

# WELCOME

2022 AFMC ANNUAL BILLING WORKSHOP



# MMIS Updates

**Karen Y. Young**

**MMIS Training and Program Developer, AFMC**

**Fall 2022**



# Annual Billing Workshop Disclaimer

The Annual Billing Workshop is designed for ALL Provider types and specialties. We will only cover the items listed on the agenda. In addition, we will not cover any specific Provider types during this workshop. The Medicaid program has over 50 Provider types. We invited all Provider types to attend this workshop. Therefore, the information during this session will vary depending on the most relevant and immediate information.

If you have specific questions, technical issues or need Provider Enrollment, contact them at 1-800-457-4454. Please pay close attention to the options, as they have changed.

There are also job aids that will give you step-by-step instructions on: MMIS Eligibility Verification, How to Check Status of a Claim, How to Submit and Review a Claim, How to Register for the Portal, and more. In addition, we now have Quick Track Training Videos to assist with Portal Password Reset, Eligibility Verification, Timely Filing, How to Adjust/Edit a Claim, How to Void a Claim, and Files Exchange for Health Care Innovation Documentation located on the DHS and AFMC websites.

If you have escalated issues or would like to discuss specific issues, please contact your AFMC MMIS Outreach Specialist at 501-906-7566 to set up a virtual or on-site visit. A map to contact your AFMC MMIS Outreach Specialist is located at [AFMC MMIS Outreach Specialist](#). and the DHS/DMS website <https://humanservices.arkansas.gov>.

For the latest information surrounding COVID-19, please visit the DHS websites at [Updates for Providers - Arkansas Department of Human Services](#)



# Agenda

Introduction of Team

Navigating the AFMC and DHS  
Websites

Top Denials

Portal Overview

Eligibility Verification

Did You Know?



# MMIS Outreach Team

**AFMC/MMIS  
OUTREACH SPECIALISTS**


**HOURS OF OPERATION:**  
Monday–Friday • 8 A.M.–5 P.M.



- **AFMC/MMIS Manager**  
Becky Andrews ..... 501-212-8738
- **Supervisor/Outreach Specialist**  
Andrea Allen  
Pulaski County ..... 501-906-7566  
[pulaskibilling@afmc.org](mailto:pulaskibilling@afmc.org)
- **Outreach Specialists**  
Christy Owens  
NW—Northwest ..... 501-906-7566  
[northwestbilling@afmc.org](mailto:northwestbilling@afmc.org)  
Rose Bruton  
NE—Northeast ..... 501-906-7566  
[northeastbilling@afmc.org](mailto:northeastbilling@afmc.org)  
Mary Riley  
EC—East Central ..... 501-906-7566  
[eastcentralbilling@afmc.org](mailto:eastcentralbilling@afmc.org)  
Kristie Williams  
SE—Southeast ..... 501-906-7566  
[southeastbilling@afmc.org](mailto:southeastbilling@afmc.org)  
Angle Riggan  
SW—Southwest ..... 501-906-7566  
[southwestbilling@afmc.org](mailto:southwestbilling@afmc.org)  
Renee Smith  
WC—West Central ..... 501-906-7566  
[westcentralbilling@afmc.org](mailto:westcentralbilling@afmc.org)





# MMIS Outreach Specialist Map


**AFMC/MMIS Outreach Specialists Information Sheet**



1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • Toll free: 1-877-650-2362 • Fax: 501-375-0705 • [afmc.org/mmis](http://afmc.org/mmis)

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Christy Owens  
 NW—Northwest ..... 501-906-7566  
[northwestbilling@afmc.org](mailto:northwestbilling@afmc.org)

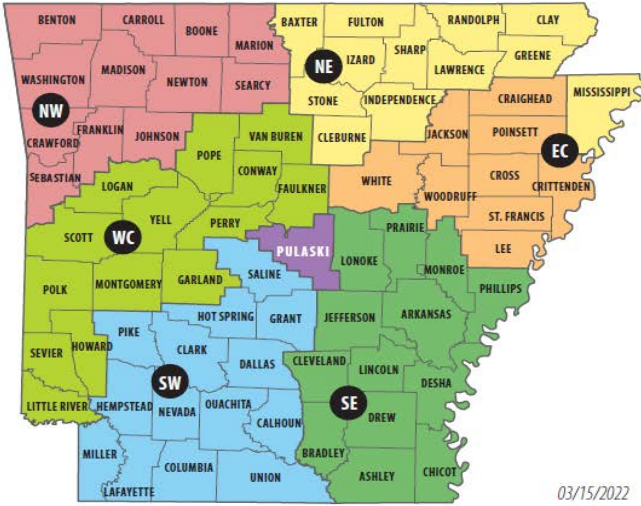
Rose Bruton  
 NE—Northeast ..... 501-906-7566  
[northeastbilling@afmc.org](mailto:northeastbilling@afmc.org)

