



## REMINDER: Don't delay on credentialing

During the credentialing and recredentialing process, Arkansas Health & Wellness obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank.

Practitioners have the right to review primary source materials collected during this process. If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Arkansas Health & Wellness will notify the practitioner and request clarification be submitted to the appropriate source. It is important that information is received in a timely manner to avoid delays in credentialing decisions.

Providers also have the right to request the status of their credentialing or recredentialing application at any time by contacting Provider Services at **1-844-263-2437** or by email at **arkcredentialing@centene.com**.

### Let us know your plans

Our goal is to provide seamless care for our members and frictionless service for you. To support these goals, it is important that we know if you are planning to move, change phone numbers or leave the network.

Please call **1-844-263-2437** or email **arkcredentialing@centene.com** to request a Provider Data Change Form.

Mail or fax the completed form with supporting documents to:

**Provider Data Management**  
**P.O. Box 25230**  
**Little Rock, AR 72221**

Fax: **1-844-357-7890**

## Advance directives: The conversation can start with you

Advance directives can be a sensitive topic to bring up with your patients. However, it is vital they fully understand their right to execute these important documents. Arkansas Health & Wellness wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

We encourage you to explain this process to your patients and to show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so that it can be filed with their medical records.

Providers are required to document provision of information and note whether or not patients have an advance directive in their permanent medical records.

**Inform your patients:** The National Hospice and Palliative Care Organization has compiled key information about advance directives in a question-and-answer format: [www.caringinfo.org/files/public/brochures/Understanding\\_Advance\\_Directives.pdf](http://www.caringinfo.org/files/public/brochures/Understanding_Advance_Directives.pdf). Patients can find state-specific advance directives here: [www.caringinfo.org/i4a/pages/index.cfm?pageid=3289](http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289).

## Hours of operation

Arkansas Health & Wellness supports extended hours of operation, and we want to promote those hours to our members. Please ensure the hours of operation listed on our website are correct. Providers can update their hours of operation by contacting Provider Services at **1-877-617-0390** or by email at [ambetterarproviders@ambetterhealth.com](mailto:ambetterarproviders@ambetterhealth.com).



## Wellness matters

Wellness is more than just avoiding health problems; it's about living your best life. Therefore, we take special care to emphasize the importance of scheduling wellness visits with our members. Ambetter members are encouraged to see their primary care physician for their annual wellness visit and are rewarded through our My Health Pays program for doing so. We encourage you to take some time and familiarize yourself with the following information regarding submission of claims for wellness visits.

Qualified members completing an annual well visit are eligible for a \$50 reward. The reward can be claimed just once a year, and there are no age limits. Below, you'll find the proper codes to use when billing for a well visit.

### Provider criteria

#### Specialty codes:

SDSOB, SDSPCP, SP01, SP08, SP11, SP16, SP37, SP38, SP42, SP50, SP60, SP60GFSC, SP60NORM, SP70, SP84, SP87, SP97, SP98, SPAD, SPAM, SPAP, SPDP, SPFO, SPFP, SPFQ, SPGO, SPIO, SPOB, SPOO, SPOP, SPPE, SPPM, SPPP, SPRH, SPUC, SPWP

#### Other criteria

##### Procedure codes:

99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99461, G0344, G0402, G0438, G0439

OR

##### Diagnosis codes:

V202, V203, V2031, V2032, V700, V703, V705, V706, V708, V709, Z0283, Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111, Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289

### Modifier 25

A Modifier 25 should be used when the same physician performs a significant and separately identifiable E&M service on the same day of another procedure (e.g., 99381 and 99211-25: well-child and sick visit performed on the same day by the same physician). Modifier 25 is subject to the code edit and audit process. Appending a Modifier 25 is not a guarantee of automatic payment and may require the submission of medical records.

*NOTE: A Modifier 25 is not appended to non-E&M procedure codes, e.g. lab.*

# What our members are saying

The QHP Enrollee Survey asks consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers, as well as the service they receive from the health plan. Arkansas Health & Wellness will be using the results to guide our improvement efforts.

We want to share the results with you, since you and your staff are vital components of our members' satisfaction.

