted name and "Arkansas Total Care" selected, followed by a green "GO" button. The main content area is divided into several sections: "Quick Eligibility Check" with input fields for "Member ID or Last Name" (containing "123456789 or Smith") and "Birthdate" (containing "mm/dd/yyyy"), and a green "Check Eligibility" button; "Recent Claims" with a yellow banner stating "No Data Found"; and a "Welcome" sidebar on the right containing a list of links: "Add a TIN to My ACCOUNT", "Reports", "Patient Analytics--Coming Soon", and "Provider Analytics--Coming Soon". Below the sidebar is a "Recent Activity" section with columns for "Date" and "Activity". At the bottom of the page, there are links for "Instruction Manual (PDF)", "Terms and Conditions", "Privacy Policy", and "Copyright © 2019, Centene Corporation".

Secure Provider Portal (cont.)



Secure Provider Portal (cont.)

Eligibility Check

Date of Service Member ID Only DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
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[Instruction Manual \(PDF\)](#) [Terms and Conditions](#) [Privacy Policy](#) Copyright © 2019, Centene Corporation

- Member ID or Last Name *and* DOB

Secure Provider Portal (cont.)



The screenshot displays a user interface for the Secure Provider Portal. At the top right, there is a dark blue navigation bar containing two buttons: "Smart Sheets" and "Create Authorization". The "Create Authorization" button is highlighted with a red border and includes a small icon of a document with a plus sign. Below this, a light blue horizontal bar contains the word "Authorizations" on the left, followed by two buttons labeled "Processed" and "Errors". To the right of these buttons is a small dark grey button labeled "Disclaimer". On the far right of this bar is a "Filter" button with a dropdown arrow icon. A thin orange horizontal line is visible below the main interface area.

Secure Provider Portal (cont.)

Claims

Date Range From to

Member Last Name First Name Member ID

Claim Claim # Status Ref/Acct Number

Provider NPI Medicaid #

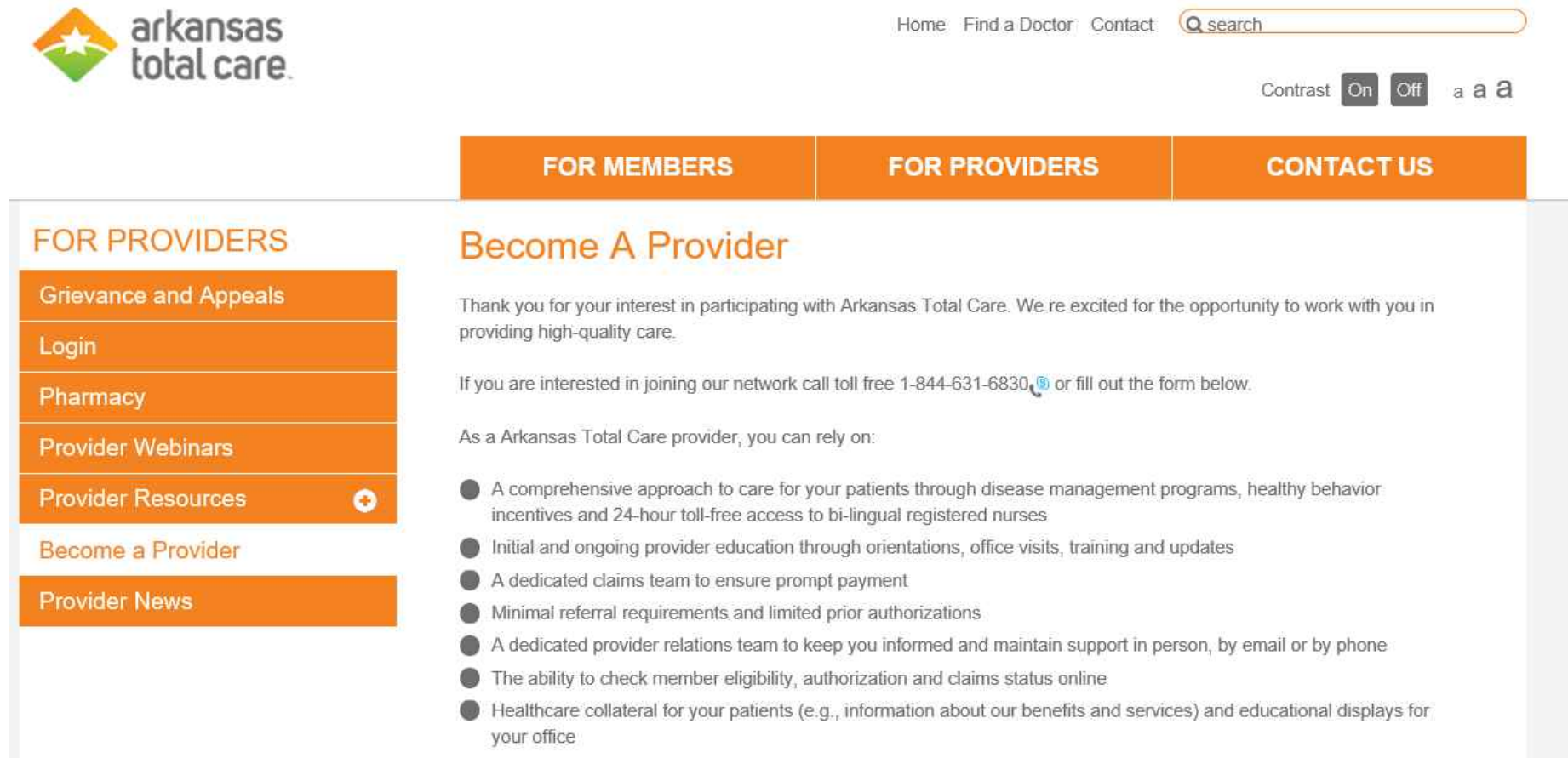
To search, enter one or more of the following search criteria. The Date of Service range you provide is limited to a one-month span. Only the last 24 months of claims data is available online.
Claims update every 24 hours.

