AFMC
Annual Billing Workshop - 2023

Provider Services and provider website

Provider Services (**1-844-462-0022**) and our public website – www.summitcommunitycare.com are your primary resources for all the information you need.

Provider Services supports your inquiries about a variety of topics, including but not limited to, member eligibility and benefits, claims and authorization status, and authorizations and claims issues.

Our provider website is available 24/7 to all providers and gives providers access to member eligibility and benefits, claims and authorization submissions, and status.

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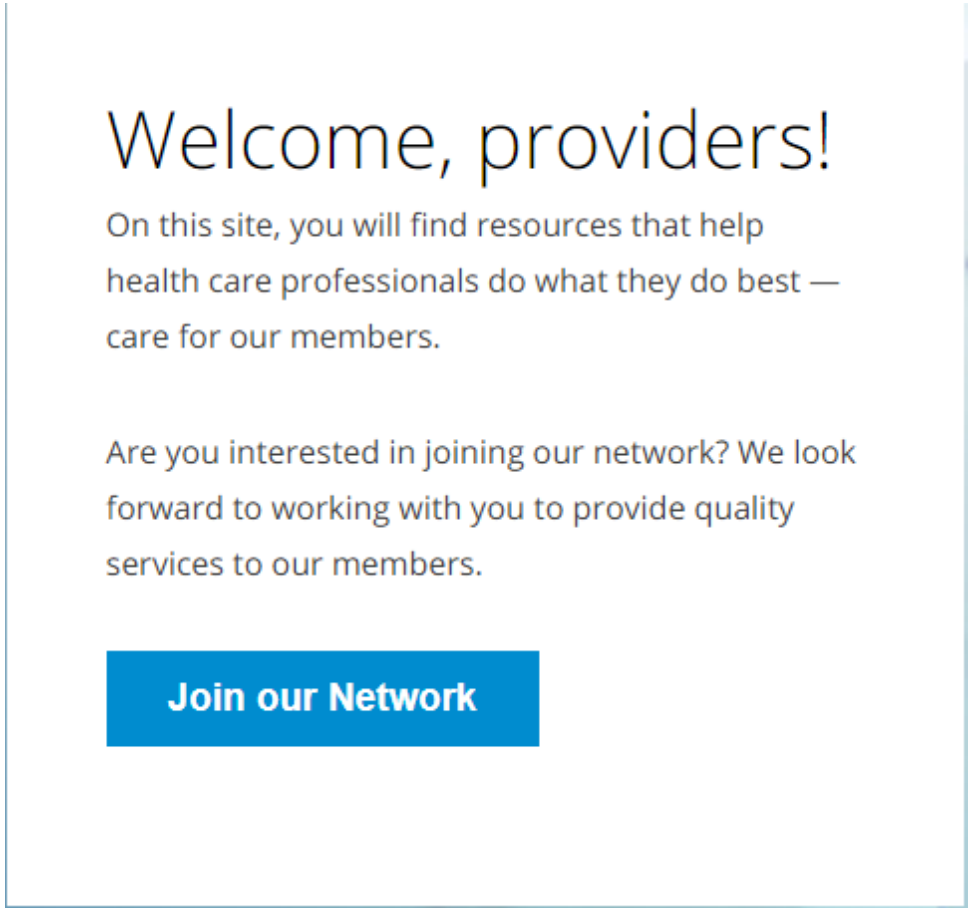
Provider Website – Joining our Network



