

Gainwell Technologies/AFMC MMIS Annual Billing Workshop

Karen Y. Young

MMIS Training and Program
Developer, AFMC

Fall 2021



Housekeeping Rules for Attendees



Please make sure your phone is on mute.



Please make sure you type your questions in the questions box and not the chat box.



Questions will be answered during the presentation.



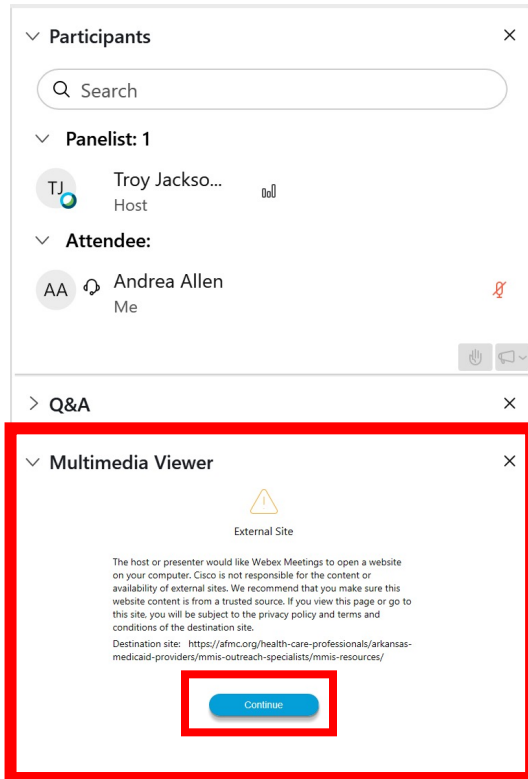
To customize your presentation view, there is a button in the top right corner that will allow you to change your view.



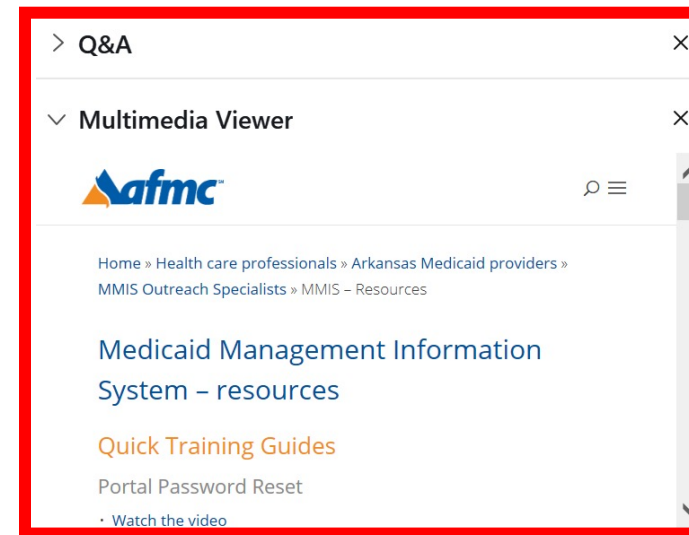
If you do not have the presentations, you can email mmisteam@afmc.org to request a link to access a copy.

How to Access Training Materials During the Presentation

Open the Multimedia Viewer Panel and click “Continue.”



You should see the AFMC MMIS webpage which will allow you to download the presentation and any additional training resources.



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: How to Check Eligibility, 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.org 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](#)



Introduction of the AFMC MMIS Team


**AFMC/MMIS
OUTREACH SPECIALISTS**

HOURS OF OPERATION:
Monday–Friday • 8:30 A.M.–5 P.M.

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




AFMC MMIS Outreach Specialist Map



AFMC/MMIS Outreach Specialists Information Sheet

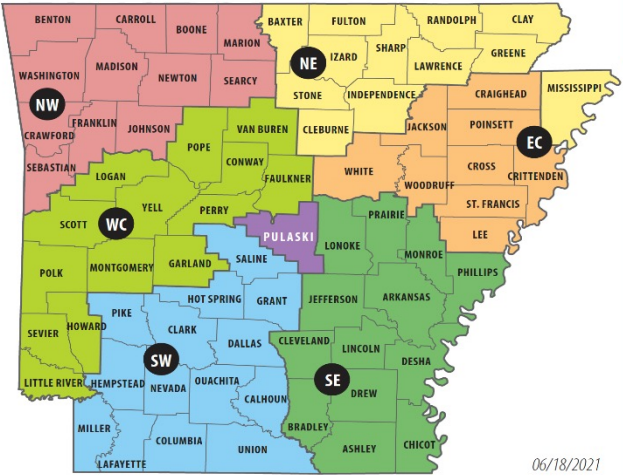
1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • Toll free: 1-877-650-2362 • Fax: 501-375-0705 • afmc.org/mmis



