

2026 Updates



VANTOS
HEALTH NETWORK

Agenda

- Who we Represent
- NEW in 2026
- Provider Process – Roster Updates & Credentialing
- Plan Information
 - AIP
 - Tribute
 - AHS Plans
 - Empower



The Network



Three Lines of Service – Four Plans

**Commercial/Employer
Self-Funded**



Medicare

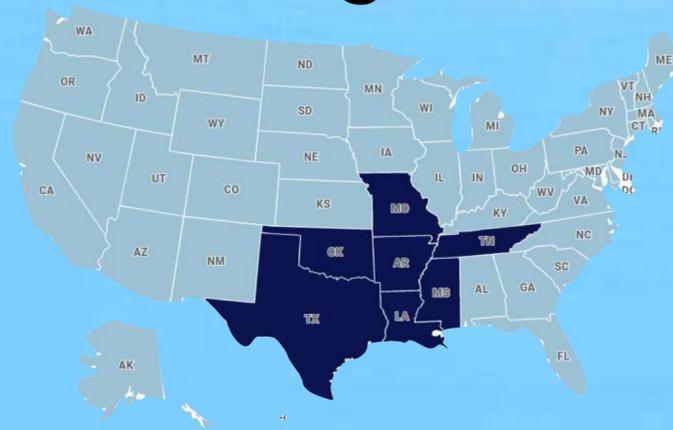


Medicaid



About VANTOS

- Contracted, credentialed, and maintained by the network operations division of Access Health Services (AHS)
- Supports and provide the medical network for Commercial/Employer Self-Funded health plans (AHS Plans), Medicare (Tribute Health plans & AIP Dual Advantage), and Medicaid (Empower Healthcare Solutions)
- Managed locally to create a more collaborative partnership between the payor and the provider
- Comprehensive Managed Care network of 35,000 + medical and behavioral health providers and facilities covering the Southeast United States covering ~23,000+ lives



NEW in 2026 – Arkansas Integrated Providers (AIP Dual Advantage)

- AHS will administer all aspects of AIP Dual Advantage
- EDI# 61184
- Call 866-225-8501 for questions regarding the above notification, status or payment of a claim for services rendered, and/or authorization needed to submit a claim
- Provider Portal – no need to take action if already signed up for the Tribute/AHS Plans portal.
- AIPCares.com has additional information



NEW in 2026

- AHS Plans is growing by ~5,000 members 1/1/26
- Empower is switching claims platforms – Ensure you are set up correctly: [Attn: Providers - Empower Healthcare Solutions](#)





Provider Process



Roster Updates – For **All** Plans

- Send us a roster with any provider Adds/Terms/Changes monthly with the effective date of the change
 - AHS Plans/AIP Dual Advantage/Tribute/Empower – VantosNetworkOps@VantosHealthNetwork.com
- The ticketing system will send an email to allow you to track the progress of your request
- We load the information using the effective date you provide if it is within 30 days
- Please allow ~ 30 days to make the changes

You send the roster Oct 15th. The effective date can be as early as Sept 15th. It may take us until Nov 15th to get the updates processed. Providers can see patients and bill starting from the effective date you provide.

Credentialing – For **All** Plans

Provider Credentialing

- Credentialing is based on the provider type and which line of service the provider is loaded with.
- MD/DO provider types practicing in AR are credentialed via C CVS. Your Provider Relations representative will contact you to get the forms completed when the provider is due.
- All other provider types that require credentialing will be processed via CAQH. The provider's CAQH profile must be fully completed, attested to in the last 90 days, and Global Authorization set to 'yes'. Your Provider Relations representative will contact you if CAQH is not updated.
 - CAQH help line is 888-600-9802
- Recredentialing occurs ~2.5 years after initial credentialing. Credentialing status follows the provider so may not coincide with when the provider joined your organization.

Facility Credentialing

- Your Provider Relations representative will contact you to get the forms completed when the facility is due.

Provider Portal



- One provider portal covers AIP Dual Advantage, Tribute Health Plans, & AHS Plans.

- You do not need to take any action if you are already signed up for the Portal.



- If you need to sign up for the Provider Portal – Email your name, NPI, TIN and phone number to ppmanagement@accesshealthservices.com.



- Visit the provider portal to:
 - Check eligibility of Members including Effective date and Status.