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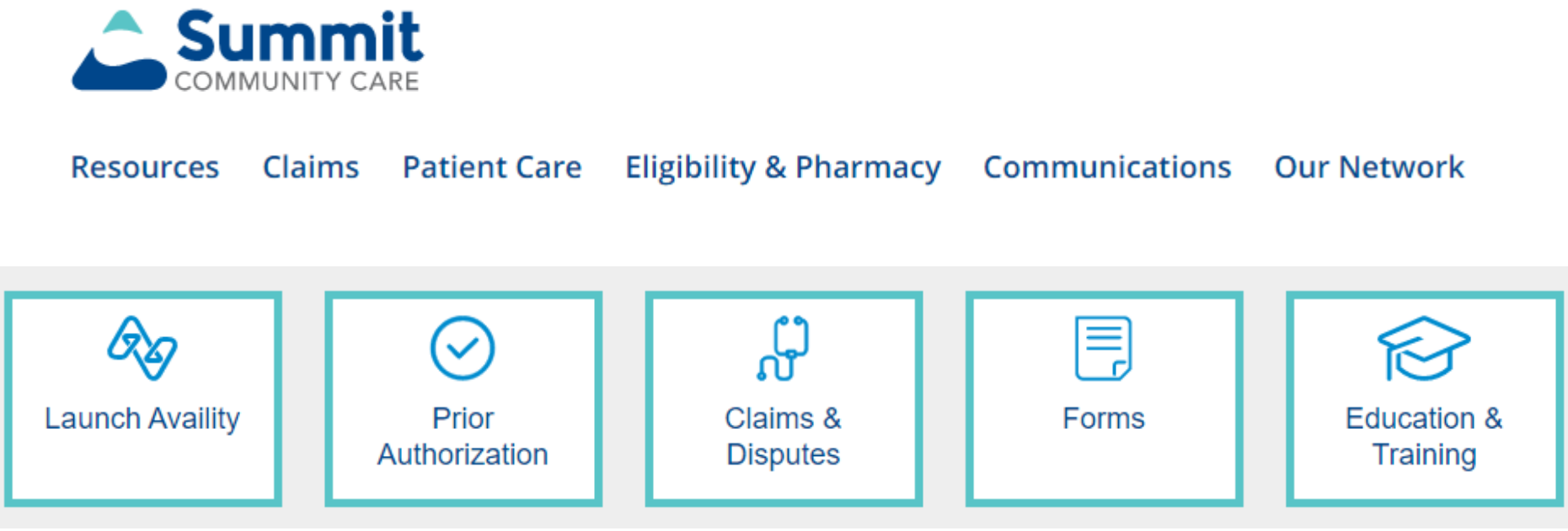
Provider Website – Resource Links



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Provider Website – Education & Training

Provider Pathways Digital Provider Orientation

Provider Pathways is a 24/7 educational resource that offers a foundation for doing business with Summit Community Care.

- Learn more about the Digital Provider Orientation .
- In order to launch the Provider Pathways Digital Orientation you must first complete a pre-course questionnaire.

Provider manuals and communications

Provider Manuals and Guidelines >

Communications >

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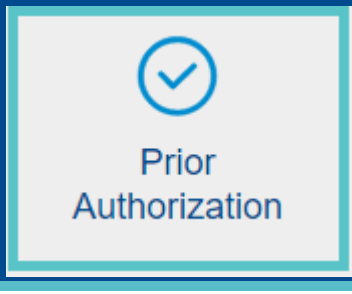
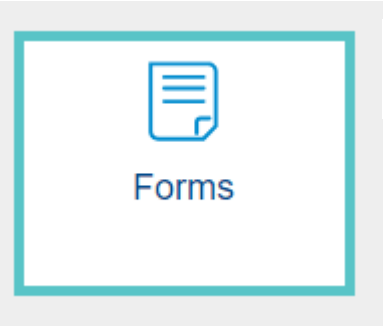
Provider Website – Authorization Resources



Related Information

- Prior Authorization Criteria
- Prior Authorization Look-Up Tool (PLUTO)



Prior Authorizations

Click above option for Physical Health & CES Waiver Auth Forms

Behavioral Health

Click above option for Behavioral Health Auth Forms

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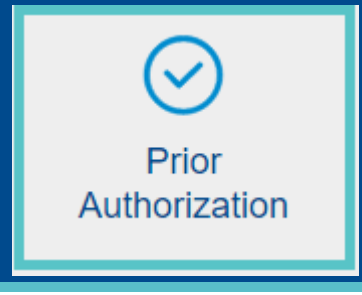
Prior Authorization time frames



Expedited prior authorization request	Time frame for decision
Standard authorization request	As expeditiously as required by the member's condition, **not to exceed [two business days**
Expedited prior authorization request[2]	As expeditiously as required by the member's condition, **not to exceed one business day**

Note: Expedited requests will be completed when "...following the standard time frame could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function." (*Code of Federal Regulations Title 42 §438.210*)

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Claim payment disputes

The payment dispute process consists of two internal steps and a third external step. Providers are **not** penalized for filing a claim payment dispute, and no action is required by the member.

- **Reconsideration:** This is the first step in the provider payment dispute process. The reconsideration represents your initial request for an investigation into the outcome of the claim. Most issues are resolved at the claim payment reconsideration step.
- **Appeal:** This is the second step in the provider payment dispute process. If you disagree with the outcome of the reconsideration, you may request an additional review as a claim payment appeal.
- **State fair hearing:** Arkansas Medicaid supports an external review process if you have exhausted both steps in the payment dispute process but still disagree with the outcome.

