ARMedicaid

ARKANSAS DEPARTMENT OF HUMAN SERVICES

ARKANSAS PHYSICIAN MEDICAID UPDATE

Q2 SFY 2025
(October–December 2024)

What's New for Arkansas Medicaid Providers

- New Official Notices
- New Provider Manual Updates
- New RA Messages

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Healthy People. Healthy Businesses. Healthy Communities.

OFFICIAL NOTICE: Billing Rules for Physician Assistants

TO: **Health Care Providers – Physician Assistant**
Date: **October 3, 2024**

I. General Information

We are following up on our previous communication regarding the billing rules for Physician Assistants (PAs). We are reverting back to the rules in place prior to July 1, 2024. To clarify, this means that while PAs are authorized to render services, they cannot be listed as the rendering providers on claims. The supervising physician must be designated as the rendering provider on all submitted claims.

This policy will remain in effect until we receive approval from CMS to implement the new rules.

We appreciate your understanding as we navigate these changes and work toward a smoother transition. Please do not hesitate to contact us if you have any questions or require further clarification.

Additionally, please note the following:

- Any PAs who had an active PT 95 NV MCD ID as of June 30, 2024, will have their PT 95 NV MCD ID reactivated automatically, without the need to submit a new application.
- Any PAs who did not have an active PT 95 NV ID as of June 30, 2024, will need to submit an application for PT 95 NV if prescriptive authority is required.

Once CMS approves the new rules, active PAs previously issued a PT 12 NV MCD ID will be reactivated, and their PT 95 NV MCD ID will be closed.

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.
Thank you for your participation in the Arkansas Medicaid Program.

S. Elizabeth Pitman
Elizabeth Pitman
Director

AR Medicaid Pharmacy Vendor Change

Effective October 1, 2024, Magellan Rx Management, LLC, changed to Prime Therapeutics Management, LLC. Prime Therapeutics has a new website address; however, the call center number remains the same.

Website: https://ar.primetherapeutics.com

PDL Call Center: 800-424-7895 ■

COVID Exemptions Ended

The following COVID related exemptions ended on **9/30/2024**:

- Claims with a COVID diagnosis will no longer bypass Audit 5105 (OUTPT/POD LAB X-RAY SERV LIMITED TO $500 PER SFY).
- Claims with a COVID diagnosis will no longer bypass Edit 1050 (SERVICES REQUIRE PRIMARY CARE PHYSICIAN REFERRAL).
- Member's Copay and Cost Share will no longer be bypassed for COVID treatment. As of 10/1/2024, members will have a copay/cost share for COVID treatment.
- COVID OTC tests will no longer be covered.
- Emergency Use Authorization (EUA) drugs for COVID not FDA approved will no longer be covered.

For more information on COVID unwinding go to: https://humanservices.arkansas.gov/u/covid-exemptions ■

New Provider Manuals

Added 8/27/24

Arkansas Medicaid released a Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provider manual update effective September 1, 2024. View the EPSDT-2-23 Transmittal Letter. View changes to the EPSDT provider manual.

Arkansas Medicaid released a Medicare/Medicaid Crossover Only provider manual update effective September 1, 2024. View the MEDX-1-24 Transmittal Letter. View changes to the Medicare/Medicaid Crossover Only provider manual.

Arkansas Medicaid released a Hospital/Critical Access Hospital (CAH)/End Stage Renal Disease (ESRD) provider manual update effective September 1, 2024. View the HOSPITAL-2-24 Transmittal Letter. View changes to the Hospital provider manual.

Arkansas Medicaid released a Section III all provider manuals update effective September 1, 2024. View the SecIII-1-24 Transmittal Letter. View changes to Section III of all provider manuals.

Arkansas Medicaid released a Section V all provider manuals update effective September 1, 2024. View the SecV-8-23 Transmittal Letter. View changes to AFMC contact information. ■

Home and Community-Based Services (HCBS)

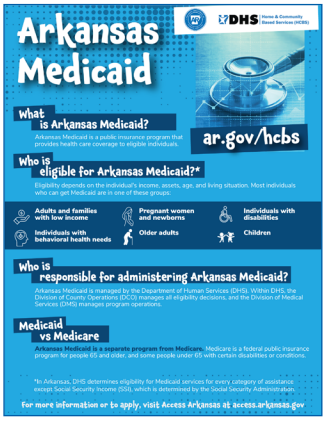
The Arkansas Department of Human Services (DHS) has launched an educational campaign to raise public awareness about the availability of home and community-based services (HCBS) for Medicaid beneficiaries in Arkansas. HCBS help people receive care in their own home or community. HCBS are a way for people to continue to live in their community as independently as possible, instead of receiving care in a long-term care facility. HCBS programs typically serve people who need ongoing help with everyday activities – for example: older adults, people with physical disabilities, people with mental health illnesses, and people with intellectual or developmental disabilities.