March 1st Claims

- All claims with a date of service March 1st or later need to be submitted to the PASSE.
- DO NOT HOLD CLAIMS FOR PASSE MEMBERS.
- Our system is active and processing claims today.
- Use our free, secure provider portal or your regular clearinghouse with our payer ID 68069.

Provider Contracting

- To join our network select 'Become A Provider' from the 'For Providers' tab on our website. You must currently be a participating Arkansas Medicaid provider.



The screenshot shows the Arkansas Total Care website interface. At the top left is the logo. To the right are navigation links: Home, Find a Doctor, Contact, and a search bar. Further right are contrast controls (On/Off) and font size options (a a a). Below this is a navigation bar with three tabs: FOR MEMBERS, FOR PROVIDERS (which is selected), and CONTACT US. On the left side of the 'FOR PROVIDERS' section is a vertical menu with options: Grievance and Appeals, Login, Pharmacy, Provider Webinars, Provider Resources (with a plus icon), Become a Provider, and Provider News. The main content area under 'FOR PROVIDERS' is titled 'Become A Provider'. It contains a thank-you message, a contact number (1-844-631-6830), and a list of benefits for providers, each preceded by a grey circle icon.

Provider Contracting

Arkansas Total Care Contracting

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



Provider Contracting Email Address:

ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Arkansas Total Care Provider Services

Phone: 1-866-282-6280

Website: arkansastotalcare.com

Email inquiries to:

Providers@ArkansasTotalCare.com

Authorization Process

Submit Prior Authorization

If a service requires authorization, submit via one of the following ways:



SECURE WEB PORTAL

Provider.ArkansasTotalCare.com

After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line. Notification of authorization will be returned phone, fax, or web.



PHONE

1-866-282-6280
(TDD/TTY: 711)



FAX

1-833-249-2342

Claims Submission Information

- **Electronic Claim (EDI)**
 - ANSI XS12N 837
 - Payer ID: 68069

- **Paper Claim**
 - CM 1450 (UB-04) for hospitals & facilities
 - CMS 1500 (02-12) for physicians & practitioners
 - Attn: Claims PO Box 8020, Farmington, MO 63640-5090

- **Provider Portal**
 - Web Wizards
 - Online data entry
 - Batch upload

Claims Submission Information

- Timely Filing
 - 365 days from date of service

- Please include Provider Medicaid ID on all claims submissions (Provider Medicaid ID is required for Atypical providers but is also preferred for all providers)

- Providers who are out of network and haven't submitted claims with us in the past will need to send us a W9 so we can get you loaded in our system to ensure claim payment isn't delayed
 - Please use the Provider Relations inbox to send us a copy of your W9 at providers@arkansastotalcare.com

Claims Submission Information

Electronic Funds Transfer

[Payspanhealth.com](https://payspanhealth.com)

Payspan
A Faster, Easier
Way to Get Paid



Arkansas Total Care offers Payspan, a free solution that helps providers transition into electronic payments and automatic reconciliation.

Claims Submission Information



- If a member has Medicare primary you will initially need to submit those claims to Medicare. Once they have processed you will need to submit your claim to us with a copy of the remittance from Medicare.
- This process will move back to only one initial submission to Medicare in the near future. We will communicate to you when this is available.
- We do have a list of codes that are not covered by Medicare so that you can submit those claims directly to us instead of Medicare first.

