

Arkansas HFMA Fall Conference 2021

AFMC Provider Relations



Medicaid Website Transition

- www.medicaid.mmis.arkansas.gov transitions to www.humanservices.arkansas.gov
- This migration does not affect the MMIS eligibility portal

Provider Manual Updates, Official Notices, RA Messages

- These can be found on the new Medicaid webpage:
<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>



Covid-19 Response Manuals

- The initial emergency manual became effective 4/1/21 and lasted 120 days.
- After promulgation, the emergency manual was broken into 6 parts. Each became effective 7/1/21 and last until 12/31/21.
- Some exceptions could go past the 12/31/21 date to be consistent with the Federal Health Emergency.
- <https://humanservices.arkansas.gov/covid-19/dhs-response-to-covid-19/updates-for-providers/>



Medicaid Reimburses 3 Types of ED Visits

- **Assessment** – An assessment does not require a PCP referral; however, the individual being assessed must be enrolled with a PCP for the assessment to be covered.
- **Non-Emergent** – A non-emergent visit requires a PCP referral for reimbursement of services. Referrals are at the discretion of the assigned PCP, and the PCP is not required to make retroactive referrals.
- **Emergent** - Emergency services are inpatient or outpatient hospital services that a prudent layperson with an average knowledge of health and medicine would reasonably believe are necessary to prevent death or serious impairment of health and which, because of the danger to life or health, must be obtained at the most accessible hospital available and equipped to furnish those services. Emergency services are subject to emergency retrospective review. If your facility bills a greater number of emergent claims, you are subject to a higher percentage of claims to be reviewed. For more information about emergency retrospective reviews please visit <https://afmc.org/review/emergency-room/>.



- **Non-emergent** treatment occurs after an assessment has been performed and the beneficiary is deemed non-emergent and is given the choice and elects to receive non-emergent treatment in the ED, rather than being discharged after receiving an assessment and referred to their PCP for follow up care.
- The only time Medicaid will reimburse for non-emergent treatment in the ED **without a PCP referral** is when non-emergent treatment is rendered on the same day the beneficiary was assigned to a PCP by the ED.



PCP Assignment in the ED

- PCP assignment can be made during the beneficiary's ED visit by calling the Voice Response System (VRS) (800-805-1512) and following the automated PCP assignment steps.

The PCP assignment service must be billed on the same claim form as the non-emergent treatment. The hospital will receive a \$5 fee for assigning the PCP the beneficiary selected.



PCP Referral

- For those beneficiaries who have a PCP when they present to the ED, it's their PCP's discretion whether to give a referral for non-emergent treatment in the ED. This includes non-emergent treatment given in the ED after normal PCP office hours.
- *AFMC's policy and education outreach services representatives educate PCPs not to give referrals to the ED for non-emergent treatment, especially during office hours.



DMS 2609 - English

**ARKANSAS MEDICAID PRIMARY CARE PHYSICIAN MANAGED CARE PROGRAM
PRIMARY CARE PHYSICIAN SELECTION AND CHANGE FORM**

Member 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 _____

Requested New Doctor (Primary Care Provider):
 I have picked the three (3) physicians named below in order of my preference to be my primary care physician. I understand only one (1) of them will be my primary care physician.

1.	Doctors first and last name _____	Medicaid Provider ID# _____	Date of assignment _____
2.	Doctors first and last name _____	Medicaid Provider ID# _____	Date of assignment _____
3.	Doctors first and last name _____	Medicaid Provider ID# _____	Date of assignment _____

Reason for Request to Assign/Change Doctor (Primary Care Provider)
 Choose all that apply. Select at least one.

☐ New Member – made 1st time selection
☐ Already patient with requested PCP
☐ Requested PCP already sees family member
☐ Member preference
☐ Member moved
☐ PCP hours didn't fit member need
☐ Quality of care
☐ Office wait times are too long
☐ Takes too long to get an appointment
☐ Office too far away/ hard to get to
☐ Language / communication barrier
☐ Other (please specify) _____

Signatures:
 Member Signature (or Legal Guardian if a minor) _____
 Printed Name of Member (or Legal Guardian if a minor) _____
 Date (mm/dd/yyyy) _____

DMS-2609 (Rev. 10/18)



Spanish DMS 2609

PROGRAMA DE ATENCIÓN ADMINISTRADA DEL MÉDICO DE CABECERA DE MEDICAID EN ARKANSAS
FORMULARIO PARA SELECCIONAR Y CAMBIAR EL MÉDICO DE CABECERA

Información del afiliado:
 Nombre _____ Apellido _____ Inicial del segundo nombre _____
 ID de Medicaid # _____ Seguro Social # _____
 Fecha de nacimiento (mm/dd/aaaa) _____
 Dirección postal _____ Ciudad _____ Estado _____ Código Postal _____
 Teléfono residencial _____ Teléfono celular _____
 Dirección de correo electrónico _____

Nuevo médico solicitado (Proveedor de cabecera):
 He escogido los tres (3) médicos nombrados abajo en orden de preferencia, para que sean mis médicos de cabecera. Entiendo que uno (1) de ellos será mi médico de cabecera.

- Nombre y apellido del médico _____ ID de proveedor de Medicaid # _____ Fecha de asignación _____
- Nombre y apellido del médico _____ ID de proveedor de Medicaid # _____ Fecha de asignación _____
- Nombre y apellido del médico _____ ID de proveedor de Medicaid # _____ Fecha de asignación _____

Razón de la solicitud para asignar/cambiar médico (Proveedor de cabecera)
 Escoja todo lo aplicable. Seleccione al menos uno.

