



# **Conway PHO Insurance Forum**

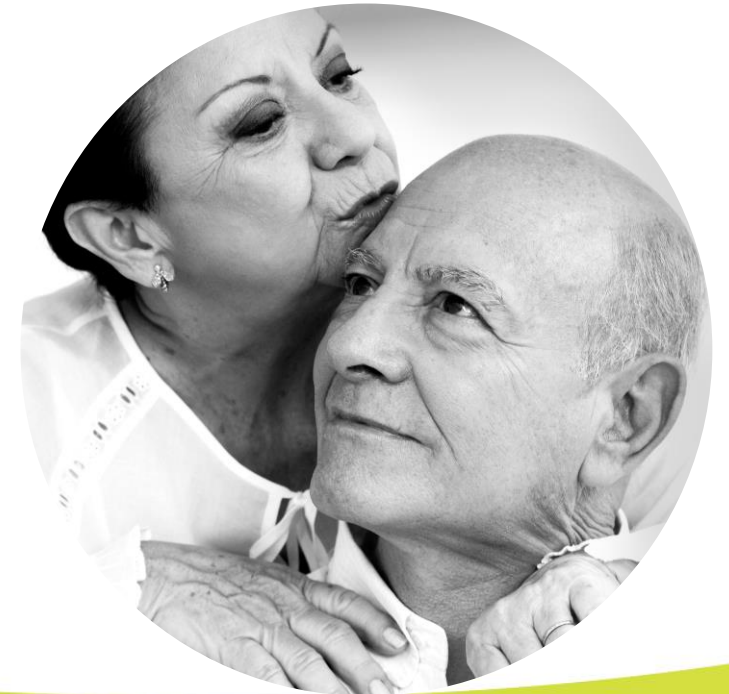
March 15, 2024

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# Agenda



- Provider Services
- Vision Changes
- Clinical & Payment Policies
- Prior Authorizations
- Secure Provider Portal Updates
- Complaints, Grievance, Appeals
- Contact Information



# Disclaimer



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# Vision Changes

# Ambetter and ARTC Vision Changes

## Effective January 1, 2024



- Ambetter and ARTC will assume the management of medical eye care services.
- Envolve Vision will continue to manage routine eye care services and full scope of licensure optometric services for our members. However, beginning January 1, 2024, Ambetter will be responsible for the following functions for medical eye care services:
  - Contracting and credentialing
  - Claim processing and appeals
  - Provider services
  - Provider partnership management
  - Provider education and resource materials (e.g. provider manual, training)
  - Provider web portal
  - Prior authorization, retrospective utilization review, and medical necessity appeals
  - Provider complaints

# WellCare by Allwell Vision Changes

## Effective January 1, 2024



- Effective January 1, 2024, Wellcare by Allwell will assume the management of medical eye care services.
- Premier Eye Care will manage routine eye care services and full scope of licensure optometric services for our members.
- Beginning January 1, 2024, Wellcare by Allwell will be responsible for the following functions for medical eye care services:
  - Contracting and credentialing
  - Claim processing and appeals
  - Provider services
  - Provider partnership management
  - Provider education and resource materials (e.g. provider manual, training)
  - Provider web portal
  - Prior authorization, retrospective utilization review, and medical necessity appeals
  - Provider complaints

# Clinical and Payment Policy Updates

# NOTICE: Policy Updates



Wellcare by Allwell amended/implemented new policies effective January 1, 2024.

Wellcare by Allwell's clinical, payment, and pharmacy policies can be found on our website at [ARHealthWellness.com/Providers/Resources/Wellcare\\_Policy\\_Updates.html](https://ARHealthWellness.com/Providers/Resources/Wellcare_Policy_Updates.html).

To navigate to our policies:

- Visit [ARHealthWellness.com](https://ARHealthWellness.com)
- Select the "For Providers" tab at the top of the screen
- Select "Clinical and Payment Policies" from the drop-down menu
- To expand and view our policies, choose from Wellcare Clinical Policies, Wellcare Payment Policies, and Wellcare Pharmacy Policies



# Virtual Credit Card

# Provider Payment Method



Ambetter from Arkansas Health & Wellness is working to improve our provider payment methods. To reduce the environmental impact of our payments and to enhance the provider experience, all payments for Ambetter, Wellcare by Allwell, and Arkansas Total Care.

The VCC program from Change Healthcare is a widely used payment option in healthcare that we are making available to our provider network. Providers wishing to receive electronic funds transfer (EFT) rather than VCC payments may elect to do so.