Mary Riley  
 EC—East Central ..... 501-906-7566  
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Kristie Williams  
 SE—Southeast ..... 501-906-7566  
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 SW—Southwest ..... 501-906-7566  
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Renee Smith  
 WC—West Central ..... 501-906-7566  
[westcentralbilling@afmc.org](mailto:westcentralbilling@afmc.org)



03/15/2022

**ARKANSAS DEPARTMENT  
OF HUMAN SERVICES, DMS**

**ARKIDS FIRST/MEDICAID**  
<https://humanservices.arkansas.gov/>  
 • ARKids First Enrollment Information ..... 888-474-8275

**CONNECTCARE**  
 • Toll free ..... 800-275-1131

**MEDICAID FRAUD CONTROL  
UNIT (PROVIDERS)**  
 • Central Arkansas ..... 501-682-8349

**ARKANSAS MEDICAID MANAGED CARE VOICE  
INFORMATION SERVICES**  
 • Toll free ..... 800-805-1512

**PHARMACY**  
 • Magellan Medicaid Administration Help Desk ..... 800-424-7895

**ARKANSAS PAYMENT IMPROVEMENT INITIATIVE**  
 • Local and out-of-state ..... 501-301-4696  
 • In-state toll free ..... 1-866-322-4946

**GAINWELL TECHNOLOGIES (Claims Processing)**

*Gainwell Provider Assistance Center*

- In-state toll free ..... 800-457-4454
- Local and out-of-state ..... 501-376-2211

*Gainwell Provider Services Manager*  
 Courtney Tipple ..... 469-830-6182

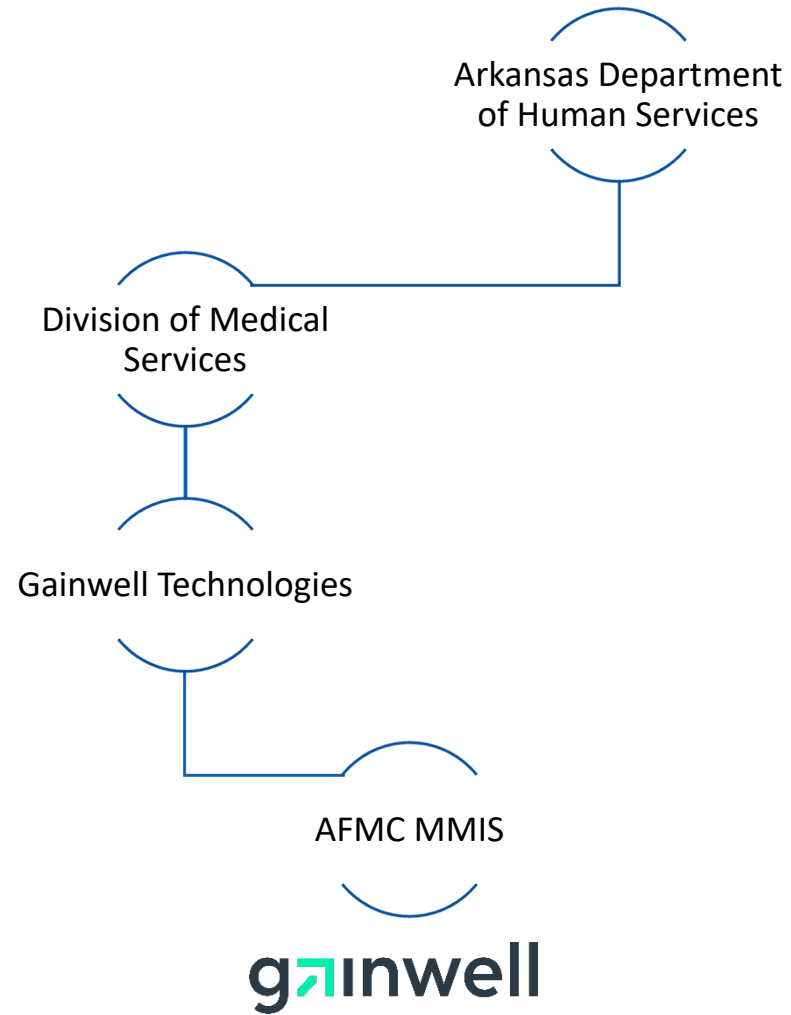
**CLAIMS**  
 P.O. Box 8034  
 Little Rock, AR 72203