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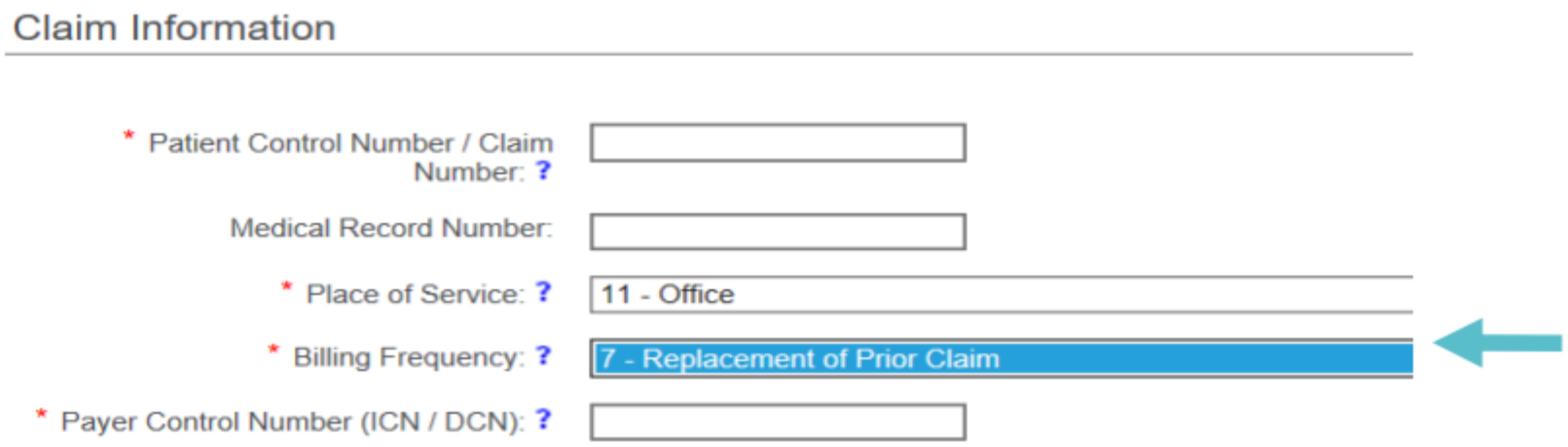
Corrected claim submission

Claims & Disputes

When submitting a professional or facility claim, under the *Claim Information* screen, providers must select **Billing Frequency**. To submit a corrected claim, providers should select **7 — Corrected Claim** and in the additional box that appears, enter the claim ID (control number) for the claim to be corrected.



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Claims overpayment/refund options

If a provider self-identifies an overpayment, they may complete either of the following forms:

- ***Authorization to Adjust Claims and Create Claims Offset Form****:* Providers use this form to notify Summit Community Care of overpayment(s) and authorize Summit Community Care to offset future claims to recover identified overpayment(s).
- ***Overpayment Refund Notification Form:*** Providers use this form to notify Summit Community Care of overpayment(s) and issue a check payment to refund Summit Community Care the amount of identified overpayment(s).

Providers may access either form at:
https://provider.summitcommunitycare.com/arkansas-provider/forms