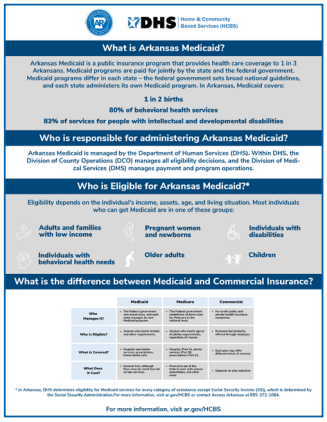
At the center of this campaign, a new website – ar.gov/HCBS – offers information about the specific HCBS programs and services available, who they are designed to benefit, what they provide, and how to apply for them.

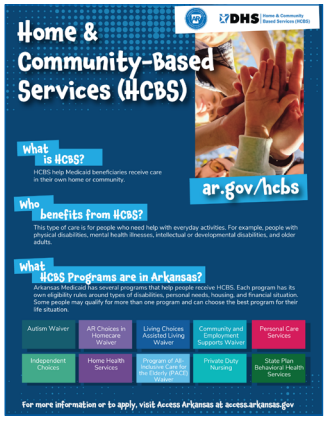
This one-stop shop includes fact sheets, flyers, and other materials to read and share to help spread the word about these valuable services.

For more information, visit ar.gov/HCBS. To apply for any of these programs, visit Access Arkansas at access.arkansas.gov.

- Medicaid Overview Fact Sheet
- Medicaid Detailed Overview
- HCBS Programs in Arkansas Fact Sheet
- HCBS Detailed Overview







2025 PCMH Enrollment

October 1, 2024 – November 12, 2024

The 2025 Arkansas Medicaid Patient-Centered Medical Home (PCMH) Program enrollment period is open and will end on November 12, 2024. Please monitor your email for information regarding the 2025 PCMH enrollment period.

Attribution:

- The minimum attribution required to qualify for the PCMH program is 125.

Pooling Information:

- Performance-Based Incentive Payment attribution requirement: A Shared Performance Entity must have a minimum of 1,000 attributed beneficiaries after exclusions are applied.

Satellite Clinics:

- Satellite clinics are required to enroll using their individual Medicaid ID, not the MCD ID of the primary PCMH.
- Providers enrolled in a satellite clinic must have a Section IV affiliation form on file with Arkansas Medicaid for the corresponding satellite clinic.

QualityCare Insight Portal (QCI): https://qci.mmis.arkansas.gov

PCMH Enrollment Unit: ARKPCMH@gainwelltechnologies.com

PCMH Re-Enrollment:

- Re-enrollment applications can be submitted electronically through the QCI portal.
- PCMHs who do not wish to submit their re-enrollment application via the QCI portal may download a Practice Participation Agreement (DMS-844) and submit it via email to the PCMH Enrollment Unit.
- DMS-844 Form: https://humanservices.arkansas.gov/wp-content/uploads/DMS-844.pdf.

PCMH Re-Enrollment Pooling Forms:

- Pooling forms for providers re-enrolling in the 2025 PCMH program should be submitted via the QCI portal. They will also be accepted via email to the PCMH Enrollment Unit.
- All signatures must be included on one pooling form, and all PCMH leads must be copied on the submission email. If additional space is required, please use multiple forms. Pooling forms must not be altered from the original in any way. A cover letter with details for each member of the pool may be submitted with multiple pooling forms, though this is not required.

PCMH New Enrollment:

- New providers enrolling in the PCMH program are not eligible to submit an application through the QCI portal. It must be submitted via email to the PCMH Enrollment Unit.

PCMH New Enrollment Pooling Forms:

- Pooling forms for new enrollments must be submitted via email to the PCMH Enrollment Unit.
- All signatures must be included on one pooling form, and all PCMH leads must be copied on the submission email. If additional space is required, please use multiple forms. Pooling forms must not be altered from the original in any way. A cover letter with details for each member of the pool may be submitted with multiple pooling forms, though this is not required.

Faxed applications or pooling forms for new providers and providers re-enrolling will not be accepted.

