



Supporting **successful transitions in care**

Arkansas Health & Wellness supports integrated care for its members. We can help providers find the appropriate facility, specialist or physician for members. Patients with complex or coexisting conditions, individuals who are receiving behavioral health services and older adolescents particularly benefit from thorough transitions in care.

We support members of all ages in getting the right care for their needs. Arkansas Health & Wellness can assist members who are reaching adulthood choose an adult primary care practitioner.

Members and providers who need further assistance can call **1-877-617-0390**.

Quality is a cornerstone

The Arkansas Health & Wellness Quality Improvement (QI) Program has two primary goals:

1. To ensure the quality and safety of clinical care and services
2. To ensure compliance with any relevant state and federal regulations and accreditation (e.g. NCQA, URAC) standards

Toward this end, we've developed an extensive and comprehensive system to monitor compliance, member and provider experience, complaints, continuity and coordination of care, medical record documentation, as well as effectiveness of our case management and disease management services.

We define quality care as care that is accessible, efficient and culturally sensitive and provided in the most appropriate setting. Wherever possible, delivery of care occurs within the member's community and is provided according to professionally accepted standards in a coordinated, continuous manner.

Our QI strategy is developed with the help of practitioners and members. If you are interested in contributing to our QI efforts or have questions about our QI program, call **1-877-617-0390**.

Our QI goal is to advance members' health through a variety of meaningful initiatives across all care settings.

We value your opinion

Our annual provider satisfaction survey helps Arkansas Health & Wellness identify concerns and guide efforts toward improvement. The results of our latest survey will shape our priorities for the year ahead. Please return the survey if one is received; your responses will help us to adequately measure provider satisfaction with our health plan and best meet the needs of our providers.

Why does **HEDIS** matter?

Through **Healthcare Effectiveness Data and Information Set (HEDIS)**, NCQA holds Arkansas Health & Wellness accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Arkansas Health & Wellness also reviews HEDIS rates regularly as part of its quality improvement efforts.

Please take into consideration the HEDIS topics, women's health screenings and flu treatment and prevention, covered in this issue of our provider newsletter.



HEDIS health measures

Chlamydia screenings have remained relatively steady in the last few years—and that's a good thing since 75 percent of chlamydia screenings in women are asymptomatic.

However, there is still room for improvement. The Partnership for Prevention program estimates if screening rates could reach 90 percent (up from the current rate, which lingers between 50 and 60 percent), thousands of cases of pelvic inflammatory disease could be prevented every year.

The HEDIS measure definition: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

[Click to learn more.](#)

Breast cancer screenings remain a critical way to improve survival. According to the American Cancer Society, among women with regional disease, the 5-year relative survival rate is 95 percent for tumors less than or equal to 2.0 cm, 83 percent for tumors 2.1–5.0 cm, and 65 percent for tumors greater than 5.0 cm.

The HEDIS measure definition: The percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

[Click to learn more.](#)

Cervical cancer is preventable, with effective screening. Yet, according to the National Cancer Institute, only 46 percent of cervical cancers are diagnosed when the cancer is localized and highly treatable. Each year cervical cancer results in 4,000 deaths in the United States.

The HEDIS measure definition: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

[Click to learn more.](#)

The flu vaccine is the best protection against flu and flu-related complications. Vaccinations can reduce flu-related hospitalizations by 71 percent, according to U.S. Department of Health and Human Services.

The HEDIS measure definition: The percentage of adults 18–64 years of age who report receiving an influenza vaccination.

[Click to learn more.](#)



Let our guidelines be **your guide**

Our preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) program.

When possible, we adopt preventive and clinical practice guidelines published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by the Centene Clinical Policy Committee and our QI Committee.

We encourage providers to use these guidelines, for both preventive services as well as the management of chronic diseases, as a basis for developing personalized treatment plans for our members and to help members make decisions about their healthcare.

If you have questions, you can reach Arkansas Health & Wellness Provider Services 1-877-617-0390.

Preventive and chronic disease guidelines include the following:

- ADHD
- Adult and child preventive services
- Asthma
- Breast cancer
- Depression
- Diabetes
- Immunizations, including influenza and pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and may perform random audits of ambulatory medical records. Our preventive care and clinical practice guidelines are intended to augment—not replace—sound clinical judgment. Guidelines are reviewed and updated annually or upon significant change.

