Arkansas Medicaid Policy Updates

2022

AFMC Provider Relations Outreach Services

2022 ARKANSAS MEDICAID EDUCATIONAL CONFERENCE

Save the Date

REGISTRATION WILL BE AVAILABLE THIS FALL.

#ARMediCon

FOR PHYSICIANS, NURSES, OFFICE MANAGERS, BILLERS, AND HOSPITALS

In-person conference

Dec. 6

#ArDPSQAcon

FOR BEHAVIORAL HEALTH AND WAIVER PROVIDERS

Virtual conference

Dec. 8

afmc℠

ARMedicaid

ARKANSAS DEPARTMENT OF HUMAN SERVICES

PHE and Medicaid Continuous Coverage set to end soon

Don’t let clients lose their Medicaid Coverage!

Clients can use the Update Arkansas web page for assistance in:

- Signing up for email communication and text updates at access.arkansas.gov
- Following DHS on social media at www.facebook.com/ArkDHS
- Viewing updates at www.ar.gov/update
- Creating a new Access Arkansas account or linking their Medicaid case number to their Access Arkansas account

afmc

ARMedicaid

ARKANSAS DEPARTMENT OF HUMAN SERVICES

APNs and Certified Nurse Midwives Can Now Enroll as AR Medicaid PCPs

Enrollment is currently open to APNs and certified nurse midwives who wish to enroll as Arkansas Medicaid Primary Care Providers (PCPs). Clients can begin selecting an APN or certified nurse midwife as their PCP, **pending CMS approval**.

Required forms:

- Arkansas Medicaid Primary Care Physician Managed Care Program Primary Care Physician Participation Agreement form (DMS-2608) and;

- The EPSDT Provider Agreement (DMS-831)

Please contact Gainwell Provider Enrollment at 1-800-457-4454 for any enrollment questions.

afmc℠ ARMedicaid ARKANSAS DEPARTMENT OF HUMAN SERVICES

Laboratory and Radiology Limits for Adult Clients

For clients twenty-one (21) years of age and older, **effective 7/1/22:**

- $500 maximum benefit limit per state fiscal year (SFY) for diagnostic laboratory services **and;**
- $500 maximum benefit limit per SFY for radiology/other services.
- No laboratory or radiology benefit limits for clients under 21 years of age, except for the limitations on fetal echography (ultrasound) and fetal non-stress tests.
- SFY runs from July 1 through June 30.

QMB, SMB and QI-1

QMB, QI-1 and SMB are benefit plans which pay toward certain ***Medicare*** related expenses. These benefit plans do not have any Medicaid service coverage.

QMB: Qualified Medicare Beneficiaries, Benefit Plans 18, 38, and 48

- Pays Medicare premiums
- Pays Medicare deductibles and co-insurances
- Certain QMBs may be eligible for other limited Medicaid services if they also have an additional Medicaid benefit plan which covers Medicaid services

QI-1 and SMB: Benefit Plans 58 & 88

- Pays Medicare Part B premium

Developmental Screening in the First Three Years of Life

- Quality Measure DEV-CH requires providers to perform and document developmental screenings for children.
- Screening must be performed utilizing a validated standardized tool. Recommend ages is 9, 18, 30 months or whenever a concern is expressed.
- Documentation required: a note indicating the date on which the test was performed, the standardized tool used, and evidence of a screening result or screening score.
- CPT code 96110 is active for providers to begin using and DMS has future plans to make it a payable code. Mandatory reporting for all states occurs in 2024.
- For additional information contact mqi@afmc.org

