



Ensuring appropriate care

Ambetter of Arkansas has utilization and claims management systems in place to identify, track and monitor care provided to our members. We do not reward practitioners, providers or employees who perform utilization reviews or issue denials of coverage or care.

Utilization management (UM) decision-making is based only on appropriateness of care, service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Denials are based on lack of medical necessity or lack of covered benefit.

Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. Ambetter of Arkansas uses nationally recognized criteria (e.g. InterQual) if available for the specific service; other criteria are developed internally through a process which includes thorough review of scientific evidence and input from relevant specialists.

Criteria are periodically evaluated and updated with appropriate involvement from physician members of our UM Committee.

Providers may obtain the criteria used to make a specific decision, discuss any UM denial decisions with a physician or other appropriate reviewer, or discuss any other UM issue by contacting the Medical Management Department at 1-877-617-0390.

Providing quality care

We're committed to providing access

to high-quality and appropriate care to our members. Through HEDIS, NCQA holds Ambetter of Arkansas accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Ambetter of Arkansas also reviews HEDIS rates on an ongoing basis and looks for ways to improve care for our members. Please consider the HEDIS topics covered in this issue of our provider newsletter. Also, review our preventive health and clinical practice guidelines at AmbetterofArkansas.com.

Providers play a central role in promoting the health of our members. You and your office 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

Stay tuned

Be on the lookout for provider questionnaires. Please complete and return the questionnaires to ensure your voice is heard. Also stay tuned for results from specialist provider questionnaires in the coming issues of the *Provider Report*. Ambetter of Arkansas works to gauge our members' experiences with their specialist providers. We believe this is important information to share with providers like you.

Hypertension: treatment and control

Ambetter of Arkansas is committed to the improvement of our members' health care outcomes. Clinical practice guidelines are available to assist physicians in decisions regarding the care of their patients. However, they cannot substitute for the individual judgment brought to each patient's clinical situation by the patient's family physician.

As a physician, you know the role hypertension has as a significant risk factor for cardiovascular disease. Hypertension affects almost one-third of the United States adult population. Statistics from the Centers for Disease Control show that even though almost 82% are aware they have hypertension, and 76% are taking antihypertensive medication, only about 52% have controlled blood pressures (defined as having a systolic blood pressure below 140 mm Hg and a diastolic blood pressure below 90 mm Hg among those with hypertension). These statistics represent no significant changes from 2009-2010 in awareness, treatment or control among adults with hypertension.

Hypertension is a common and manageable chronic condition. Based on recent national data from 2011-2012, treatment of hypertension exceeded the Health People 2020 target goal of 69.5%. However, the control of hypertension has neither met the goal of the Health people 2020 (61.2) nor the Million Hearts Initiative (65% by 2017). These results provide evidence for continuing efforts to improve the management of hypertension.

Ambetter of Arkansas will be identifying members who have been diagnosed or treated for hypertension and encouraging them to establish a relationship, or to make an appointment for follow-up, with their primary care physician in order to foster better management of their hypertension. We have also partnered with US Scripts to help identify members who may not be complying with the medications they have been prescribed.

**Prevalence of controlled hypertension among adults with hypertension aged 18 and over, by sex and age: United States, 2011-2014*



Help members access behavioral health care

Drug overdoses now kill more Americans than car accidents. As *The New York Times* recently reported, the ever-increasing rate of deaths due to overdoses is lowering the life expectancy of the Caucasian population as a whole.

Ambetter of Arkansas can help members get treatment for a wide range of behavioral health issues, from drug addiction and alcohol abuse to depression and bipolar disorder. If you identify a patient who is struggling with a mental or behavioral health issue and notice changes in a patient's behavior or health, such as unexplained weight loss or weight gain, reduced concentration, a loss of interest in activities that were once enjoyable and physical symptoms like heart palpitations, or other signs of changing mental health such as a patient who stops caring for his physical appearance or a patient who complains of sleep troubles, let them know that help is available.

For members who need behavioral health services, Ambetter of Arkansas case managers can assist in finding the appropriate behavioral health provider to see the member. You can reach case management at **1-877-617-0390**.

PAY 4 PERFORMANCE PROGRAM

Ambetter of Arkansas offers a Pay for Performance (P4P) Incentive Program designed to reward you for ensuring your Ambetter patients receive preventive services according to clinically recommended schedules and help with the management of their chronic conditions. This is an opportunity for additional reimbursement with no downside to you.