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06/18/2021

**ARKANSAS DEPARTMENT
OF HUMAN SERVICES,
DIVISION OF MEDICAL SERVICES**

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**

VOICE RESPONSE SYSTEM
• Toll free **800-805-1512**

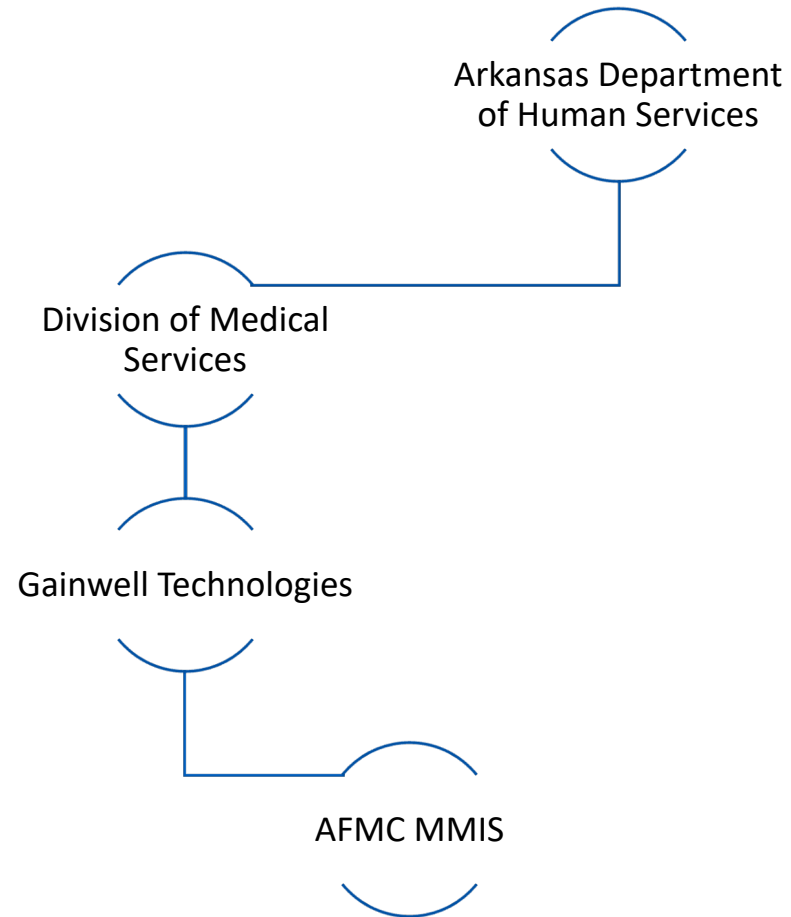
PHARMACY
• Magellan Medicaid Administration
Help Desk **800-424-7895**

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

GAINWELL TECHNOLOGIES SERVICES (Claims Processing) • 500 President Clinton Ave., Suite 400 • Little Rock, AR 72201

<p>Gainwell Provider Assistance Center</p> <ul style="list-style-type: none"> • In-state toll free 800-457-4454 • Local and out-of-state 501-376-2211 <p>Gainwell Provider Services Manager Courtney Tipple 512-319-3823</p>	<p>CLAIMS P.O. Box 8034 Little Rock, AR 72203</p> <p>SPECIAL CLAIMS ATTN: Research Analysts P.O. Box 8036 Little Rock, AR 72203</p>	<p>CROSSOVER CLAIMS P.O. Box 34440 Little Rock, AR 72203</p> <p>PROVIDER ENROLLMENT P.O. Box 8105 Little Rock, AR 72203 Fax: 501-374-0746</p>
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Organizational Chart



Agenda

Morning Session Topics

8:30-9:45 a.m.	Arkansas Medicaid Billing Overview
9:45-10:00 a.m.	Break
10:00-10:30 a.m.	Provider Enrollment Updates
10:30-11:00 a.m.	Provider Relations Updates

Arkansas Medicaid

11:00-12:00 p.m.	DPSQA Overview & Updates, Medicaid Updates, DDS Updates
12:00-1:00 p.m.	Lunch