## Here are some key findings from the survey.

Member survey topics	Percentage of members who responded positively
Getting care quickly	82.9%
Getting needed care	84.9%
Care coordination	91.3%
Access to information	76.5%
Aspirin use and discussion	28.5%
How well doctors communicate	94.0%
Flu vaccinations	38.7%
Medical assistance with smoking and tobacco use cessation	46.7%
Rating of all healthcare	77.9%
Rating of personal doctor	86.6%
Rating of specialist	85.4%
Rating of health plan	77.1%
Plan administration	86.1%

## Based on the feedback we received, some of the areas we have been working to improve include:

- Increasing the administration of flu vaccines
- Encouraging documentation of tobacco cessation counseling
- Encouraging providers to document patient consultations regarding the use of aspirin



## Eligibility is important

It is very important to check members' eligibility status to determine if the member has coverage. If members with a premium payment due fail to make up-to-date payments, their coverage may be suspended.

### Checking eligibility status

To verify member benefits, eligibility and cost share information, the preferred method is the Ambetter secure provider portal found at [Ambetter.ARHealthWellness.com](http://Ambetter.ARHealthWellness.com). Using the portal, any registered provider can quickly check member eligibility, benefits and cost share information.

Eligibility and cost share information are on our website and are obtained from and reflective of all changes made within the last 24 hours. The eligibility search can be performed using the date of service, member name and date of birth or the member ID number and date of birth.

### When searching for eligibility on the secure provider portal, you will see one of the following statuses:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	
	07/21/2016	JOHN DOE	07/21/2016	Member is <b>eligible</b> for services performed on this date of service.
 Ineligible	07/21/2016	JOHN DOE	07/21/2016	Member is <b>not eligible</b> for services performed on this date of service.
 Suspended	07/21/2016	JOHN DOE	07/21/2016	Member premium payment is past due. Claims may be denied.
 Delinquent	07/21/2016	JOHN DOE	07/21/2016	Member's premium payment is in <b>delinquent status</b> . Claims will be processed.

### Verifying benefits, eligibility and cost shares

To verify benefits, eligibility and/or cost share, call our 24/7 toll-free interactive voice response line (IVR) at **1-877-617-0390**. The automated system will prompt you to enter the member ID number and the month of service to check eligibility.

If you are unable to confirm a member's eligibility using the secure portal or the 24/7 IVR line, call Provider Services at **1-877-617-0390**. Follow the menu prompts to speak to a Provider Services Representative to verify eligibility before rendering services. Provider Services will require the member name or member ID number and date of birth to verify eligibility.

# Why HEDIS matters

HEDIS, the Healthcare Effectiveness Data and Information Set, is a list of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most of America's health plans to measure performance on important aspects of care and service.

HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year.

Through 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 on an ongoing basis and continually looks for ways to improve those rates. It's an important part of our commitment to providing access to high-quality and appropriate care to our members.

Please consider the HEDIS topics covered in this issue: diabetes, high blood pressure and cardiovascular disease. Also, review Arkansas Health & Wellness's clinical practice guidelines at **Ambetter.ARHealthWellness.com** and encourage your Ambetter members to contact Arkansas Health & Wellness for help managing their medical conditions. Arkansas Health & Wellness case management staff members are available to assist with patients who have difficulty managing their conditions, challenges adhering to prescribed medications, or difficulty filling their prescriptions. If you have a member you feel could benefit from our case management program, please contact Ambetter Member Services at **1-877-617-0390** and ask for medical case management.

## Quality improvement initiatives

Measure	Percentage of members tested in 2014	Percentage of members tested in 2015
Cervical cancer screening	27.0%	43.8%
Retinal exam (retinal) performed	38.6%	40.8%
Medical attention for nephropathy	84.8%	87.8%
Prenatal and postpartum care (ppc) - Timeliness of prenatal care	59.4%	73.5%
Prenatal and postpartum care (ppc) - Postpartum care	47.7%	57.5%

## HEDIS for cardiovascular disease

- The HEDIS measure for **persistence of beta-blocker treatment after heart attack** applies to the percentage of adults 18 years of age and older during the measurement year who were hospitalized and then discharged with a diagnosis of acute myocardial infarction.
- The HEDIS measure for **statin therapy for patients with cardiovascular disease** applies to men ages 21 to 75 and women ages 40 to 75. Rates reported include:
  - Members who received at least one high- or moderate-intensity statin therapy during the measurement year
  - Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period, from prescription date through end of year

### What providers can do

- 1. Suggest specific lifestyle changes:** Quitting smoking, losing excess weight, beginning an exercise program and improving nutrition are valuable health goals. However, broad goals like these are hard to attain. Instead, stress the value of small changes over time.
- 2. Stress the value of prescribed medications for managing heart disease:** Arkansas Health & Wellness can provide educational materials and other resources addressing the above topics.