- ☐ Nuevo afiliado — Hizo la 1^{ra} selección
- ☐ Paciente existente con PC solicitado
- ☐ PC solicitado ya atiende al familiar
- ☐ Preferencia del afiliado
- ☐ Afiliado se trasladó
- ☐ Las horas del PC no coordinan con la necesidad del afiliado
- ☐ Calidad de la atención
- ☐ Demasiado tiempo de espera en el consultorio
- ☐ Conseguir una cita es muy demorado
- ☐ Consultorio demasiado lejano/difícil llegar
- ☐ Barrera lingüística/de comunicación
- ☐ Otro (Por favor especifique) _____

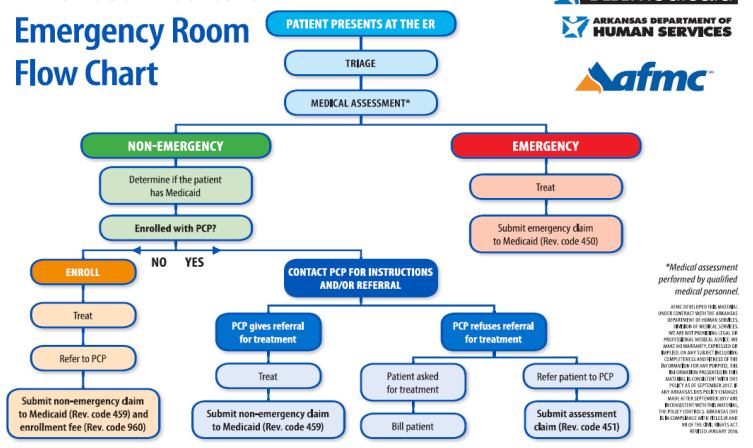
Firmas:
 Firma del afiliado (o custodio legal, si es menor) _____
 Nombre en imprenta del afiliado (o custodio legal, si es menor) _____
 Fecha (mm/dd/aaaa) _____

DMS-2609 (Rev. 10/18)



ED Flowchart

Arkansas Medicaid Emergency Room Flow Chart



Requirements for PCP Assignments

173.400 PCP Selection and Enrollment at Participating Hospitals 7-1-05

Arkansas Medicaid pays acute care hospitals for helping Medicaid beneficiaries enroll with PCPs.

- A. Enrollment is by means of a Primary Care Physician Selection and Change form (DMS-2609 or DCO-2609) and the voice response system (VRS).
 1. Hospital personnel enter the PCP selection via the VRS.
 2. The enrollment is effective immediately upon its acceptance by the online transaction processor (OLTP) that interfaces with the VRS.
 3. The OLTP automatically updates the Medicaid Management Information System (MMIS) within 24 hours, but in the meantime, the enrollment information is part of the Medicaid eligibility file in the system.
- B. The effective date of the PCP enrollment is the date the enrollment is electronically accepted.
- C. The enrollee may request and receive a copy of the completed selection form.
- D. Hospital staff must forward a copy of the selection form to the PCP accepted by the VRS.



ARHOME

Arkansas's Medicaid expansion program, Arkansas Works, expires at the end of 2021, and the Arkansas General Assembly has approved the Arkansas Health and Opportunity for Me (ARHOME) program to replace it. ARHOME will continue using Medicaid funding to purchase private health insurance for eligible low-income adults. ARHOME will add new features, including:

- Building provider capacity for behavioral health
- Quality metrics to hold health plans accountable
- Intensive services to address the health and social needs of women with high-risk pregnancies, individuals with serious mental illness or substance use disorder, and young adults who are veterans or were formerly incarcerated or in foster care



Provider Relations Map

afmc 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 Kinggood 501-804-3277
tkinggood@afmc.org

Supervisor, Outreach Logistics
Tongle Long 501-212-8686
tlong@afmc.org

Outreach Specialists

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

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

Kimberly Bredelove 501-553-7642
kbredelove@afmc.org

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

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

Carla Medler 501-804-2901
cmedler@afmc.org

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

Out of State Specialist
Melissa Roberts 501-804-2943
mroberts@afmc.org

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 501-376-0746

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

ARMedicaid

ARKIDS FIRST/MEDICAID MEDICAL ASSISTANCE
<https://medicaid.ams.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

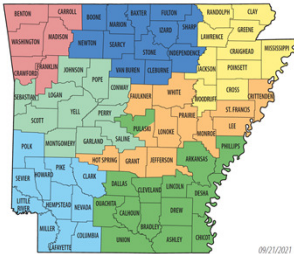
VOICE RESPONSE SYSTEM
• Toll free 800-805-1512

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 5296
Little Rock, AR 72203-1437



09/21/2021



Provider Relations Annual Conference

Save the Date!
Tues. Dec. 14



2021 ARKANSAS MEDICAID EDUCATIONAL CONFERENCE #ARMedCon

FOR PHYSICIANS, NURSES, OFFICE MANAGERS, BILLERS AND HOSPITALS

ARMedicaid

TUES., DEC. 14 | VIRTUAL EVENT



afmc **ARKANSAS DEPARTMENT OF HUMAN SERVICES**

SAVE THE DATE!

PCP Update Packet

View our quarterly packets at
afmc.org/PCPUpdatePackets



Questions?