- Claims status of all claims
- EOB availability and printing
- File Single Claims
- File EDI Claims
- All Claim History of Submitted Claims
- Send messages to the claims team
- Model of Care Training
- CMS updates



The screenshot shows the Tribute Health Plans Provider Portal interface. On the left is a navigation menu with options: Member Eligibility, Claims, Preauthorizations, Documents, Update My Details, Submit Authorization/Referral, Submit Single Claim, Submit EDI Claims Files, EDI Submission History, and MOC Training. The main content area displays a 'Welcome to Access Health Plan Provider Portal' message and a 'Member Eligibility Verification' form. The form includes a red instruction: 'ENTER "MEMBER ID" OR ANY COMBINATION OF TWO ADDITIONAL FIELDS.' and input fields for Member Id, First Name, Last Name, and Date of Birth (format mm/dd/yyyy). A 'Verify Membership' button is located at the bottom of the form.



Helpful Plan Information





**AIP DUAL ADVANTAGE
(HMO D-SNP)**

Plan Specific Information

About AIP Dual Advantage Plan



AIP Dual Advantage (D-SNP) – Dual Special Needs plan designed specifically for Medicare & Medicaid beneficiaries that primarily reside at home

- New plan in 2026
- Go to [Home | AIP Cares](https://AIPCares.com) (AIPCares.com) for more information

Sample ID Cards

AIP Dual Advantage (HMO D-SNP)

Toll-Free 1-866-488-5457 (TTY 711)

ISSUER ID: H1587-001 RxBIN: 012312
MEMBER ID: {{MemberNumber}} RxPCN: PARTD
MEMBER: {{MemberFullName}} RxGRP: H1587001

  CMS H1587 001

ENROLLEE INFORMATION
Member Services: 1-866-488-5457 (TTY 711)
8:00 a.m. to 8:00 p.m., 7 days a week
In emergency, call 911 or go to the nearest emergency room.

IMPORTANT PROVIDER INFORMATION
www.AIPCares.com

Provider Services: 1-866-225-8501 Pharmacists: 1-833-502-6756

Contracted and non-contracted providers may send claims to:

Medical: Access Health Services P.O. Box 3398 Little Rock, AR 72202-3398 EDI #61184	Pharmacy: MedImpact 10181 Scripps Gateway Ct. San Diego, CA 92131
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Helpful Information



- Submit claims electronically to EDI# 61184 for quicker turnaround
- Submit claims manually if electronic claims are not an option for your organization:
 - ACCESS HEALTH SERVICES
 - Claims Department
 - PO BOX 3398
 - LITTLE ROCK, AR 72202
- Refer to [Providers | AIP Cares](http://aipcares.com) (aipcares.com) for all forms, referral lists, and other provider related materials
- Call 1-866-225-8501 for questions regarding the above notification, status or payment of a claim for services rendered and/or authorization needed to submit a claim



**AIP DUAL ADVANTAGE
(HMO D-SNP)**

Questions



Plan Specific Information



About Tribute Plans

Tribute Select (ISNP) – Medicare Advantage health plan designed specifically for Medicare beneficiaries that reside primarily in long-term care facility



- Medicare health plan started in 2015
- ~ 2,100 lives on the plan today
- Go to [Home | Tribute Health Plans \(tributemedicare.com\)](http://tributemedicare.com) for more information

Helpful Information

- Submit claims electronically to EDI# 61184 for quicker turnaround times
- Submit claims manually if electronic claims are not an option for your organization:
 - ACCESS HEALTH SERVICES
 - Claims Department
 - PO BOX 3398
 - LITTLE ROCK, AR 72202
- Refer to [Providers | Tribute Health Plans \(tributemedicare.com\)](https://tributemedicare.com) for all forms, referral lists, and other provider related materials
- Call 1-866-225-8501 for questions regarding the above notification, status or payment of a claim for services rendered and/or authorization needed to submit a claim
- Click <https://aproposystems.com/Attestation/Index/H1587> to complete the Model of Care training and attestation





Contribute
Health Plans
Questions



AHS PLANS

Plan Specific Information

AHS PLANS Self-Funded Plan Information



- Employer Self-Funded health plan started in January 2023
- Group Number is AHS01 – Three-tiered plan – Gold, Silver, Bronze
- ~5,000 additional lives will be added 1/1/26
- Change for 2025 – AHS will be administering this plan to facilitate better relationships with the provider offices.
- AHSPlans.com has additional information.