Afternoon Session Topics

Dental Managed Care Updates

1:00-2:00 p.m.	Delta Dental and MCNA
2:00-2:15 p.m.	Break

Prior Authorization Updates

2:15-3:15 p.m.	Arkansas Medicaid Prior Authorizations and eQHealth Prior Authorizations
3:15-3:30 p.m.	Break
3:30-4:15 p.m.	Electronic Visit Verification (EVV) Updates



Medicaid Billing Overview

Top Denials

Hot Topics

Vaccines for Children

Portal Updates

MMIS Reminders

Top Denials

EOB Code	EOB Code Desc
1100	MULTIPLE SERVICE LOCATIONS FOR PROVIDER SPECIALTY. PLEASE CALL PROVIDER ENROLL
0978	IN RELATION TO EFFECTIVE DOS OF PROV SPEC, PROV IS INELIG TO RENDER THIS SERV.
0319	INCORRECT PROVIDER NUMBER SUBMITTED - PAYMENT DELAYED.
9999	PROCESSED PER POLICY
0252	MEDICAID ID NUMBER SUBMITTED DOES NOT MATCH MEMBERS NAME ON MEDICAID ID CARD -
0098	SERVICE NOT PROVIDED UNDER THE MEDICAID PROGRAM.
0250	MEMBER NOT LISTED UNDER ID # SUBMITTED. CORRECT ID # AND RESUBMIT A COMPLETED A
0355	NO CO-INSURANCE OR DEDUCTIBLE DUE BY MEDICAID
0237	RENDERING PROVIDER NUMBER IS INVALID, MISSING, OR CANCELLED.
1046	AMOUNT BILLED MISSING OR INVALID
0077	THERAPY SERVICES INDICATOR AND/OR SCHOOL DISTRICT LEA CODE MISSING/INVALID
1093	EFT IS REQUIRED FOR BILLING PROVIDER TO RECEIVE PAYMENT
1062	THE MDCD BILLING PROV ID SUBMITTED ON THE CLAIM MUST BE THE NPI.
0092	THERAPY SERVICES INDICATOR INVALID FOR PROVIDER TYPE
0011	MEDICARE PAID DATE MISSING OR INVALID.
0863	PROC CODE IS OUTSIDE AGREED UPON CONTRACT. PLEASE CONTACT PERSON WITH WHOM YOU
0007	TOTAL DAYS NOT EQUAL TO THE DIFFERENCE BETWEEN THE "FROM" AND "TO" DATES.
1094	THE MEDICARE CLAIM HAS A MEMBER WHO IS ENROLLED IN PASSE MGD CARE. PLEASE SUBM
0091	THERAPY SERVICES INDICATOR INVALID FOR MEMBERS AGE
0184	ACCOMMODATION UNITS DO NO EQUAL COVERED DAYS
0267	MEMBER IS PARTIALLY OR TOTALLY INELIGIBLE FOR DOS. PLEASE CHECK DATES MEMBER IS
0717	CLAIM MUST NOT MIX ICD-9 AND ICD-10 / MUST BILL ICD-9 PRIOR TO 10/1/2015 / MUST
1018	INVALID REPLACEMENT/VOID-ORIGINAL CLAIM DENIED/SUSPENDED
1036	DIAGNOSIS CODE NOT ALLOWED FOR DATE OF SERVICE
0228	THE PROVIDER IS NOT ELIGIBLE FOR DATE(S) OF SERVICE. PLEASE CONTACT THE STATE P

Hot Topics

DHS/DMS
website

Quick Track
Training Series

Updated Job
Aids

Fee Schedules

Manuals vs
Official
Notices

HAC-Hospital
Required
Conditions

DHS/DMS Website

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/>

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 🔍

Division of Medical Services



Quick Track Training Series

Quick Track Training

AFMC proudly announces the quick track training series featuring short videos and corresponding handouts to get you up to speed — quickly! Each short episode in this series will instruct you on a particular skill so you can master what you need right now.

Video Links	Guides
Eligibility Verification Video	Eligibility Verification Guide
Files Exchange for HCI Video	Files Exchange for HCI Guide
How to Adjust/Edit a Claim Video	How to Adjust/Edit a Claim Guide
How to Access a PA Letter Video	How to Access a PA Letter Guide
Portal Password Reset Video	Portal Password Reset Guide
Timely Filing Video	Timely Filing Guide
How to Void a Claim Video	How to Void a Claim Guide

When you're ready, go to the [Health Care Provider Portal](#) to use what you've learned!

