

# Medicaid Updates

AFMC Provider Relations Outreach Team



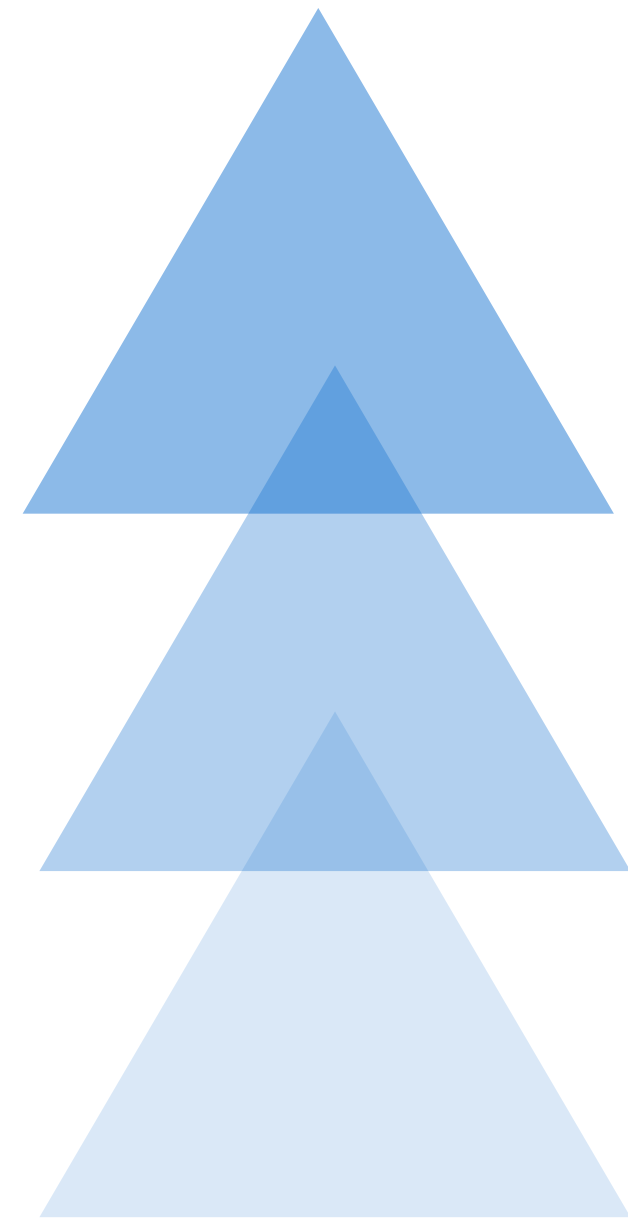
# CMS Directive

- Currently, AR Medicaid allows certain provider types (FQHC-49, AHEC-69, and UAMS-81) to be enrolled as a single entity provider. AR Medicaid beneficiaries are assigned to the single entity provider instead of the individual PCP providing services for the client.
- Because the Affordable Care Act (ACA) requires the National Provider Identifier (NPI) of the Ordering, Referring, Prescribing, (ORP) provider to be on the claim form for services provided (i.e., lab, x-ray, therapy, home health, etc.), the ORP provider must be enrolled as an AR Medicaid PCP and carry the AR Medicaid beneficiary caseload.



# CMS Directive

- Effect on facilities that are not single entity providers:
  - When receiving referrals from a single entity provider, make sure the PCP assigned per the MMIS portal matches who the referral is from.
  - If a claim denies for incorrect PCP referral, please check the portal to see if you need an updated referral form from the newly assigned PCP instead of the group.



# Behavioral Health Counseling Services

- Section 205.100, 292.740, and 292.741 from the Physician manual
- Counseling Services
  - The counseling procedures covered under the Physician Program are allowed as a covered service when provided by the physician or when provided by a qualified practitioner who by State licensure is authorized to provide them. Only one (1) counseling visit per day is allowed in the physician's office, the outpatient hospital, or nursing home. Place of Service Code 22 Outpatient Hospital, 11 Doctor's Office and 12 Patient's Home.
- Behavioral Health Screen
  - A physician, physician's assistant, or advanced nurse practitioner may administer a brief standardized emotional/behavioral assessment screening to a client along with an office visit. The allowable screening is up to two (2) units per visit and is allowable up to four (4) times per state fiscal year without prior authorization.



# Medication Assisted Treatment (MAT)

## OFFICIAL NOTICE

**TO:** Health Care Providers – All Providers  
**DATE:** April 6, 2023  
**SUBJECT:** XDEA Waivers Are No Longer Required as of 12/29/2022

**I. General Information**

To align with the [SAMHSA guidelines](#), Arkansas Department of Human Services will no longer require providers to have a XDEA Waiver on file as of 12/29/2022.