Below, you will find links to the PCMH Provider Manual and supplemental materials on the Department of Human Services (DHS) website, the QCI portal, as well as a link to AFMC's Practice Transformation service.

- DHS PCMH web page – PCMH Provider Manual, Program Policy Addendum, enrollment information, PCMH-PCP list: https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/patient-centered-medical-home/
- QualityCare Insight Portal: https://qci.mmis.arkansas.gov
- Arkansas Foundation for Medical Care – Practice Transformation information: https://afmc.org/health-care-professionals/arkansas-medicaid-providers/pt/

If you have any questions, please contact your AFMC Outreach Specialist or the PCMH Enrollment Unit at ARKPCMH@gainwelltechnologies.com or 501-301-8311. ■

DMS-2610 Referral Form Updates

The DMS-2610 referral form has been updated with referring provider information. Primary Care Providers (PCP) affiliated to the same Medicaid group number are allowed by Medicaid to refer a beneficiary assigned to another PCP in that group for medically necessary specialty services. The PCP signing the referral on behalf of the beneficiary's assigned PCP must write their name and their individual Medicaid number in the referring provider section, as well as the name and individual Medicaid number of the assigned PCP on the referral form.

Division of Medical Services
Arkansas Medicaid Primary Care Provider Managed Care Program
Referral Form

Beneficiary Information:

First Name _____ Last Name _____ Middle Initial _____

Medicaid ID# _____ Social Security # _____

Birth Date (mm/dd/yyyy) _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Medicaid Providers Receiving Referral:

Per Medicaid policy (Section 171.400, B.) two or more providers of the same type or specialty must be listed in the receiving referral section to ensure member free choice.

1. _____ _____ _____
Provider first and last name | Medicaid Provider ID# | Date of referral

2. _____ _____ _____
Provider first and last name | Medicaid Provider ID# | Date of referral

I have performed a clinical assessment of the patient named above whom I am referring for the service listed below:

_____

_____

_____

Please advise me as appropriate, of your medical findings and diagnosis, treatment plan and/or services you provide as a result of this referral. Please note that services beyond the scope of this referral require a new referral. **Referrals for ongoing services require renewal at least every 6 months.**

____ Yes ____ No **(Please check one)** Referral is for a diagnostic or corrective treatment identified during an initial or periodic EPSDT screening service.

Primary Care Provider's (PCP) Name _____
(Please print, stamp, or type provider's name)

Medicaid Provider Number _____

PCP Signature _____

Referring Provider Name _____

Medicaid Provider Number _____

Signature _____

Phone Number _____

Date (mm/dd/yyyy) _____

DMS-2610 (Rev. 9/24)

What's New for Arkansas Medicaid Providers

Official notices posted from July 1, 2024 – September 30, 2024. Please click here to view details for each notice and other helpful information for Arkansas Medicaid providers.

Title	Posted Date	Category
Dental Fee for Service Changes Effective November 1, 2024	9/27/2024	Prior Authorizations
Coverage for Influenza Vaccine Procedure Code 90661	9/25/2024	Procedure Codes
Children's COVID Vaccines Administration Rate Change Effective 10/1/2024	9/20/2024	Rate Change
IMMEDIATE CHANGES: Changes to Physician Assistant Independent Billing - State Plan Amendment 24-0003	9/18/2024	Billing Instruction
EPSDT Billing Updates for Procedure Code 96110 - REVISED	9/11/2024	Procedure Codes
COVID Exemptions Are Being End Dated 9/30/2024	9/9/2024	COVID-19
2024 Quarter 3 Healthcare Common Procedure Coding System Level II (HCPCS) Code and Current Procedural Terminology (CPT) Code Conversion	7/30/2024	Procedure Codes
New Diabetic Supply Billing Update	7/18/2024	Billing Instruction
Paper Claim Billing Instruction Changes	7/10/2024	Billing Instruction

TO: **Health Care Providers – All Providers**
SUBJECT: **Coverage for Influenza Vaccine Procedure Code 90661**

I. General Information

Arkansas Department of Human Services added coverage for influenza vaccine procedure code 90661 effective retroactively to 8/1/2024.

Claims analysis will be performed to identify and reprocess any claims that may have been processed prior to coverage being added in system.