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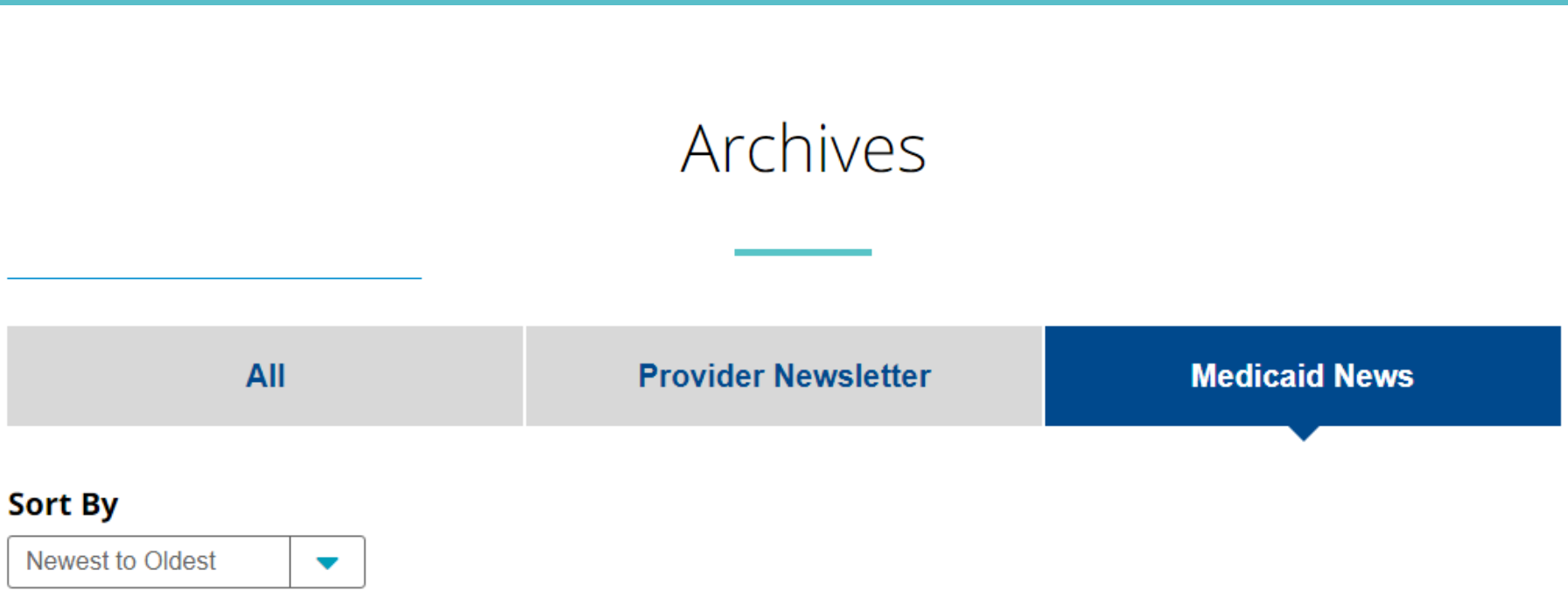
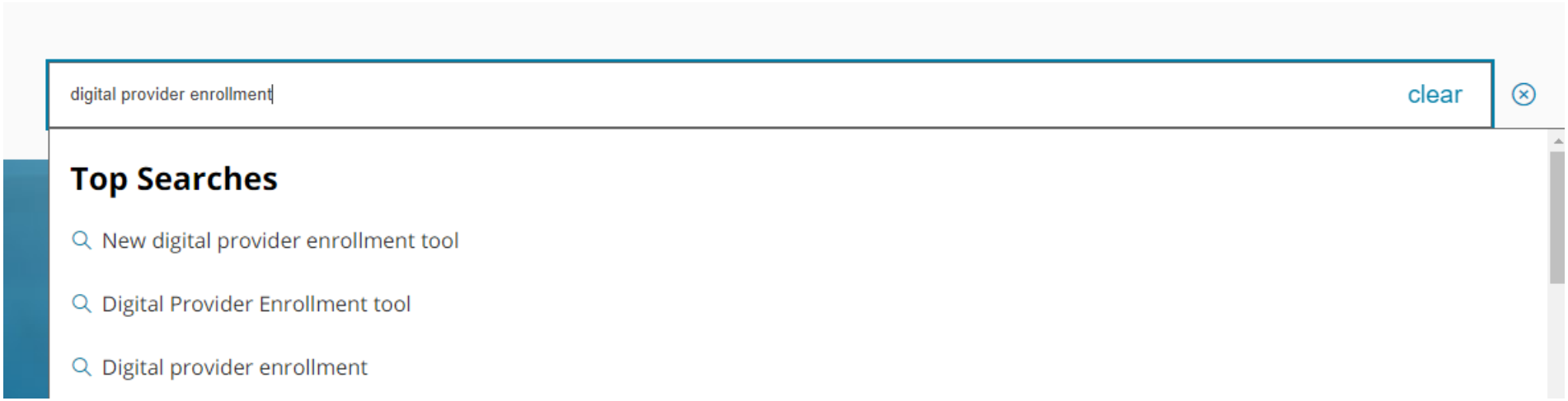
Provider Website – under “Communications” link