A retroactive claims analysis will be performed to identify and reprocess any claims that have improperly denied for XDEA nonconformance since 12/29/2022.

If you have questions regarding this notice, please contact the Provider Assistance Center at (800) 457-4454 toll-free or locally at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Rules Promulgation at (501) 534-4138.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for download from the [Division of Medical Services website](#).

Thank you for your participation in the Arkansas Medicaid Program.



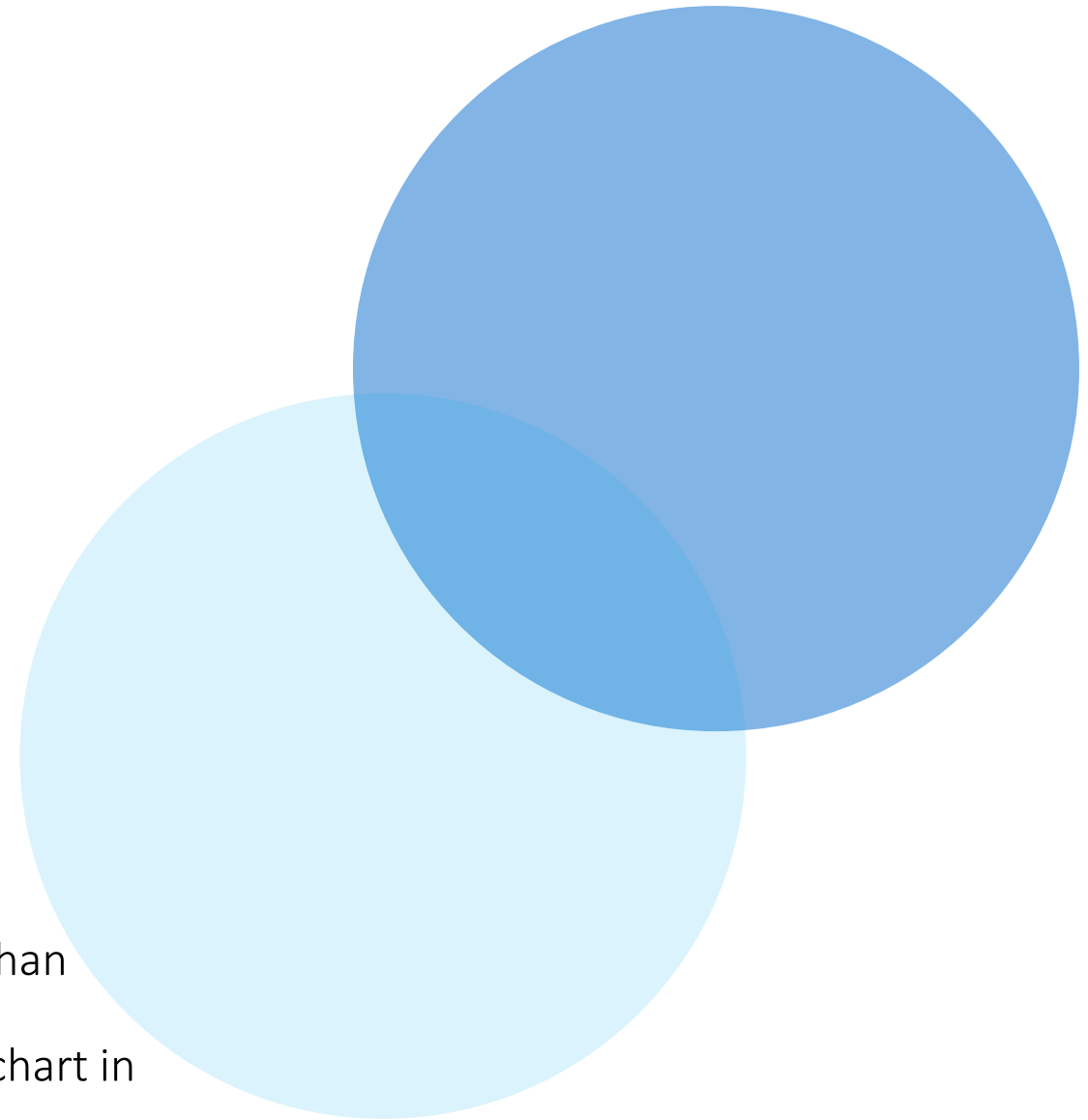
# Medicaid Cost-Sharing

- Who will pay the new copays?
  - Adult clients in the ARHOME (formerly known as Arkansas Works), Transitional Medicaid Adult, and Workers with Disabilities programs. (There will be no changes to the copays and premiums for ARKids B and TEFRA clients pay).
- Individuals in the below adult Medicaid programs do NOT have to pay a copay:
  - Under 20% FPL
  - Individuals in hospice
  - Medically frail
  - Pregnant women
  - 19- and 20-year-olds
  - American Indian/Alaskan Native
  - PASSE clients



# Medicaid Cost-Sharing

- **What are the new copay amounts?**
  - \$4.70 or \$9.40, depending on the service.
- **Services exempt from copays:**
  - Emergency services
  - Family planning services and supplies
  - Inpatient hospitalization
  - Pregnancy-related services
  - Preventive services
- **Copay limits for beneficiaries:**
  - Beneficiaries cannot pay more in a single quarter than the cost-sharing limit that corresponds with their household federal poverty level (FPL) listed in the chart in our packet and e-blast.