II. Procedure Codes

The following procedure code is effective retroactively to 8/1/2024:

Proc	Description	Contract	Modifier	Age
90661	INFLUENZA VACCINE, TRIVALENT DERIVED FROM CELL CULTURES	CNMW Certified Nurse Midwife	EP TJ	0-18 yrs
			SL	0-18 yrs
				19+ yrs
		MEDSV Medical Services	EP TJ	0-18 yrs
			SL	0-18 yrs
				19+ yrs
		NURSP Nurse Practitioner	EP TJ	0-18 yrs
			SL	0-18 yrs
				19+ yrs
		OUTPA Outpatient	EP TJ	0-18 yrs
			SL	0-18 yrs
				19+ yrs
		PHARM Pharmacy	EP TJ	0-18 yrs
			SL	0-18 yrs
				19+ yrs
		PHYAS Physician Assistant	EP TJ	0-18 yrs
			SL	0-18 yrs
				19+ yrs

TO: **Health Care Providers – All Providers**
DATE: **September 20, 2024**
SUBJECT: **Children's COVID Vaccines Administration Rate Change Effective 10/1/2024**

I. General Information

Arkansas Department of Human Services has updated the children's administration rate for the below COVID Vaccines effective 10/1/2024 with the end of the Public Health Emergency. The rate aligns with the standard children's administration rate for vaccines.

Proc	Description	Modifier	Rate
91304	SARSCOV2 VAC 5MCG/0.5ML IM	EP TJ -or- SL	$13.14
91318	SARSCOV2 VAC 3MCG TRS-SUC IM	EP TJ -or- SL	$13.14
91319	SARSCV2 VAC 10MCG TRS-SUC IM	EP TJ -or- SL	$13.14
91320	SARSCV2 VAC 30MCG TRS-SUC IM	EP TJ -or- SL	$13.14
91321	SARSCOV2 VAC 25 MCG/.25ML IM	EP TJ -or- SL	$13.14
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	EP TJ -or- SL	$13.14

TO: **Health Care Providers – Certified Nurse-Midwife (CNM), Nurse Practitioner, and Physician**
DATE: **January 19, 2024 – REVISED September 11, 2024**
SUBJECT: **EPSDT Billing Updates for Procedure Code 96110 – REVISED**

I. General Information

Arkansas Department of Human Services has made the below changes for EPSDT Developmental Screening, effective 1/1/2024. Billing guidelines have been provided in the EPSDT Provider Manual under sections:

215.310 Infancy (Ages 1-9 months) bullet J.

215.320 Early Childhood (Ages 12 months-4 years) bullet K.

III. Billing Guidelines

Under the Medical Services (MEDSV) and Nurse Practitioners (NURSP) contract, Procedure code 96110 (DEVELOPMENTAL SCREEN W/ SCORE) is only covered for members 0-60 months of age and must be billed with any of the following procedure codes on the same date of service for the same member:

Proc Code	Mod	Description
99202		OFFICE O/P NEW SF 15 MIN
99203		OFFICE O/P NEW LOW 30 MIN
99204		OFFICE O/P NEW MOD 45 MIN
99205		OFFICE O/P NEW HI 60 MIN
99211		OFF/OP EST MAY X REQ PHY/QHP
99212		OFFICE O/P EST SF 10 MIN
99213		OFFICE O/P EST LOW 20 MIN
99214		OFFICE O/P EST MOD 30 MIN
99215		OFFICE O/P EST HI 40 MIN
99242		OFF/OP CONSLTJ NEW/EST SF 20
99243		OFF/OP CNSLTJ NEW/EST LOW 30

Proc Code	Mod	Description
99244		OFF/OP CNSLTJ NEW/EST MOD 40
99245		OFF/OP CONSLTJ NEW/EST HI 55
99381	EP H9	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (FOSTER CARE) - UNDER 1 YEARS OLD
99381	EP U1	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (NEW PATIENT) - UNDER 1 YEARS OLD
99382	EP H9	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (FOSTER CARE) - AGES 1-4 YRS
99382	EP U1	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (NEW PATIENT) - AGES 1-4 YRS
99383	EP H9	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (FOSTER CARE) - AGES 5-11 YRS
99383	EP U1	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (NEW PATIENT) - AGES 5-11YRS
99391	EP H9	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (FOSTER CARE) - UNDER 1 YEARS OLD
99391	EP U2	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (ESTABLISHED PATIENT) - UNDER 1 YEARS OLD
99392	EP H9	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (FOSTER CARE) - AGES 1-4 YRS
99392	EP U2	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (ESTABLISHED PATIENT) - AGES 1-4 YRS
99393	EP H9	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (FOSTER CARE) - AGES 5-11 YRS
99393	EP U2	EPSDT PERIODIC COMPLETE MEDICAL SCREEN (ESTABLISHED PATIENT) - AGES 5-11 YRS
99401		PREV MED CNSL INDIV APPRX 15
99402		PREV MED CNSL INDIV APPRX 30
T1015		CLINIC SERVICE

Procedure code 96110 is no longer covered under the Certified Nurse Midwives (CNMW) Contract.

