



AFMC Provider Outreach

Medicaid Provider Relations

Arkansas Medical Society

12th Annual Insurance Conference



Overview

- Arkansas Payment Improvement Initiative
- Patient Centered Medical Home (PCMH)
- ICD 10
- ArKids B Eligibility
- “Paint A Smile” Fluoride Varnish Initiative
- Beneficiary Education
- Magellan Pharmacy
- MMCS Regional Conference

Arkansas Payment Improvement Initiative

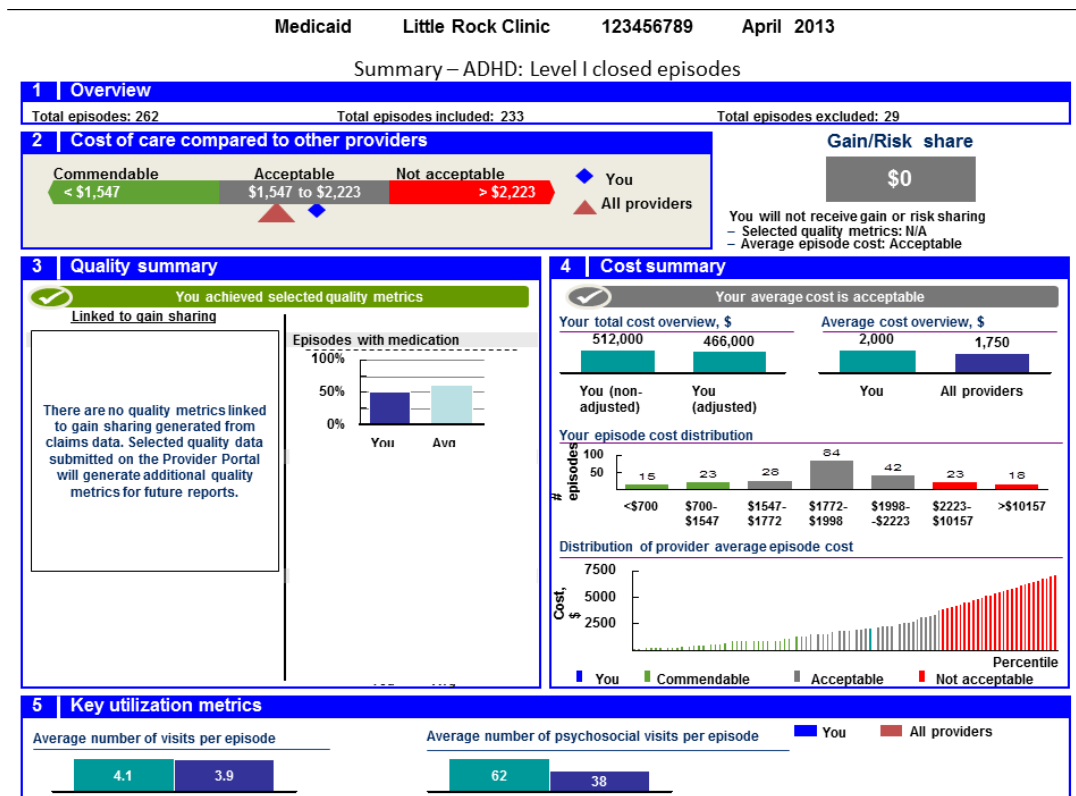
Episodes of Care

- Providers share in the savings or excess costs of an episode depending on their performance
- Some episodes require portal entry through AHIN
- Providers continue to file claims as they have previously and will be reimbursed according to payer's established fee schedule
- Payer's identify the Principal Account Provider (PAP) for each episode
- Episode is the collection of care provided to treat a particular condition for a given length of time

Arkansas Payment Improvement Initiative Updates

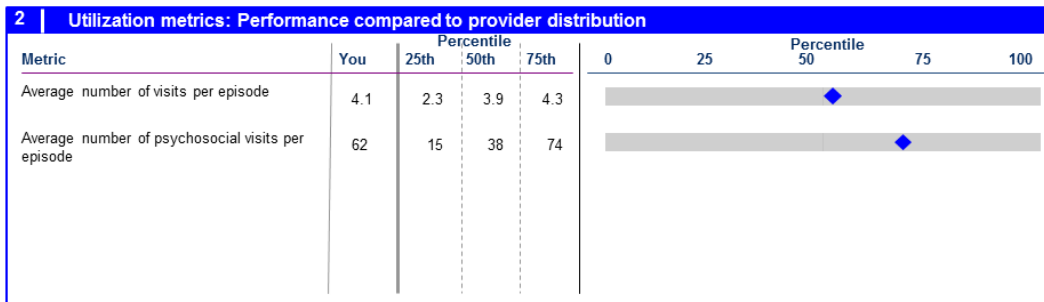
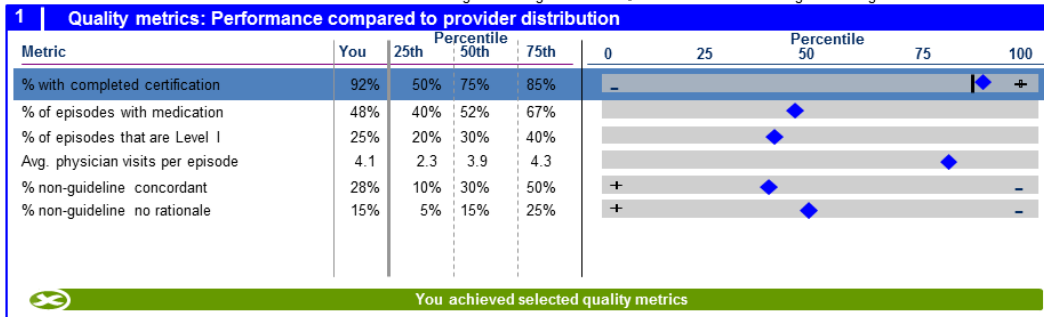
- New Episodes of Care
 1. Appendectomy
 2. Hysterectomy
 3. Pediatric pneumonia
 4. Urinary tract infection
- Public Workgroup handouts and meeting notes currently available