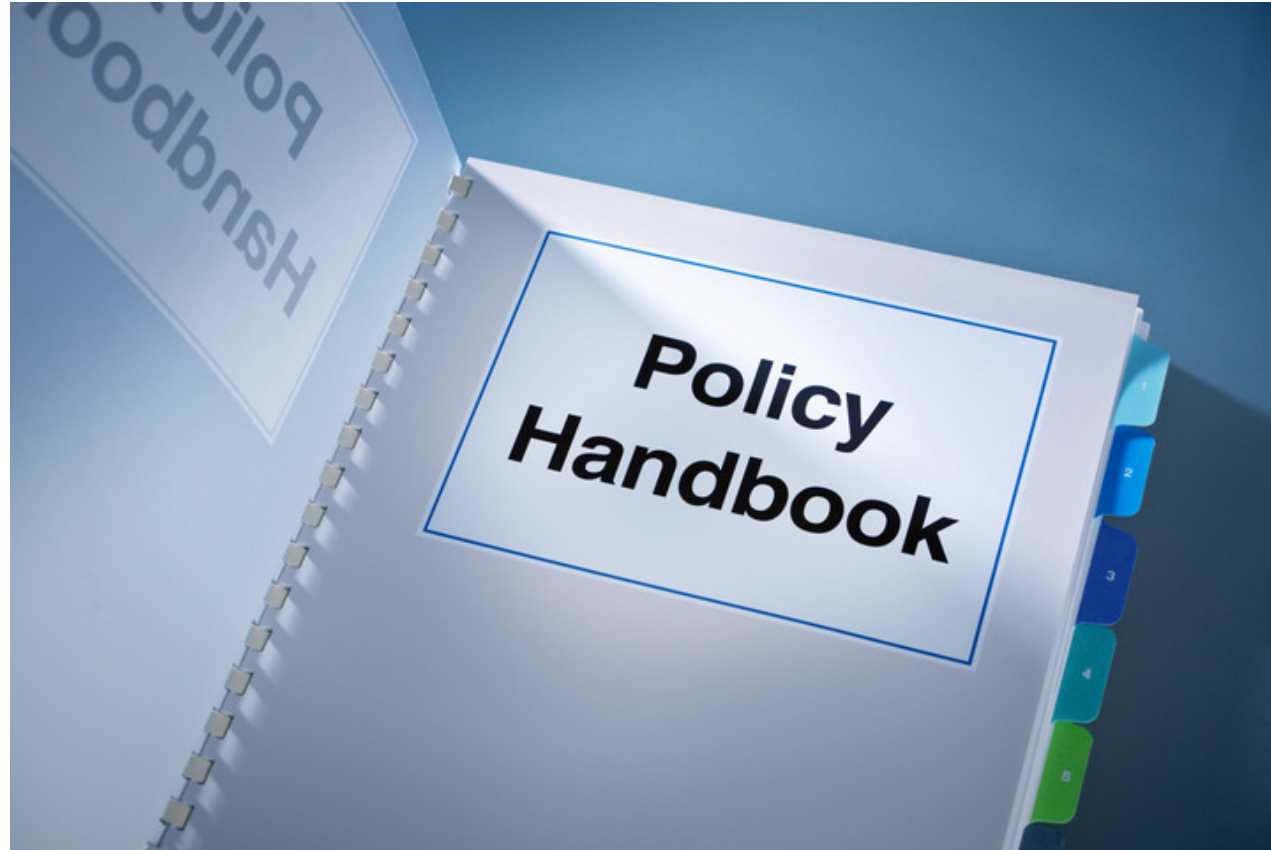


Updated Job Aids

Job Aid	File Size
Frequently Asked Questions for Portal Registration	462k
Frequently Asked Questions for Trading Partners Enrollment	264k
How to Check Claim Status	704k
How to Link a Trading Partner ID	1.1MB
How to Update PCP Caseload	795k
How to Upload Documents	1.5MB
MAPIR	593k
MMIS Eligibility Verification	1.4MB
MMIS Files Exchange for HCI	2.3MB
Prior Authorization	1.5MB
Registering on the Portal—Delegate	1.6MB
Registering on the Portal—Provider	1.7MB
Registering on the Portal—Trading Partners	957k
Search Payment History	672k
Submitting and Reviewing a Claim	1.6MB
Trading Partner ID Enrollment	1MB
Treatment History	766k



Fee Schedule & Policy Manuals



HAC-Hospital Acquired Conditions

Hospital Acquired Conditions communication to providers:

Communication Effective Date 8/27/2021

Effective Date of Processing 10/1/2021

Arkansas Medicaid shall review Inpatient Facility claims for Hospital Acquired Conditions to ensure no Medicaid dollars have been used to reimburse for services provided due to Hospital Acquired Conditions.