Web Wizard - HCBS

Viewing Claims For: IlliniCare Health Plan

Claims

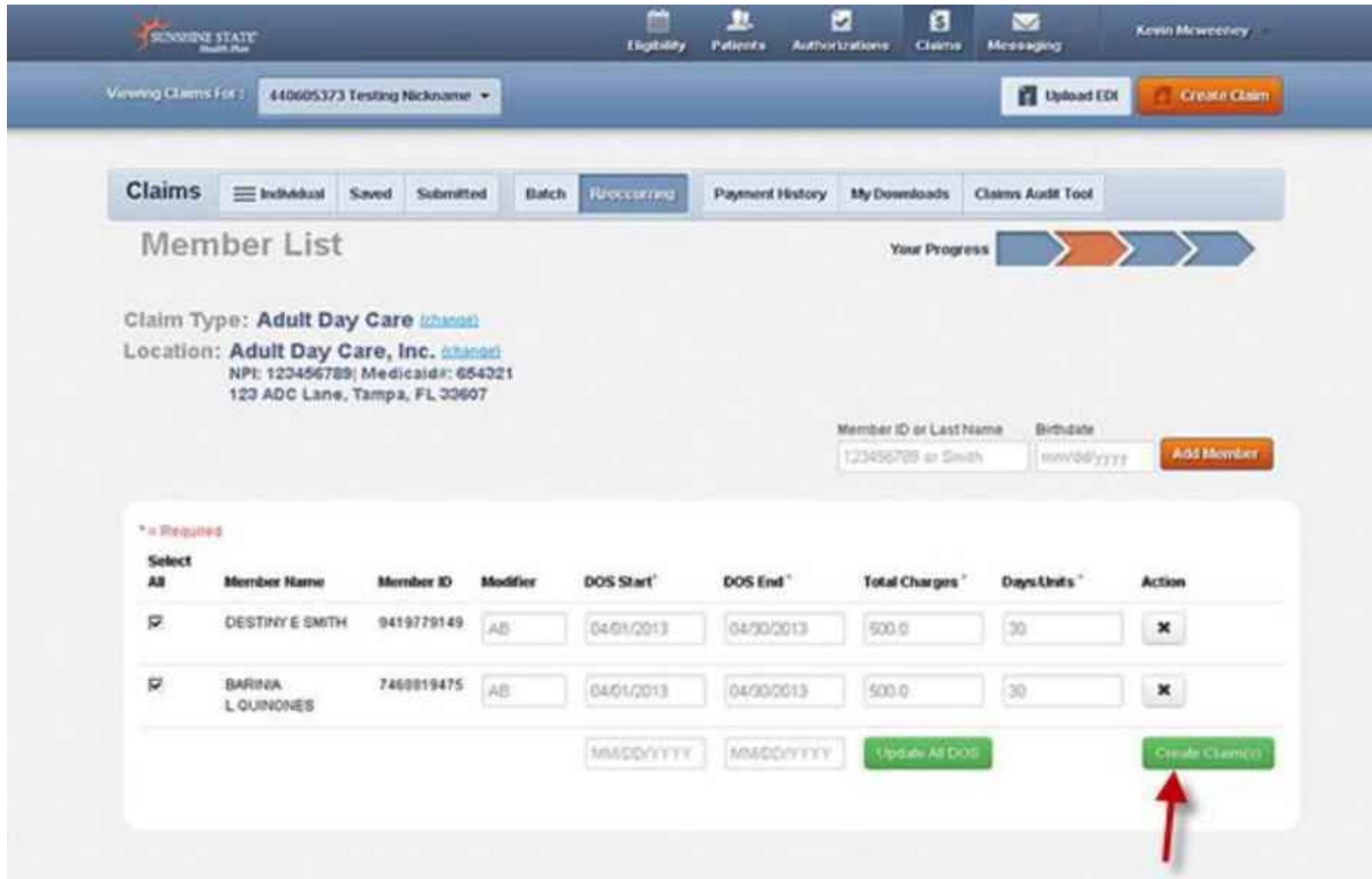
Get Started Used only by LTC and ADC Providers. [Service Package II Coding Guide](#) **Your Progr**

Claim Type:   **Select a Template to Star**
Our preset templates help speed up the

- HCFA 1500
- Home Health: Physical Therapy
- Personal Emergency Response
- Adult Day Service Transportation
- Adult Day Care
- Supportive Living Facilities
- Home Delivered Meals
- Homemaker Services
- Home Health Occupational Therapy
- Home Health Waiver: RN

Conditions Privacy Policy Copyright © 2013, Centene Corporation

Web Wizard



SUNSHINE STATE Health Plan

Eligibility Patients Authorizations Claims Messaging Kevin Mcweeney

Viewing Claims For: 440605373 Testing Nickname

Upload EDI Create Claim

Claims Individual Saved Submitted Batch **Reoccurring** Payment History My Downloads Claims Audit Tool

Member List Your Progress

Claim Type: **Adult Day Care** [\(change\)](#)
Location: **Adult Day Care, Inc.** [\(change\)](#)
NPI: 123456789 | Medicaid#: 654321
123 ADC Lane, Tampa, FL 33607

Member ID or Last Name Birthdate Add Member
123456789 or Smith mm/dd/yyyy

* = Required

Select	Member Name	Member ID	Modifier	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input checked="" type="checkbox"/>	DESTINY E SMITH	9419779149	AB	04/01/2013	04/30/2013	500.0	30	X
<input checked="" type="checkbox"/>	BARINA L QUINONES	7460819475	AB	04/01/2013	04/30/2013	500.0	30	X

MMDD/YYYY MMDD/YYYY Update All DOS Create Claims

Q&A

Thank you