PCMH News

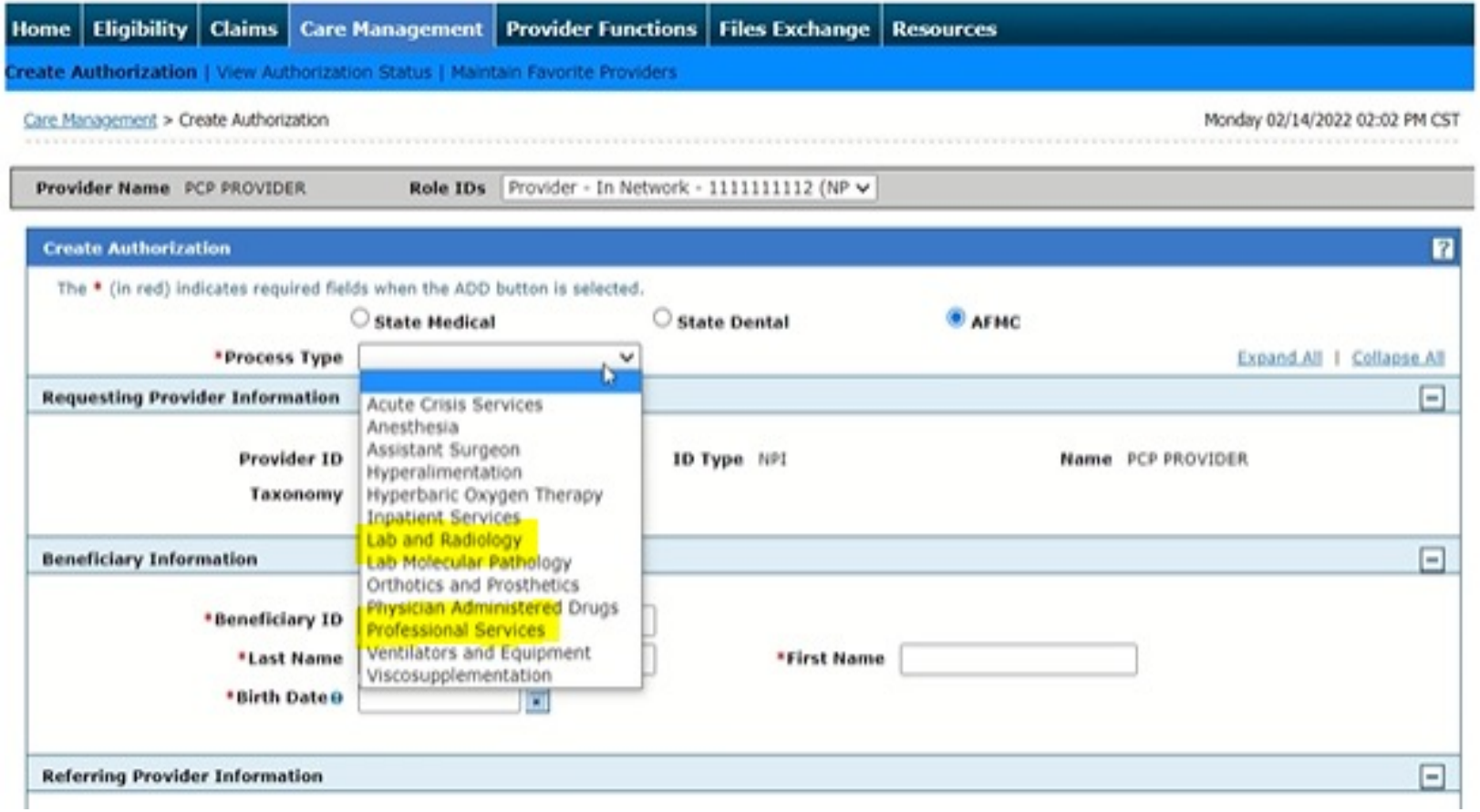
- PBIP reconsideration for performance period 2021 begins 10/1/2022
- PHM reports will be available the 15th of Sept., Oct., Nov., and Dec. 2022
- Open Enrollment for 2023 - 9/26/2022 – 11/11/2022
- The PCMH webinar which was presented by DHS on May 20th webinar is now available at the following link: https://afmc.org/health-care-professionals/arkansasmedicaid-providers/policy-and-education/webinars/pcmh-webinar-may-2022/

Benefit Limit Extensions

Physician manual – Section 220.000

- Benefit extensions are considered after the service has been rendered and the provider has received a denial for “benefits exhausted.”
- If a Medicaid provider chooses to file for an extension of benefits and is denied due to the service not being medically necessary, the beneficiary is not responsible for the payment.
- Once the extension of benefits request has been initiated on a specific service, the provider cannot abort the process before a final decision is rendered.
- DMS considers requests for benefit extensions based on the medical necessity of the service.
- Requests must be made within 90 days of receiving the exhausted benefits denial. A copy of the Remittance Advice is required to be submitted with the request.
- The extension of benefits request must match the denied claim information.

Requesting an Extension of Benefits Using the MMIS System



Educational Tools - MMIS Extension of Benefits Video and Prior Authorization Job Aid

Extension of Benefits Documentation Requirements for Clinical, Outpatient, Diagnostic Laboratory, and Radiology/Other Services

Physician Manual 229.120 Documentation Requirements

B. To request extension of benefits for any benefit limited service, all applicable records that support the medical necessity of extended benefits are required.

C. Documentation requirements are as follows.

1. Clinical records ***must***:
   - a. Be legible and include records supporting the specific request;
   - b. Be signed by the performing provider;
   - c. Include clinical, outpatient, or emergency room records (as applicable) for dates of service in chronological order;
   - d. Include related diabetic and blood pressure flow sheets;
   - e. Include a current medication list for the date of service;
   - f. Include the obstetrical record related to a current pregnancy (when applicable); and
   - g. Include clinical indication for diagnostic laboratory and radiology/other services ordered with a copy of orders for diagnostic laboratory and radiology/other services signed by the physician.