AHS PLANS Sample ID Card

AHS PLANS

Self R. Funded
ID#: AHS012222222

Group#: AHS01
Plan Name: Silver
RX ID: AHS01222222
RX Group: AHS01
RX BIN: 015433
RX PCN: SSN

Access Health Services, LLC

Medical Copay
Office Visit: \$15 Specialty Visit: \$60
Urgent Visit: \$35 Emergency Room: \$125

Medical Deductible/Coinsurance
In-Network: \$ 2,500 80/20
Out-of-Network: \$ 5,000 50/50

Out-of-Pocket Maximum
In-Network: \$ 4,000
Out-of-Network: Unlimited

RX Copay Retail (30-day supply)
Generic \$1 / Pref Brand \$35 / Non-Pref Brand \$75
RX Copay Mail Order (90-day supply)
Generic \$3 / Pref Brand \$105 / Non-Pref Brand \$225

AHS PLANS

ahsplans.com

To receive maximum benefits, you must use a network provider and call for a pre-certification before all non-emergency hospital admissions (within 48 hours of an emergency admission) mental health or substance abuse treatment and other specific procedures outlined in your plan document.

Send all claims to:
AHS Plans
P.O. Box 3137
Little Rock, AR 72202
EDI# 91026

Member Customer Service 1-866-576-7160
Provider Eligibility/Benefits 1-866-209-6502
Prior Authorization 1-866-209-6502
Liviniti RX 1-800-710-9341

Requests for services requiring authorization must be telephonic by calling 1-866-209-6502

PBM Website: www.liviniti.com



AHS PLANS Helpful Information



- Submit claims electronically to EDI# 91026 to ensure quicker turn-around times.
- Submit claims manually if electronic claims are not an option for your organization:
 - Access Health Services
PO Box 3137
Little Rock, AR 72202
- Refer to the [PORTAL](#) for eligibility or claims inquiries.
- Call 866-209-6502 for questions regarding the above notification, status or payment of a claim for services rendered, and/or authorization needed to submit a claim.



AHS PLANS

Questions



Plan Specific Information

Helpful Information



- ✓ Empower Healthcare Solutions, LLC (Empower) is a Provider-Led Arkansas Shared Savings Entity (PASSE).
- ✓ In 2018 Empower contracted with Access Health Services to build a premier medical network that meets network adequacy requirements set forth by the Arkansas Department of Human Services (DHS).
- ✓ Empower is one of the largest of the 4 PASSEs in the state of Arkansas with over 15,000 members to date.
- ✓ Providers with Arkansas Medicaid IDs are eligible to join the 4 PASSEs.

In Partnership with AHS



AHS Handles

- ✓ Contracting on the Medical side of the business
- ✓ Network Integrity (Adds/Terms/Changes) for Medical
- ✓ Credentialing for Medical

Any Other Questions

- ✓ empowerhealthcaresolutionspr@EmpowerArkansas.com
- ✓ 855-429-1028

Helpful Information



- Submit claims electronically to EDI# 12956 for to ensure quicker turn-around times
- Submit paper claims to:
EMPOWER HEALTHCARE SOLUTIONS LLC
Claims Department
PO Box 211446
Eagan, MN 55121
- Refer to <https://getempowerhealth.com/providers/> for all forms, referral lists, and other provider related materials
- Call 855-429-1028 for questions regarding the above notification, status or payment of a claim for services rendered and/or authorization needed to submit a claim
- Make sure you are set up on the new Empower portal to check eligibility, submit claims electronically, handle prior authorization via the portal
- Visit Empower's website to subscribe to their distribution list for future communications

Sample ID Cards

FRONT			BACK	
				
NAME SMITH, JANE M			Member Services866-261-1286 TTY: 711	
PASSE ID#	DOB	GENDER	Provider Services855-429-1028	Pharmacy Help Desk.....800-364-6331
E12345678901	01/10/1970	FEMALE	Website.....	www.getempowerhealth.com
RXBIN	RXPCN	RXGROUP	To Submit Claims & Paper Correspondence: P.O. Box 211448 Eagan, MN 55121	
004336	ADV	RX2898	THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES	
DO NOT LET OTHERS SEE THIS CARD			 	

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Questions



Shout Out for Help



Provider Relations Team



- **Chandra Carey** – Provider Relations Representative
Ccarey@accesshealthservices.com – 501-500-1947
- **Christy Garrett** – Provider Communications Director
(Provider Relations/Credentialing)
Cgarrett@accesshealthservices.com – 501-621-1490
- **Kim Allen** – Vice President TPA Operations
Kallen@accesshealthservices.com – 501-690-2985