# Prior Authorizations

# How to Secure Prior Authorization



- Prior Authorizations can be requested in the following ways:
  - **Secure Web Portal: This is the preferred and fastest method**
    - Ambetter and Wellcare by Allwell: [Provider.Arhealthwellness.com](http://Provider.Arhealthwellness.com)
  - **Phone**
    - Ambetter: 1-877-617-0390
    - Wellcare by Allwell: 1-855-565-9518
  - **Fax- IP and OP paper forms available on the website under Provider Resources**
    - Ambetter: 1-866-884-9580
    - Wellcare by Allwell: 1-833-562-7172

*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 via phone, fax or web*

# Pre-Auth Check Tool



## FOR PROVIDERS

- Login
- Become a Provider
- Pre-Auth Check -
- Ambetter Pre-Auth
- Allwell Pre-Auth
- Pharmacy
- Provider Resources +
- QI Program +
- Provider News +
- Provider Relations
- Coronavirus Information for Providers
- Provider Financial Support & Resources
- Risk Adjustment +

## Ambetter Pre-Auth

**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 [Opticare](#)

Dental services need to be verified by [DentaQuest](#)

Behavioral Health/Substance Abuse need to be verified by [Cenpatico](#)

Complex imaging, MRA, MRI, PET, and CT Scans need to be verified by [NIA](#)

Prior Authorizations for Musculoskeletal Procedures should be verified by [TurningPoint](#).

**Note:** It is the responsibility of the facility, in coordination with the rendering practitioner to ensure that an authorization has been obtained for all inpatient and selected outpatient services, except for emergency stabilization services. All inpatient admissions require prior authorization. To determine if a specific outpatient service requires prior authorization, utilize the Pre-Auth Needed tool below by answering a series of questions regarding the Type of Service and then entering a specific CPT code.

Any anesthesiology, pathology, radiology or hospitalist services related to a procedure or hospital stay requiring a prior authorization will be considered downstream and will not require a separate prior authorization. However, services related to an authorization denial for an outpatient procedure or hospital stay will result in denial of all associated claims, including anesthesiology, pathology, radiology and hospitalist services.

### Are Services being performed in the Emergency Department?

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 or dental surgeries?	<input type="radio"/>	<input type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input type="radio"/>

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

**N**  
No  
**99214 - OFFICE/OUTPATIENT VISIT EST**  
No authorization required.

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



# Secure Provider Portal

# Secure Provider Portal



- Registration is free and easy
- <https://www.arhealthwellness.com/login.html>



## Log In

Username (Email)

LOG IN

[Create New Account](#)



# Secure Portal Features



- A member eligibility overview page that reflects all critical data in a single view
- Ability to submit and track the status of claim reconsiderations online
- Expanded free text fields for reconsideration comments and explanations
- Attach required documentation when filing a reconsideration
- Upload records for care gap information.
- Receive push notifications regarding reconsideration status changes
- Void/Recoup option on claims already adjudicated by the health plan. The manual inside the portal has instructions for this feature on page 92



# Contact Information

# Provider Services Call Center



## First line of communication

- Ambetter Provider Services  
1-877-617-0390  
TTY/TDD: 1-877-617-0392
- Wellcare by Allwell Provider Services  
1-855-565-9518  
TTY/TDD: 711
- Arkansas Total Care Provider Services  
1-866-282-6280  
TTY/TDD: 1-866-282-6280

## Provider Service Representatives can assist with questions regarding:

- Member Eligibility
- Claim Inquiry
- Prior Authorization
- Network Verification
- Appeal Status
- Payment Inquiries
- Check Stop Pay or Check Reissues
- Negative Balance Report
- Provider Demographic Change Request
- 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 should have the following when calling or 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)

# Join Our Email List Today



Arkansas Health & Wellness provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- For Ambetter information, please visit our [Ambetter website](#).
- For Wellcare by Allwell information, please visit our [Wellcare by Allwell website](#).

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

- [Manuals, Forms and Resources](#)
- [Eligibility Verification](#)
- [Prior Authorization](#)
- [Electronic Transactions](#)
- [Preferred Drug Lists](#)
- [Provider Training](#)
- [Negative Balance How-To Guide \(PDF\)](#)

Name \*

Position/Title \*

Email \*

Phone Number \*

Group Name \*

Group NPI \*

Tax ID \*

Network\*

- Ambetter
- [MEDICARE]

Receive current updates:

- <https://www.arhealthwellness.com/providers/resources.html>
- <https://www.arkansasotalcare.com/providers.html>

3/12/2024



Thank you