Procedure code 96110 is limited to four (4) times per member, between ages 0-60 months, with at least a 12-month period between each visit. ■

#ARMediCon

2024 ARKANSAS MEDICAID EDUCATIONAL CONFERENCE

FOR DENTISTS, HOSPITALS, PCPs, AND SPECIALISTS

SAVE THE DATE!

December 10, 2024

BENTON EVENT CENTER

IN-PERSON AND VIRTUAL EVENT

REGISTRATION LINK COMING SOON

afmc.org/medicon

afmc℠ ARMedicaid ARKANSAS DEPARTMENT OF HUMAN SERVICES

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, Outreach Services

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

Supervisor, Provider Relations

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

Outreach Specialists

Provider Relations **501-804-0184**
providerrelations@afmc.org

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

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

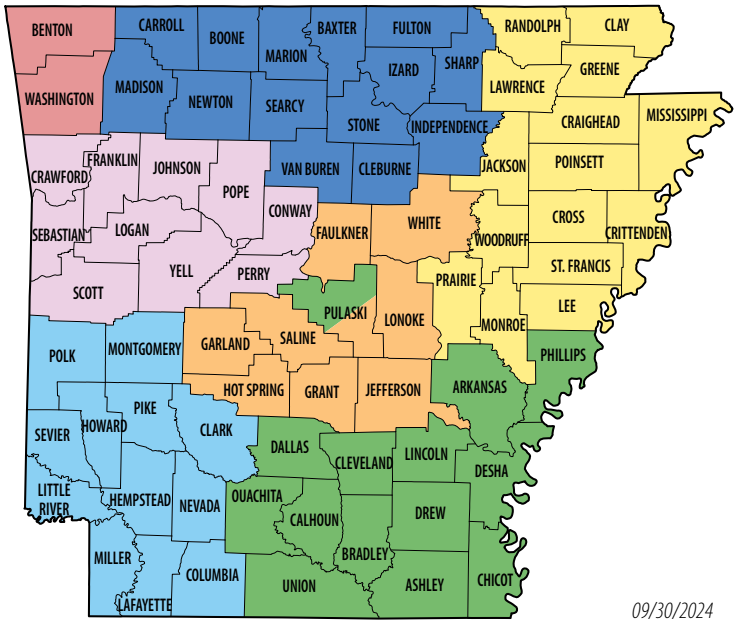
Jackie Clarkson.....**501-553-7665**
jclarkson@afmc.org

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

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

Supervisor, Outreach Logistics

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



09/30/2024

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
Tyler Brickey **501-590-6325**

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

ARMedicaid

CONNECTCARE - BENEFICIARY SERVICES

- Complaints
- Demographic updates
- Eligibility/Medicaid coverage/ Medicaid card
- Find a doctor/PCP assignment
- Other resources

• Toll free **800-275-1131**

MEDICAID FRAUD CONTROL UNIT (PROVIDERS)

• Central Arkansas..... **501-682-8349**

VOICE RESPONSE SYSTEM - PCP ASSIGNMENT

• Toll free **800-805-1512**

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

MEDICAID PHARMACY VENDOR: PRIME THERAPEUTICS MANAGEMENT, LLC

• PDL Call Center **800-424-7895**
ar.primetherapeutics.com

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

IN THIS ISSUE OF ARMedicaid

ARKANSAS PHYSICIAN MEDICAID UPDATE

Q2 SFY 2025
(October–December 2024)

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- COVID Exemptions Ended
- Home and Community Based Services (HCBS)
- Official Notice: Billing Rules for Physician Assistants
- PCMH Enrollment (2025)

Additional resources can be found at www.afmc.org/providerrelations

- Educational Outreach Updates
- PCP Update Packets/Archived PCP Update Packets
- Webinars

If you have any questions or if you would like additional information regarding any Medicaid topic, please contact the AFMC Provider Relations team:

- ProviderRelations@afmc.org
- 501-212-8686