## HEDIS for diabetes care

The HEDIS measure for comprehensive diabetes care is directed to adult ages 18 to 75 who have type I or type II diabetes.

- **HbA1c testing:** Completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- **HbA1c level:**
  - HbA1c result > 9 = poor control (CPT II code 3046F)
  - HbA1c result < 8 = in control (CPT II code 3045F)
- **Dilated retinal eye exam:** Exam in previous two years
- **Medical care for nephropathy:** At least one of the following: nephropathy screening, ACE /ARB therapy or documented evidence of nephropathy
- **Blood pressure:** <140/90 mm Hg considered in control

### What providers can do

- 1. Dilated retinal eye exam:** Arkansas Health & Wellness can assist your office with finding a vision provider. Diabetic members can have an eye exam under their medical benefits.
- 2. Nephropathy screening test:** A spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening. You may offer either to your patients.

# HEDIS for high blood pressure

The medical costs of high blood pressure total more than \$46 billion annually. This number could increase to \$274 billion by 2030. Approximately one in three U.S. adults, or about 70 million people, has high blood pressure, but only about half of these people have it under control.

The high blood pressure control HEDIS measure applies to the percentage of adults 18 to 85 years old who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Adequate control is defined by the following criteria:

- Adults 18–59 years of age whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 years of age, with a diagnosis of diabetes, whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 years of age, without a diagnosis of diabetes, whose blood pressure was less than 150/90 mm Hg

Exclusions apply if there is evidence of the following during the measurement year:

- End-stage renal disease
- Kidney transplant or dialysis
- Pregnancy
- Non-acute inpatient admission

## What providers can do

- 1. Teach patients how lifestyle changes can control high blood pressure:** Encourage low-sodium diets, increased physical activity and smoking cessation.
- 2. Prescribe and follow up on blood pressure medication:** Patients may assume that because they “feel good,” they may stop filling their prescriptions. Confirm that they understand the importance of keeping up with these prescriptions.

## Policy updates

We would like to inform you of changes to Arkansas Health & Wellness policies. The following has been added or modified:

### Clinical policies

- CP.PHAR.17 Hepatitis C Therapies
- CP.PHAR.72 Dasatinib
- CP.PHAR.76 Nilotinib
- CP.PHAR.230 AbobotulinumtoxinA
- CP.PHAR.231 IncobotulinumtoxinA
- CP.PHAR.233 RimabotulinumtoxinB
- CP.PHAR.239 Dabrafenib
- CP.PHAR.240 Trametinib
- CP.PHAR.268 Sofosbuvir and Velpatasvir
- CP.PHAR.84 Cell-free Fetal DNA Testing
- CP.MP.107 DME and O&P
- CP.PHAR.65 Imatinib
- CP.PHAR.75 Bexarotene
- CP.MP.54 Hospice Services
- CP.PHAR.253 Golimumab
- CP.PHAR.254 Infliximab
- CP.PHAR.259 Natalizumab
- CP.PHAR.265 Vedolizumab
- CP.PHAR.232 OnabotulinumtoxinA
- CP.MP.83 Cystic Fibrosis Carrier Screening
- CP.PHAR.260 Rituximab
- CP.PHAR.267 Tofacitinib
- CP.PHAR.266 Rilonacept
- CP.MP.112 Influenza and Streptococcus Group A Testing
- CP.MP.116 Lysis of Epidural Lesions
- CP.MP.117 Spinal Cord Stimulation
- CP.PHAR.263 Tocilizumab
- CP.PHAR.16 Palivizumab
- CP.MP.121 Homocysteine Testing
- CP.PHAR.248 Dalfampridine
- CP.PHAR.251 Fingolimod
- CP.PHAR.249 Dimethyl fumarate
- CP.PHAR.252 Glatiramer
- CP.PHAR.255 Interferon beta-1a
- CP.PHAR.256 Interferon beta-1b
- CP.PHAR.258 Mitoxantrone
- CP.PHAR.269 Daclizumab
- CP.PHAR.262 Teriflunomide