# Increased Benefit Limits

- Section 226.000 in the Physician Manual was updated indicating adult Medicaid beneficiaries 21 years and over now receive 16 visits instead of 12.
- Under 21, do not have benefit limits.
- Extension of Benefits can be requested by the performing provider once a denied claim is received for exhaustion of benefits.





# Essential Health Benefits – Preventative Screening

- Effective 7/1/2022, the Arkansas Department of Human Services has deemed the below Preventative Screenings procedure codes as Essential Health Benefits.
  - These codes are exempt from the annual capitation limits.
  - The providers should append modifier 33 to the applicable CPT/Procedure code indicating Preventative Services when submitting the claim.
  
- You can find a listing of these codes on the Official Notice release March 9, 2023.

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



# Upcoming EPSDT Changes

- Medicaid Educational Conference – December 2022
  - Instead of the EPSDT following a 365-day plus one-day requirement, it will follow the Date of Birth.
  - This should make it easier for tracking and not having duplicate EPSDT claims for the same age range that do not pay
  - Visit <https://www.afmc.org/medicon> to view the recording of the conference.



# Helpful Information for AR Medicaid Providers

- <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/>
- What's New for AR Medicaid Providers
  - Fee Schedules
  - Official Notices
  - Proposed Rules & Public Notices
  - Provider Manuals
- Provider Training
  - Job Aids
  - Medicaid 101 Webinars
  - Quick Track Training