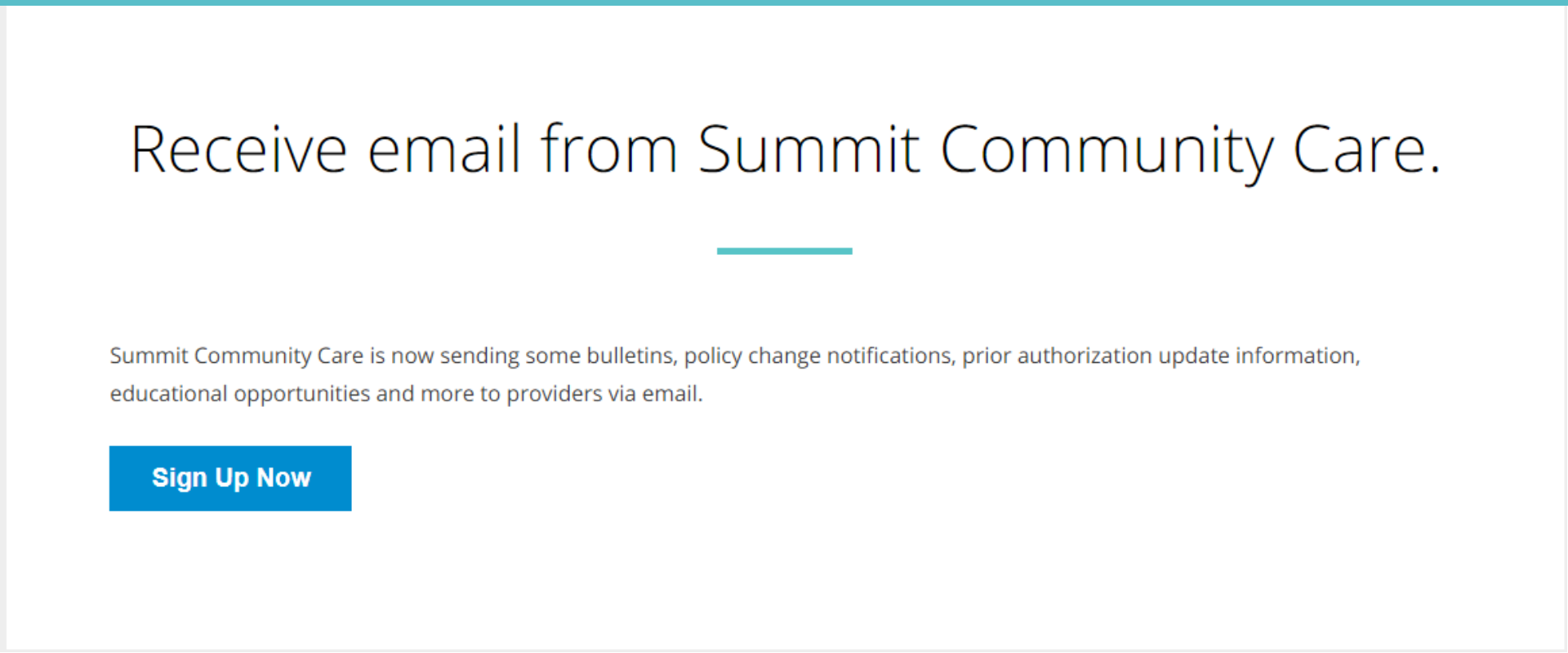


Provider Website –Search function

Click this image to search for any specific item.



Provider Website – Receive Email Updates



Appointment Availability Standards

- To ensure timely access to care, Arkansas DHS requires ongoing surveys to ensure providers adhere to specific Appointment Availability and wait-time standards. Adherence to Appointment Availability standards is also a requirement for maintaining NCQA Accreditation.
- Summit's third-party vendor conducts 2 surveys annually to access Appointment Availability, selecting a random sample of participating providers. Offices found non-compliant must respond to a corrective action letter regarding non-compliance and will remain in subsequent surveys until found compliance.
- Both NCQA and Arkansas DHS monitor Summit providers' compliance with Appointment Availability, and *recurring non-compliance may lead to termination from participation in the provider network*.

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Appointment Availability Standards

Appointment availability standards are as follows:

Primary care providers	
Routine care *(non-urgent)*	Within 21 calendar days
Preventive or well-visits	Within 30 calendar days
Urgent care	Within 24 hours
Emergency care	Within 24 hours
Specialty care providers (non-OB/GYN)	
Routine care *(non-urgent)*	Within 60 calendar days
Preventive or well-visits	Within 30 calendar days
Urgent care	Within 24 hours
Emergency care	Within 24 hours

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Appointment Availability Standards

Appointment availability standards are as follows:

Obstetrical/gynecological providers	
Routine care *(non-urgent)*	Within 60 calendar days
Preventive or well-visits	Within 30 calendar days
Prenatal care	Within 14 calendar days
Urgent care*	Within 24 hours
Emergency care	Within 24 hours
Behavioral providers	
Initial visit — Routine care *(non-urgent)*	Within 10 *business* days
Follow-up visit — Routine *(non-urgent)*	Within 21 calendar days
Non-life-threatening emergency care	Within 6 hours
Urgent care — behavioral and substance abuse	Within 24 hours
Emergency care	Within 24 hours
Behavioral health & DDS providers	
Mobile crisis response	24/7