For the most up-to-date version of preventive and clinical practice guidelines, go to **Ambetter.ARHealthWellness.com**. A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

Your role

Providers play a central role in promoting the health of our members. You and your staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

Get resources, education and training. Go to **Ambetter.ARHealthWellness.com** for the following materials:

- Preferred drug list
- Manuals, forms and resources
- Prior authorization online tool
- Provider news and educational information

On the secure portal, you can also:

- Check member eligibility and patient listings
- View historical health records and care gaps
- Submit claims and view claims status
- View and submit service authorizations
- Review provider incentive reports

CPC Plus

On August 1, the Centers for Medicare and Medicaid Services announced the next phase in the initiative, the Comprehensive Primary Care Plus program (CPC+). Arkansas was one of 14 regions selected for this program. Practices in the state may apply through September 15 to participate. CPC+ is a 5-year program that begins in January 2017. The participating payers include Medicare, Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, QualChoice Health Insurance, Arkansas Health & Wellness, HealthScope, and Arkansas Superior Select. Like the original CPC program, CPC+ will provide additional care management fees to providers. However, CPC+ will also allow providers to select either Track 1, which is similar to the original CPC program, or Track 2, which offers higher payments for practices that are ready to provide comprehensive care for patients with more complex needs. [Click to learn more.](#)



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Engolve People Care

Ambetter from Arkansas Health & Wellness partners with various specialty companies you may remember as Nutur, Centpatico, OptiCare or US Scripts. These companies are now under the Engolve Health umbrella, which consists of Engolve Pharmacy Solutions, Engolve People Care and Engolve Benefit Options. The group formerly known as Nutur, which covers health and life coaching as well as disease management, is now a part of Engolve People Care. The health and life coaching provided by Engolve People Care empowers individuals at all stages of life to take control of their health and wellbeing. Ambetter supports people in making vital behavior changes and motivates them to address life issues that get in the way of health. [Click for more information on Engolve.](#)

Prior authorizations for bone marrow procedures

Ambetter from Arkansas Health & Wellness understands the importance of easy access to care, and we are committed to ensuring our prior authorization requirements continue to be appropriate and efficient. Effective November 11, 2016, bone marrow aspirations and biopsies will no longer require prior authorization. The codes affected by this change include:

| Code | Description |
|-------|-----------------------------------|
| 38220 | Bone marrow: Aspiration only |
| 38221 | Bone marrow: Biopsy needle/trocar |

If you have any questions, please contact us at **1-877-617-0390**. Thank you for partnering with Ambetter.

Find a Provider data

You may have received a call from us recently in order to verify accurate contact information for our records. Our goal is to ensure our records reflect your accurate contact information so that our members and your patients have access to care. To verify your contact information, please login to the Provider Portal or call us at **1-877-617-0390**.

Access and availability

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate you working with us to accommodate our members' clinical needs.

Our specialty provider network in Arkansas is very broad. Provider lists and locations can be found on the Find a Provider Tool on our website. If you are having trouble finding a specialist for a member or need assistance securing an appointment with a specialist for a member, contact Provider Services at **1-877-617-0390**.

The table below depicts the appointment availability and wait time standards for members:

| Appointment Type | Access Standard |
|--|--|
| PCPs – Routine Visits | 30 calendar days |
| PCPs – Adult Sick Visit | 48 hours |
| PCPs – Pediatric Sick Visit | 24 hours |
| Behavioral Health – Routine Visits | 10 business days |
| Specialist | 30 calendar days |
| Urgent Care Providers | 24 hours |
| Behavioral Health Urgent Care | 48 hours |
| After-Hours Care | Phone access within 6 hours |
| Emergency Providers | Immediately, 24 hours a day, 7 days a week and without prior authorization |
| Behavioral Health Non-Life Threatening Emergency | Within 6 hours |

In order to ensure appropriate care, we have adopted the geographic accessibility standards below.

- PCP within 30 miles of a member zip code
- Specialist within 60 miles of a member zip code
- 1 hospital within 60 miles of a member zip code

Thank you for complying with this assessment and providing the highest quality care for our members.