**SPECIAL CLAIMS**  
 ATTN: Research Analysts  
 P.O. Box 8036  
 Little Rock, AR 72203

**CROSSOVER CLAIMS**  
 P.O. Box 34440  
 Little Rock, AR 72203

**PROVIDER ENROLLMENT**  
 P.O. Box 8105  
 Little Rock, AR 72203  
 Fax: 501-374-0746

# Organizational Chart



# Navigating the AFMC and DHS Websites





# AFMC Website



[HOME](#) [SERVICES](#) [PROGRAMS](#) [QUALITY IMPROVEMENT](#) [DPSQA](#) [PROVIDER RELATIONS](#)



MMIS Home	>
MMIS Resources	>
Medicaid FAQs	>
MMIS Training Webinars	>
MMIS Email Updates	>

## Arkansas Medicaid Management Information System (MMIS)

The Arkansas Department of Human Services [Medicaid Management Information System \(MMIS\)](#) streamlines claims processing and provides a more efficient reimbursement method for providers. [Arkansas Medicaid](#) providers now have the ability to submit claims and other documents electronically.

AFMC's MMIS Outreach specialists are available to help providers with questions about Medicaid policy, billing requirements and claim-processing. Our specialists are adept researchers, problem solvers and decision makers.

In addition to Medicaid provider manuals, official notices should be referenced for Medicaid program policy. - [Arkansas Medicaid Official Notices](#)

[Have you registered?](#)



# Eblast Sign-up Link

Sign-up for MMIS email updates

Name \*

First

Last

Email \*

Submit

[AFMC MMIS Eblast Sign Up Link](#)



# DHS Website-Humanservices.arkansas.gov

The Official Website of the State of Arkansas

State Directory

All State Agencies

Elected Officials

Arkansas Code

State Employees

Help Center

Accessibility & Settings



DIVISIONS & SHARED SERVICES ▾

NEWS ▾

DATA & REPORTS ▾

CAREERS ▾

FIND A COUNTY OFFICE ▾

FILE AN APPEAL

CONTACT US 🔍

Aging, Adult, & Behavioral Health Services ▶

Child Care & Early Childhood Education ▶

Children & Family Services ▶

County Operations ▶

Developmental Disabilities Services ▶

Medical Services ▶

Provider Services & Quality Assurance ▶

Youth Services ▶

Shared Services ▶

## ns & Shared Services

# Helpful Information For Providers

## Divisions & Shared Services

### Division of Medical Services

- [Demonstration Waiver Projects](#)
- [Electronic Visit Verification \(EVV\) Information](#)
- [About DMS](#)
- [Get to Know Director Pitman](#)
- [Contact DMS](#)
- [Reports & Publications](#)
- [Forms & Documents](#)
- [DMS Policies](#)
- [Frequently Asked Questions](#)
- [Health Care Programs](#)

[Home](#) > [Divisions & Shared Services](#) > [Division of Medical Services](#) > [Helpful Information for Providers](#)

## Helpful Information For Providers

- [Access the Provider Portal](#) (check eligibility, submit a PA request, or submit claims)
- [DMS COVID-19 Provider Manual](#) and [DHS COVID-19 Page for Providers](#)
- [Fee Schedules](#)
- [PCMH / PCCM](#)
- [Policy 1088](#)
- [Proposed Rules & Public Notices](#)
- [Provider Manuals](#)
- [Provider Training Information](#)
- [Rate Reviews](#)
- [Sign-up for MMIS email updates](#)
- [State Plan \(Medicaid and CHIP\)](#)

## What's New For Arkansas Medicaid Providers



# Top Portal Denials

0098	SERVICE NOT PROVIDED UNDER THE MEDICAID PROGRAM
077, 0092, 0091	THERAPY SERVICES INDICATOR OR LEA CODE MISSING OR INVALID
0355	NO CO-INSURANCE OR DEDUCTIBLE DUE BY MEDICAID
0011	MEDICARE PAID DATE MISSING OR INVALID
1094	THE MEDICARE CLAIM HAS A MEMBER WHO IS ENROLLED IN PASS MGD. PLEASE SUBMIT
1036	DIAGNOSIS CODE NOT ALLOWED FOR DATE OF SERVICE

## 0098-SERVICE NOT PROVIDED UNDER THE MEDICAID PROGRAM

*This denial means that the service billed is not a covered code with AR MCD. To verify why you are receiving this denial, we suggest you verify 3 things:*

### Method of Correction

Is the code billed a covered code with AR MCD? To verify, check the corresponding fee schedule.