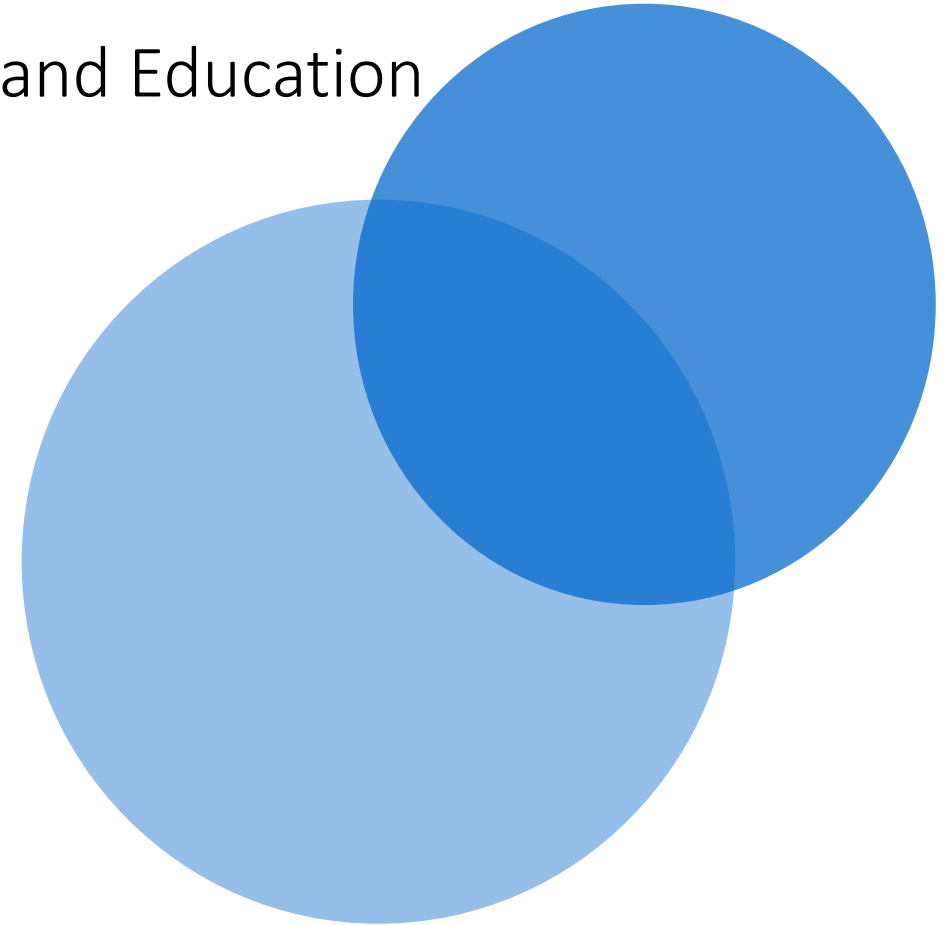
# Prior Authorization Requests

- AFMC has up to 15-calendar days to complete a PA request unless the provider deems the request urgent.
- To expedite to an urgent status, send a secure email to [ExpeditedReconRequest@afmc.org](mailto:ExpeditedReconRequest@afmc.org).
- Required documentation:
  - Letter from the physician with knowledge of the beneficiary's medical condition that expresses the opinion that following non-urgent time frames would jeopardize the health of the beneficiary
  - Date beneficiary is scheduled for treatment
- For further questions you can email [clinicalservices@afmc.org](mailto:clinicalservices@afmc.org) or call 479-649-8501, option 1.



# AFMC Provider Relations Website

- [www.afmc.org/providerrelations](http://www.afmc.org/providerrelations) – Policy and Education
  - AR Physician Medicaid Updates
  - Provider Communication E-Blasts
    - Current and Archived
  - Provider Relations Webinars
    - Current and Archived
      - ARHome
      - PCMH
      - Primary Care Providers/Specialists
      - MAT



# Save the Date – PCMH Enrollment

- Open Enrollment for the 2024 PCMH Performance Period
  - October 2, 2023 – Friday, November 10, 2023



# Save the Date – DPSQA Conference

- A virtual event
  - November 7, 2023
- Who should attend?
  - Behavioral Health and Waiver Providers and staff, Billing staff for behavioral health services



# Save the Date – Medicaid Educational Conference

- An in-person and virtual event
  - Tuesday, December 5, 2023
  - Benton Event Center
  
- Who should attend?
  - Primary Care Providers and staff, Specialty Providers and staff, Hospital staff, Billing staff for primary care and specialty providers, and nurses







# 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

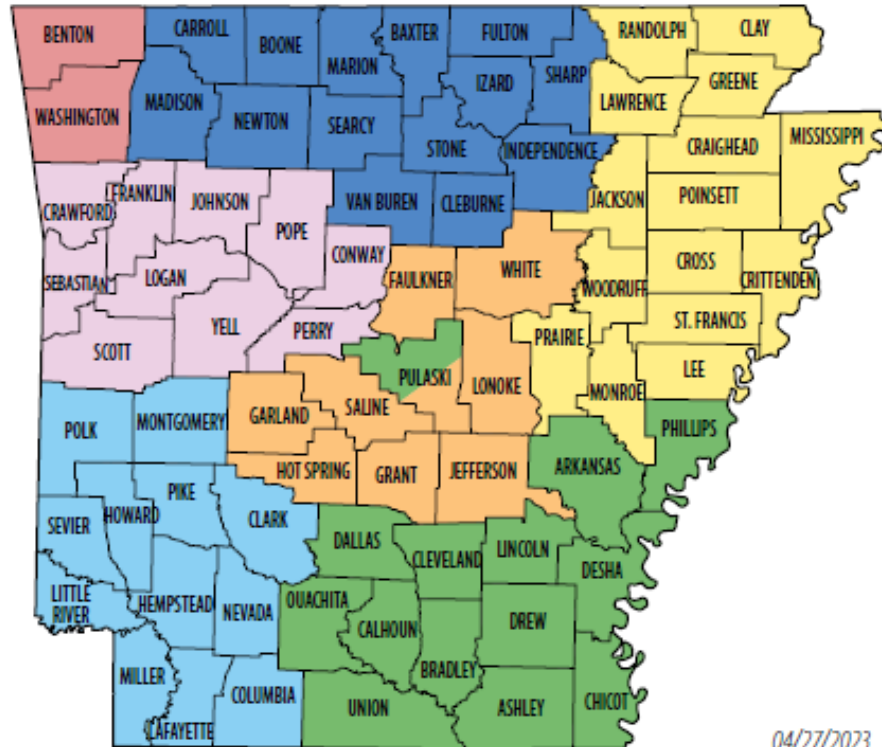
 Jackie Clarkson ..... 501-553-7665  
jclarkson@afmc.org

 Carla Hestir ..... 501-804-2901  
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 Connie Riley ..... 501-545-7873  
criley@afmc.org

### Supervisor, Outreach Logistics

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



04/27/2023

## GAINWELL TECHNOLOGIES (CLAIMS PROCESSING)

### Gainwell Provider Assistance Center

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

### Gainwell Provider Services Manager

Cynthia Bogard ..... 469-830-6768

### Gainwell Technologies Services

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

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



### ARKIDS FIRST/MEDICAID MEDICAL ASSISTANCE

<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

### 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

# Questions?