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Appointment Availability Standards

Appointment Wait Times

- Wait-times at the PCP, Specialty, or Behavioral practitioner's office should not exceed 45-minutes from the scheduled appointment time, except when provider is unavailable due to an emergency.
- Providers may be delayed meeting scheduled appointment times when working on an urgent case, when encountering a serious problem, or when member has an unknown need requiring more services or education than described when scheduling appointment.

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Appointment Availability Standards

TIPS for complying with standards:

- For Routine Appointments:

  Offering an appointment with a different practitioner in the group or agency constitutes compliance if an appointment can be scheduled within the timelines defined by the standards.

- For Urgent Care Appointments:

  Referral to the nearest Urgent Care Center constitutes compliance.

- For Emergency Appointments:

  Referral to the nearest Emergency Room constitutes compliance.

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PCP After-Hours Availability Standard

- To ensure member access to quality, safe, comprehensive services, PCPs must be available to provide guidance to enrolled members 24 hours a day, 7 days a week.
- Summit's third-party vendor conducts 2 surveys annually to validate after-hours availability, selecting a random sample of PCPs. Offices found non-compliant must respond to a corrective action letter regarding non-compliance and will remain in subsequent surveys until found compliance.
- Both NCQA and Arkansas DHS monitor Summit providers' compliance with PCP After-Hours Availability, and *recurring non-compliance may lead to termination from participation in the provider network*.

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PCP After-Hours Availability Standard

Examples of non-compliance with the PCP After-Hours Survey:

- Telephone only answered during normal business hours.
- Telephone answered after-hours by recording telling member to leave a message.
- Telephone answered after-hours that directs member to an Urgent Care Center or Emergency Room.
- After-hours calls not returned within 60 minutes.

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NEW Provider Enrollment Process

- New groups or agencies enrolling in Summit's provider network, as well as enrollment of individual practitioners to existing groups or agencies currently participating in the network must occur through the new ***Digital Provider Enrollment (DPE)*** application***.***
- The DPE application is in Availity* Essentials under ***Payer Spaces***.
- DPE creates a streamlined process that eliminates the need for enrollment forms, creates faster turnaround, eliminates data errors, and allows visibility to the status of submitted applications.

* Availity, LLC is an independent company providing administrative support services on behalf of Summit Community Care.

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NEW Provider Enrollment Process

- DPE allows participating groups or agencies to enroll new practitioners regardless of whether practitioners require credentialing approval.
- DPE will require submission of a CAQH # for independently licensed practitioners who must receive credentialing approval prior to rendering care. Also, for M.D.s or D.O.s practicing in Arkansas, who require credentialing approval, DPE will require upload of CCVS form.
- Currently DPE is for practitioner enrollment only. *The application is not available yet for enrolling ancillary or facility providers*.

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NEW process for Demographic Info Updates

- Effective July 1, 2023, providers may update demographic information using the new ***Provider Demographic Management (PDM)*** application in the *Availity Essentials.
- The PDM application streamlines the process for updating general demographic information, terminating practitioners no longer affiliated with the group or agency, or managing each of these transactions through a ***Roster Automation*** process.
- Roster Automation is a process that occurs following receipt of a roster using defined rules of engagement for data in a specific template. For providers who upload a roster in the PDM application which adheres to these rules, this process allows roster changes to autoload through a technology that significantly reduces the turnaround time from 90 days to less than 5 days.

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Digital Provider Enrollment (DPE) and Provider Data Management (PDM)

- **PLEASE NOTE: Existing methods by which providers submit applications for new practitioners or submit updates to demographic information will sunset as of October 1, 2023.**
- Providers must utilize the DPE application for enrolling new practitioners under existing groups or agencies.
- Providers must utilize the PDM application for updating demographic information, including termination of practitioners no longer affiliated with the group or agency.
- Roster submissions must occur via the PDM application. While providers are not required to adhere fully to Summit's roster template, for those who do, upload of the roster with any noted changes, terminations, or updates will accelerate turnaround times.

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Questions?

* Availity, LLC is an independent company providing administrative support services on behalf of Summit Community Care. Patient360 is an independent company providing reporting services on behalf of Summit Community Care. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Summit Community Care.