- CP.MP.113 Holter Monitor
- CP.PHAR.58 Denosumab
- CP.PHAR.243 Alemtuzumab
- CP.MP.124 ADHD Assessment and Testing
- CP.MP.123 Laser Therapy for Skin Diseases
- CP.MP.114 Disc Decompression Procedures
- CP.MP.97 Diagnosis of Vaginitis
- CP.PHAR.77 Temozolomide
- CP.PHAR.125 Palbociclib
- CP.PHAR.244 Anakinra
- CP.PHAR.246 Canakinumab
- CP.PHAR.247 Certolizumab
- CP.PHAR.257 Ixekizumab
- CP.PHAR.261 Secukinumab
- CP.PHAR.264 Ustekinumab
- CP.PHAR.241 Abatacept
- CP.PHAR.245 Apremilast
- CP.PHAR.250 Etanercept
- CP.PHAR.57 Global Biopharm Policy
- CP.PHAR.73 Sunitinib
- CP.PHAR.74 Erlotinib
- CP.PHAR.90 Crizotinib
- CP.PHAR.242 Adalimumab
- CP.PHAR.270 Paricalcitol
- CP.PHAR.271 Peginterferon beta-1a
- CP.PHAR.272 Sonidegib
- CP.PHAR.273 Vismodegib
- CP.MP.38 Ultrasound in Pregnancy
- CP.MP.49 PT OT ST
- CP.MP.37 Bariatric Surgery
- CP.MP.115 Discography
- CP.MP.118 Injections for Pain Management
- CP.PHAR.01 Omalizumab
- CP.PHAR.176 Paclitaxel protein-bound
- CP.MP.26 Articular Cartilage Defect Repairs
- CP.MP.128 Optic Nerve Decompression Surgery
- CP.MP.51 Reduction Mammoplasty and Gynecomastia Surgery
- CP.MP.58 Intestinal and Multivisceral Transplant
- CP.MP.125 DNA analysis of stool

- CP.PHAR.236 Darbepoetin alfa
- CP.PHAR.238 Methoxy polyethylene glycol-epotin beta
- CP.PHAR.237 Epotin alfa
- CP.PHAR.89 Peginterferon Alfa 2b
- CP.PHAR.278 Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir
- CP.PHAR.280 Simeprevir
- CP.PHAR.274 Daclatasvir
- CP.PHAR.275 Elbasvir/Grazoprevir
- CP.PHAR.276 Ombitasvir
- CP.PHAR.281 Sofosbuvir
- CP.PHAR.279 Ledipasvir Sofosbuvir
- CP.PHAR.55 Somatropin
- CP.PHAR.103 Immune Globulin
- CP.PHAR.93 Bevacizumab
- CP.MP.126 Sacroiliac Joint Fusion
- CP.CPC.01 Clinical Policy Committee
- CP.MP.85 Neonatal Sepsis management
- CP.MP.14 Cochlear Implant Replacements
- CP.MP.68 Medical Necessity Criteria
- CP.MP.88 Sickle Cell Observation
- CP.MP.96 Ambulatory Electroencephalography
- CP.MP.91 OB Home Health Programs
- CP.MP.36 Experimental Policy
- CP.MP.87 Inhaled Nitric Oxide

### Payment & coverage policies

The following policies are to go live on 2/1/2017

- CP.PHAR.93 Bevacizumab
- CP.PHAR.148 Rituximab
- CP.MP.38 Ultrasound in Pregnancy
- CP.MP.105 Digital Analysis of EEGs
- CP.MP.90 Digital Breast Tomosynthesis (DBT)
- CP.MP.106 Endometrial Ablation
- CP.MP.70 Proton & Neutron Beam Therapy
- CP.MP.110 Bronchial Thermoplasty
- CP.MP.103 FeNO Testing

To view all policies in detail, please visit: [Ambetter.ARHealthWellness.com/provider-resources/clinical-payment-policies.html](http://Ambetter.ARHealthWellness.com/provider-resources/clinical-payment-policies.html)

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## Review of denials

Anytime we make a decision to deny, reduce, suspend or stop coverage of certain services, Arkansas Health & Wellness will send you and your patient written notification. The denial notice includes information on the availability of a medical director to discuss the decision.

### Peer-to-peer reviews

If a request for medical services is denied due to a lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling Arkansas Health & Wellness at **1-877-617-0390**. A review nurse may also coordinate communication between the medical director and the requesting practitioner as needed.

### Filing appeals

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting appeals to allow for Arkansas Health & Wellness to make timely medical necessity decisions based on complete information.

## AHW provider webinar series

Arkansas Health & Wellness will begin quarterly webinars starting in February 2017. The provider webinars are designed to offer our providers and their office staff the opportunity to learn from subject matter experts and ask questions about current topics and best practices. Registration is free, and each webinar will be one hour in length.

Please proceed to **<https://ambetter.arhealthwellness.com/provider-resources/provider-webinars.html>** to register. Instructions on accessing the webinars will follow. Reminders will be sent via email and postcard.