Check the client's benefit plan. Some benefit plans are limited and do not cover all services. If a client only has their benefit plan and no additional plans that have full range benefits, then services provided would not be covered.

Check to make sure the client does not have the HCIP benefit plan. All claims, except NET, DDS non MCD, vision and dental for clients ages 19 20, would be billed to the client's QHP.



0077, 0092, 0091-  
THERAPY SERVICES  
INDICATOR OR LEA CODE  
IS MISSING OR INVALID

#### Method of Correction

Make sure the correct indicators are entered on the claim.

Error 0077 for Schools - please ensure the Local Education Agency (LEA) code has been entered on the claim.

Therapy Services Indicators and LEA codes are located in Section 251.010 of the OP, PT and Speech Pathology Services manual.

## 0355-NO CO-INSURANCE OR DEDUCTIBLE DUE BY MEDICAID

### Method of Correction

This denial sets when a crossover claim is submitted, but both the “Coinsurance” and “Deductible” fields are blank.

Please verify if MCR paid “Primary” and that you have indicated the “Coinsurance” or “Deductible” amount due.

If MCR did not pay “Primary” and there is no “Coinsurance” or “Deductible” due, claim should not be submitted as a crossover claim.



## 0011-MEDICARE PAID DATE MISSING OR INVALID

### Method of Correction

Review claim and make sure the MCR paid date is included and correct.

Electronic Claims-check the payment date on RA and compare it to the payment date in the portal under the Medicare payment information tab.

Paper Claims-look at the **Creation Date field** on their UB-04 and verify that it is the actual MCR paid date.

**1094**-THE MEDICARE CLAIM HAS A MEMBER WHO IS ENROLLED IN PASSE MGD CARE. PLEASE SUBMIT THE MEDICARE CLAIM TO APPROPRIATE PASSE FOR PAYMENT.

#### Method of Correction

Review claim and make sure the MCR paid date is included and correct.

Electronic Claims-check the payment date on RA and compare it to the payment date in the portal under the Medicare payment information tab.

Paper Claims-look at the **Creation Date field** on their UB-04 and verify that it is the actual MCR paid date.

## 1036-DIAGNOSIS CODE NOT ALLOWED FOR DATE OF SERVICE

### Method of Correction

Many times, we see this denial when the dx codes have been updated and end dated. Therefore, AR MCD has updated the rules within the system to no longer accept a dx after a certain date.

If you have a claim deny for EOB 1036, double check the dx code(s) billed to ensure they are valid dx codes for the DOS billed.

# Portal Overview





# Eligibility



# Importance of Checking Eligibility

Coverage Details for Beneficiary ID 4563217101 - PATTI PUFF from 1/1/2020 to 1/10/2020

Verification Response ID 2001000001

Primary Care Provider

PCP Name	PCP NOT REQUIRED	Effective Dates	01/01/2020-01/01/2020	Phone	_
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[Expand All](#) | [Collapse All](#)

Benefit Details

Coverage	Description	County	Effective Date	End Date
25-MCAID	Full Medicaid	604 PULASKI	01/01/2020	01/10/2020

Copayments	Amount
MCAID	
1 (Medical Care)	
30 (Health Benefit Plan Coverage)	
33 (Chiropractic)	
35 (Dental Care)	
47 (Hospital)	
48 (Hospital - Inpatient)	
50 (Hospital - Outpatient)	
86 (Emergency)	
88 (Pharmacy)	
98 (Professional (Physician) Visit - Office)	
AL (Vision)	
MH (Mental Health)	
UC (Urgent Care)	
	\$0.00

Limit Details

Managed Care Assignment Details

Tier Level Details

Medicare/TPL

EPSDT Well Child Service Details

ARKIDS B Screening

Adult Dental Service

Demographic Details

[Print Preview](#)