Program Details

- This program is only being offered to participating Primary Care Providers (PCP).
- As a participating Ambetter PCP, you are automatically enrolled in this program.
- The incentive amount is in addition to the contractual reimbursement you receive for providing services to your Ambetter members.

If you have any questions or need additional information, feel free to contact us at: **1-877-617-0390** or on the web at **AmbetterofArkansas.com/contact-us**.



Home-based sleep studies

Ambetter of Arkansas understands the importance of easy access to care. So, we are committed to ensuring our prior authorization requirements continue to be appropriate and efficient.

Effective September 15, 2016, home-based sleep studies will no longer require prior authorization. The codes affected by this change include:

Code	Description
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)
95806	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
G0399	9 Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels

If you have any questions, please reach out to Provider Services at **1-877-617-0390**. Thank you for partnering with Ambetter of Arkansas.

IMPORTANT REMINDERS

Visit the Ambetter of Arkansas website

There are great provider resources that can be accessed through our website and on our secure provider portal, including eligibility verification, benefits, cost shares, prior authorization submissions, claims submissions, claims status and many other functions. Visit AmbetterofArkansas.com/provider-resources.

Provider Manual

Ambetter of Arkansas is committed to assisting its provider community by supporting their efforts to deliver well-coordinated and appropriate health care to our members. Ambetter is also committed to disseminating comprehensive and timely information to its providers through the Provider Manual ("Manual") regarding Ambetter's operations, policies and procedures. The Manual can be found on our website at AmbetterofArkansas.com. Providers may contact our Provider Services Department at **1-877-617-0390** to request that a copy of the Manual be mailed to you.

Not sure if an authorization is needed?

Visit AmbetterofArkansas.com/provider-resources/manuals-and-forms/pre-auth.html

Refund checks should be mailed to:

Arkansas Celtic Insurance Company
P.O. Box 204697
Dallas, TX 75320-4697

Noteable timeframes

Providers have the ability to file corrected claims, requests for reconsideration or a claim dispute. All of these requests must be received within 180 days from the date of the original explanation of payment or denial. Prior processing will be upheld for corrected claims or provider claim requests for reconsideration or disputes received outside of the 180 day timeframe, unless a qualifying circumstance is offered and appropriate documentation is provided to support the qualifying circumstance.

Requests for Reconsideration: A request for reconsideration is a communication from the provider about a disagreement with the manner in which a claim was processed. If the request for reconsideration is related to a code audit, code edit, or authorization denial, medical records must accompany the request for reconsideration. If the medical records are not received, the original denial will be upheld. Providers should utilize the Request for Reconsideration form found on our website under Provider Resources. Written requests for reconsideration and any applicable attachments must be mailed to:

Ambetter of Arkansas

ATTN: Level 1 - Request for Reconsideration

PO Box 5010

Farmington, MO 63640-5010

When the request for reconsideration results in an overturn of the original decision, the provider will receive a revised EOP. If the original decision is upheld, the provider will receive a revised EOP or a letter detailing the decision and steps to submit a claim dispute.

Claim Dispute: A claim dispute should be used only when a provider has received an unsatisfactory response to a request for reconsideration. It must be submitted on a claim dispute form found on our website. The claim dispute form must be completed in its entirety. The completed claim dispute form should be mailed to:

Ambetter of Arkansas

Attn: Level II - Claim Dispute

P.O. Box 5000 Farmington, MO 63640-5000

A claim dispute will be resolved within 30 calendar days. A provider will receive a written letter detailing the decision to overturn or uphold the original decision. If the original decision is upheld, the letter will include the rationale for upholding the decision.

Published by Manifest LLC. © 2016. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. Manifest makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.

© 2016 Ambetter of Arkansas. All rights reserved.



Healthcare Independence Program **redetermination**

As you know, the Arkansas Department of Human Services is in the process of eligibility redetermination for all recipients enrolled in the Healthcare Independence Program (Private Option)(HCIP) across all carriers. In order to continue with the program, some members need to verify their income to ensure they are still eligible.

Members who need to verify their income should receive a letter in the mail. Those who have not verified their income, or have otherwise been deemed ineligible and terminated from the HCIP will also receive notification.

It is very important that you check the HCIP eligibility status of your patients. To receive the most up-to-date information regarding their eligibility, please check Medicaid eligibility system.

To help ensure your patients do not lose their health insurance coverage, we have details and steps they need to take to verify their income.

Visit our website at AmbetterofArkansas.com/provider-resources/manuals-and-forms to find this information. We encourage you to share this information with those who might need to submit additional information to DHS.