2. Diagnostic laboratory and radiology/other reports ***must*** include:
   - a. Clinical indication for diagnostic laboratory and radiology/other services ordered;
   - b. Signed orders for diagnostic laboratory and radiology/other services;
   - c. Results signed by the performing provider; and
   - d. Current and all previous ultrasound reports, including biophysical profiles and fetal non-stress tests (when applicable).

Provider Relations Outreach Specialists Information Sheet

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • **Toll free: 1-877-650-2362** • **Transportation Helpline: 1-888-987-1200**

AFMC OUTREACH SPECIALISTS

Refer to the map and the color key below to find your representative.

Manager

Tabitha Kinggard 501-804-3277
tkinggard@afmc.org

Supervisor, Provider Relations

Kellie Cornelius 501-804-2501
kcornelius@afmc.org

Outreach Specialists

Emily Alexander..... 501-804-0184
ealexander@afmc.org

Shawna Branscum.....501-804-2373
sbranscum@afmc.org

Kimberly Breedlove ...501-553-7642
kbreedlove@afmc.org

Jackie Clarkson.....501-553-7665
jclarkson@afmc.org

Carla Hestir.....501-804-2901
chestir@afmc.org

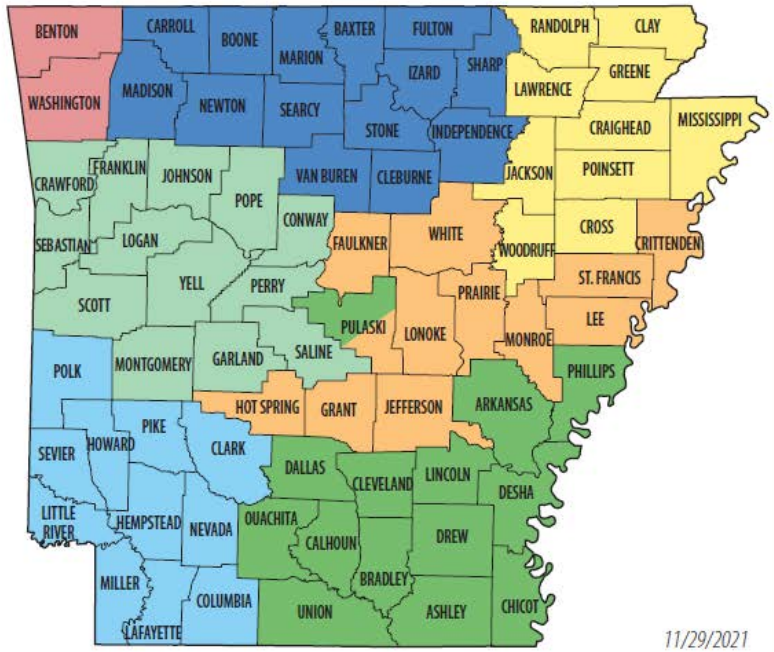
Connie Riley.....501-545-7873
criley@afmc.org

Out of State Specialist

Melissa Roberts..... 501-804-2943
mroberts@afmc.org

Supervisor, Outreach Logistics

Tonyia Long 501-212-8686
tlong@afmc.org



11/29/2021

GAINWELL TECHNOLOGIES SERVICES *(Claims Processing)*

500 President Clinton Ave., Suite 400 • Little Rock, AR 72201

- *Gainwell Provider Assistance Center*
  - In-state toll free **800-457-4454**
  - Local / out-of-state... **501-376-2211**

- **Provider Enrollment**

Gainwell Technologies Services
P.O. Box 8105 • Little Rock, AR 72203-8105

- Central Arkansas..... **501-376-2211**
- Fax **501-374-0746**

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

ARMedicaid

ARKIDS FIRST/MEDICAID MEDICAL ASSISTANCE

https://medicaid.mmis.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**

AFMC SERVICE CENTER (CLIENTS)

- Toll free **888-987-1200**

PCMH QUESTIONS..... PCMH@afmc.org

MAGELLAN MEDICAID ADMINISTRATION

- Pharmacy Help Desk.. **800-424-7895**
  Prescribers, Option 2

THIRD PARTY LIABILITY

- Local..... **501-537-1070**
- Fax **501-682-1644**

DHS Division of Medical Services,
TPL Unit • P.O. Box 1437, Slot S296
Little Rock, AR 72203-1437

ARMedicaid

ARKANSAS DEPARTMENT OF HUMAN SERVICES