# Importance of Checking Eligibility, cont'd

Limit Details					
The Dollar Limits and Service Limits may not reflect recent claims. The remaining service limit balance is contingent upon verifying that the benefit plan allows for the usage of any remaining balances.					
Dollar Limit	Limit	Remaining	Effective Date	End Date	Last Service
5105 OUTPT/POD LAB X-RAY SERV LIMITED TO \$500 PER	\$500.00	\$500.00	07/01/2021	05/05/2022	N/A
6312 ADULT DENTAL SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2021	05/05/2022	N/A
Service Limit	Limit	Remaining	Effective Date	End Date	Last Service
12 PHYSICIAN VISITS ALLOWED PER STATE FISCAL YEAR	12.00	12.00	07/01/2021	05/05/2022	N/A
5124 LIMIT 12 PROFESSIONAL OUTPATIENT HOSPITAL VIS	12	12	07/01/2021	05/05/2022	N/A
AM - FRAMES	1.00	1.00	05/06/2021	05/05/2022	N/A
6231 EYE EXAM LIMITED TO ONE PER 12 MONTHS	1.00	1.00	05/06/2021	05/05/2022	N/A
6232 EYEGLASS REPAIR LIMITED TO ONCE PER 12 MO	1	1	05/06/2021	05/05/2022	N/A
AO - LENSES	2.00	2.00	05/06/2021	05/05/2022	N/A
6313 ORTHODONTIC LIMITED TO 1 PER LIFETIME	1.0	1.0	07/15/1963	05/05/2022	N/A
6610 MAXIMUM OF 12 CHIROPRACTIC VISITS PER SFY	12.00	12.00	07/01/2021	05/05/2022	N/A
6732 MAX OF TWO CONSULTATIONS PER STATE FISCAL YEA	2.00	2.00	07/01/2021	05/05/2022	N/A
Managed Care Assignment Details					
Tier Level Details					
Medicare/TPL					
Carrier	Effective Date		End Date		
Medicare A	N/A		N/A		
Medicare B	N/A		N/A		
Med A/Buyin	N/A		N/A		
Med B/Buyin	N/A		N/A		
SOUTHWIRE AND AFFILIATES	01/01/2017		05/05/2022		
EPSDT Well Child Service Details					
ARKIDS B Screening					
Adult Dental Service					
Demographic Details					



# Benefits (Section II of Provider Manual)

Arkansas Medicaid administers more than **50 programs**. Here are just a few of the many benefits available to eligible clients (see Section II of the Physician Manual):

- Physician services
- Inpatient hospital
- Outpatient hospital
- Lab/X-ray
- Prescription
- Therapy (OT/PT/speech)
- Mental health
- Emergency room
- Long-term care
- Hospice
- Medical equipment



# Review Benefit Plan on Crosswalk

## MMIS Crosswalk with Benefit Limits and PCP Requirements



FR= Full Range Benefits  
LB= Limited Benefits  
AC= Additional Cost Sharing

Revised 7/16/18

Note: This document is a working document and modifications may be needed to reflect future changes.