Providers will select Present on Admission indicator, as follows on the claim:

If indicator “N”, “U”, or “W” is selected a detailed review for Hospital Acquired Condition will be performed. If the dates of service in question support a Hospital Acquired Condition the dates in question *could* be subject to recoupment.

Conditions not reported on a claim will be reported on the DMS-2704 form. Providers should submit this information per instructions on the DMS-2704 form. [View or print Form DMS-2704](#)

These reviews shall be conducted in accordance with Section 2702 of the Patient Protection and Affordable Care Act of 2010 and subsequently issued regulations.

Code	Description
Y	Yes – Diagnosis present at time of inpatient admission
N	No – Diagnosis not present at time of inpatient admission
U	Unknown – Insufficient documentation to determine
W	Clinically Undetermined – Provider is unable to determine is Diagnosis present at time of inpatient admission
Null/missing	Source value is missing, unknown, or not on the valid value list or within the range of valid values. Exempt from POA reporting

Vaccines for Children(VFC) Program

215.120 Vaccines for Children

The Vaccines for Children (VFC) program was established to enable free access to childhood immunizations for Medicaid-eligible children under age nineteen.

The Arkansas Department of Health oversees the VFC program in Arkansas. To enroll in the VFC program and obtain the vaccines, providers may contact the Arkansas Department of Health.

Arkansas Medicaid reimburses an administration fee for immunizations included in the VFC program. Providers billing for administration of immunizations should use the appropriate CPT code.

Contact information

Arkansas Department of Health

Toll free (800) 462-0599

Telephone (501) 661-2000



Vaccines for Children (VFC) Program cont'd

242.140 Vaccines for Children Program

The Vaccines for Children (VFC) program was established to generate awareness and access for childhood immunizations. To enroll in the VFC program, contact the Arkansas Department of Health. Providers may also obtain the vaccines to administer from the Arkansas Department of Health. [View or print Arkansas Department of Health contact information.](#)

Vaccines available through the VFC program are covered for Medicaid-eligible children. Only the administrative fee is reimbursed. When filing claims for administering VFC vaccines, providers must use the CPT procedure code for the vaccine administered. Electronic and paper claims require modifiers **EP** and **TJ**.

All procedure codes under the VFC program must be billed electronically or on paper, using either the CMS-1500 claim form or the CMS-1450 claim form.

Medicaid policy regarding immunizations for adults remains unchanged by the VFC program.

Providers may consult the Physician's manual to view the list of vaccines that are non-VFC but are covered for beneficiaries who are 19 and 20 years of age.

Please refer to Section 242.140 for a complete list that contains the vaccines available through the VFC program.



ARKids First-B SCHIP Vaccines

262.430 Vaccines for ARKids First-B Beneficiaries

ARKids First-B beneficiaries are not eligible for the Vaccines for Children (VFC) Program; however, vaccines can be obtained to administer to ARKids First-B beneficiaries who are under the age of 19 by contacting the Arkansas Department of Health and indicating the need to order ARKids-B SCHIP vaccines.

Only a vaccine injection administration fee is reimbursed. When filing claims for administering vaccines for ARKids First-B beneficiaries, providers must use the CPT procedure code for the vaccine administered and the required modifier **SL only** for either electronic or paper claims. Providers must bill claims for ARKids First-B beneficiaries using the CMS-1500 claim format.

Contact information

Arkansas Department of Health
Toll free (800) 462-0599
Telephone (501) 661-2000



Portal Updates



Portal Updates

Prior Authorization Letters	Personal Care Under 21 Process Type Removed	Oral Cavity/Tooth Letter Modified for D9248	PO Box Restriction for Service Location Address
Extend Inactive Provider to 18 Months	Dental Diagnosis Type/Code No Longer Required	Targeted Case Management Process Type Moved to State Medical	reCAPTCHA for Eligibility Verification
	Treatment History	XDEA Number Added	

MMIS Reminders

Manuals vs Official Notices

New EFT Guidelines

New Provider Workshops Quarterly

Medicaid 101(last Tuesday of each month)



Afternoon Session
1 - 4 p.m.

Please be sure to come back online!