Legacy Aid Category Description	Legacy Aid Category	Waiver Inst. Indicator	iC Benefit Plan Code	iC Benefit Plan Description	iC Aid Category Code	Benefit Limit	PCP Required
ARKids First Program (M-CHIP)	01		AR1	Arkids First CHIP Program	0100	LB, AC	Yes
ARKids (M-CHIP2)	01		AR1	Arkids First CHIP Program	0101	LB, AC	Yes
ARKids (M-CHIP) Katrina AL	01		AR1	Arkids First CHIP Program	0102	LB, AC	Yes
ARKids (M-CHIP) Katrina LA	01		AR1	Arkids First CHIP Program	0103	LB, AC	Yes
ARKids (M-CHIP) Katrina MS	01		AR1	Arkids First CHIP Program	0104	LB, AC	Yes
ARKids (M-CHIP) Rita TX	01		AR1	Arkids First CHIP Program	0105	LB, AC	Yes
Medicaid Eligible (M-CHIP)	01		AR1	Arkids First CHIP Program	0106	LB, AC	Yes
Children of public employees (M-CHIP)	01		AR1	Arkids First CHIP Program	0107	LB, AC	Yes
Children of public employees (M-CHIP) Katrina LA	01		AR1	Arkids First CHIP Program	0108	LB, AC	Yes
DCFS non-Medicaid (non-IVE)	02		DCFYS	DCFYS Div of Child Fmly	0200	None	N/A
CMS non-Medicaid	03		TITLV	Children's Med Svcs Respite Care & DDS	0300	None	N/A
DDS non-Medicaid	04		DDS	Developmental Disability	0400	None	N/A
DCFS non-Medicaid IVE	05		DCFYS	DCFYS Div of Child Fmly	0500	None	N/A
Adult Expansion no FPL no FMAP	06		HCIP	Health Care Independence (Private Option)	0600	Determined by private commercial insurer	N/A
Adult Expansion no FPL no FMAP	06		IABP	Interim Alternative Benefit Plan	0600	FR	No
Adult Expansion no FPL no FMAP	06		ABP	Alternative Benefit Plan	0600	FR	Yes
Adult Expansion no FPL no FMAP	06		FRAIL	Full Medicaid for Medically Frail	0600	FR	Yes
Adult Expansion no FPL A FMAP	06		HCIP	Health Care Independence (Private Option)	0601	Determined by private commercial insurer	N/A
Adult Expansion no FPL A FMAP	06		IABP	Interim Alternative Benefit Plan	0601	FR	No
Adult Expansion no FPL A FMAP	06		ABP	Alternative Benefit Plan	0601	FR	Yes
Adult Expansion no FPL A FMAP	06		FRAIL	Full Medicaid for Medically Frail	0601	FR	Yes
Adult Expansion no FPL B FMAP	06		HCIP	Health Care Independence (Private Option)	0602	Determined by private commercial insurer	N/A
Adult Expansion no FPL B FMAP	06		IABP	Interim Alternative Benefit Plan	0602	FR	No
Adult Expansion no FPL B FMAP	06		ABP	Alternative Benefit Plan	0602	FR	Yes
Adult Expansion no FPL B FMAP	06		FRAIL	Full Medicaid for Medically Frail	0602	FR	Yes
Adult Expansion no FPL N FMAP	06		HCIP	Health Care Independence (Private Option)	0603	Determined by private commercial insurer	N/A



# Tools to Determine Eligibility

- Benefit plan crosswalk **AND** Section 1 (124.000) of your Provider Manual [Aid Category Crosswalks](#)
- Eligibility verification job aid
- [Eligibility Verification](#)
- [Eligibility Verification Video](#)

# Did You Know?

Official notices  
*outweigh* manuals

Section II is  
specific to your  
specialty

Procedure Code  
Tables

Prior Authorization  
denials/partially  
modified can be  
reconsidered

Claims  
submissions  
Monday-Friday

Just checking  
eligibility doesn't  
guarantee  
payment

Fee schedules

Suspended PA  
letters



# Evaluations

***Your feedback is important to us!***

Please take time to complete the evaluation that will be emailed to you.

Attendance certificate will be available to print.

Thank you for attending today!





Questions?



TIME FOR A  
BREAK







Afternoon Session  
1 - 4 p.m.  
*Please be sure to come  
back!*

# Vendor Break



# Procedure Code Linking Tables





# Technology Needed to Access Procedure Code Tables

1st

- Access to a computer, smartphone, or tablet that is new enough to...

2nd

- Access the internet...
- With a current web browser...

3rd

- And have Microsoft Excel and Word installed...

# Procedure Code Tables List

Procedure Code Linking Tables	
Academic Medical Center (AMC)	Hospital
Adult Behavioral Health Services for Community Independence (ABHSCI)	Hyperalimentation
Adult Developmental Day Treatment (ADDT)	Independent Laboratory
Ambulatory Surgical Center (ASC)	Independent Radiology
ARKids First-B	Nurse Practitioner (NP)
Autism Waiver	Oral Surgeon (Dental Procedure Codes or Physician Procedure Codes)
Autism EPSDT	Outpatient Behavioral Health Services (OBHS)
Certified Registered Nurse Anesthetist	Physician
Certified Nurse Midwife (CNM)	Podiatrist
Children's Services Targeted Case Management	Portable X-ray
Chiropractic	Private Duty Nursing (PDN)
Critical Access Hospital	Prosthetics (Includes Durable Medical Equipment & Orthotics)
Dental	Radiation Therapy Center
Developmental Therapy Services	Rehabilitative Hospital
Early Intervention Day Treatment (EIDT)	Rural Health Center (RHC)
End-Stage Renal Disease	School-Based Mental Health (SBMH)
EPSDT (Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment)	Therapy (OT, PT, Speech-Language)
Family Planning Clinic	Transportation
Federally Qualified Health Center (FQHC)	Ventilator
Hearing/Audiology	Vision
Home Health	