Arkansas Payment Improvement Initiative Reports



Quality and utilization detail – ADHD: Level I closed

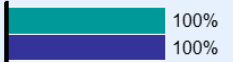
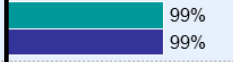

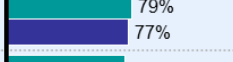
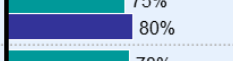
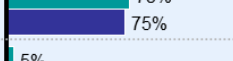
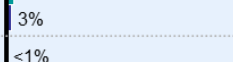

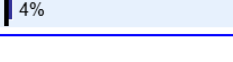
◆ You ■ Metric linked to gain sharing | Minimum standard for gain sharing



Cost detail – ADHD: Level I closed episodes

Total episode included = 233

■ You ■ All provider average

Care category	# and % of episodes with claims in care category	Average cost per episode when care category utilized, \$	Total vs. expected cost in care category, \$
Outpatient professional	233 	550 500	128,150 116,500
Pharmacy	230 	2,415 2,400	555,450 552,000
Emergency department	221 	76 76	16,796 16,796
Outpatient lab	184 	81 81	14,904 14,904
Outpatient radiology / procedures	21 	117 95	2,457 1,995
Inpatient professional	16 	70 75	1,120 1,200
Inpatient facility	12 	69 62	828 744
Outpatient surgery	1 	97 84	97 84
Other	7 	25 27	175 189

Detailed ADHD Level I closed episode cost information for Dr. Joe Smith

Episode ID	Patient name	Episode start & end date	Non-adjusted cost	Co-IT	Care categories & costs										
					Inpatient - PAP Co-IT # claim	Outpatient - PAP Co-IT # claim	Ancillary professional Co-IT # claim	Inpatient medication or transfer Co-IT # claim	Primary inpatient admission Co-IT # claim	Outpatient facility Co-IT # claim	Pharmacy Co-IT # claim	Emergency department Co-IT # claim	Other Co-IT # claim		
45781	Mark Smith	01/13/13 02/01/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
65722	All Criss	01/15/13 02/04/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
80212	Frank Cook	02/19/13 03/09/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
821600	Mark Smith	04/13/13 05/02/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
84453	Jack Paul	04/21/13 05/11/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
124445	Craig Halsey	5/1/14/13 06/03/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
100235	Bill Wilcox	05/14/13 06/03/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
832011	Molly Smith	06/02/13 02/27/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
324571	Jerry Frank	06/03/13 06/23/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
115300	Tim Webster	06/07/13 06/07/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
112147	Rahel Farnat	06/07/13 06/07/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
40021	Elise Stams	06/07/13 06/07/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
787880	Bill Wilcox	06/08/13 06/29/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
900291	Will Bradley	06/10/13 06/03/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
888687	Matt Jackson	06/10/13 06/03/13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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Medicaid Little Rock Clinic 123456789 April 2013

Patient Centered Medical Home (PCMH)

- Team-based care delivery model led by a primary care physician
- Providers rewarded through performance on quality and cost of care through shared savings
- Promotes prevention services
- Empowers patients with education to stay healthy
- Improves patient access to care
- Coordinates services across providers

Patient Centered Medical Home (PCMH)

- Open enrollment dates:
- Sept. 1, 2015 – Nov. 13, 2015
- To enroll login to the provider portal (AHIN)

Portal Access

Once logged into the portal, go to the enrollment section

Arkansas PCMH Portal

Learn

- PCMH and its benefits
- Requirements for Becoming a PCMH
- Basic facts about your practice

Enroll

- PCMH Forms

Help

- Frequently Asked Questions

Application status

Application downloaded → Application received → Application conditionally approved

Portal Access

From this page, download the enrollment form

Learn

- PCMH and its benefits
- Requirements for Becoming a PCMH
- Basic facts about your practice

Enroll

- PCMH Forms

Help

- Frequently Asked Questions

Official Enrollment Form

Thank you for your interest in PCMH. Official enrollment will not occur until your entire practice submits the completed enrollment form below.

You will be eligible for PBPM (per attributed beneficiary per month) payments if your practice has at least 300 attributed beneficiaries.

Your practice will be eligible for shared savings incentive payments if it qualifies as a shared savings entity and at least 5,000 beneficiaries have been attributed to your practice for a minimum of 6 months during the performance period.

- Download PCMH enrollment form**
- Download PCMH pooling form
- Download PCMH withdrawal form

Please submit the enrollment form via either:

1. Email to ARKPCMH@hp.com (pdf only)
2. Fax to 501-374-0549
3. [Upload completed form](#) (pdf only)

Portal Access

Fill out the enrollment form in its entirety, making sure to list all physicians in your practice

<p style="text-align: center;">ARKANSAS MEDICAID PATIENT-CENTERED MEDICAL HOME PROGRAM PRACTICE PARTICIPATION AGREEMENT</p> <p>This agreement is made and entered into between _____ (Please print, stamp or type practice name)</p> <p>hereinafter called Practice, and the Arkansas Division of Medical Services, hereinafter called Department. This agreement supplements and is controlled by the terms of the parties' "Contract to Participate in the Arkansas Medical Assistance Program Administered by the Division of Medical Services (Under Title XIX Medicaid)" (Form CMS-652, hereinafter called Provider Enrollment Agreement), and any successor agreement.</p> <p>Practice, in consideration of the mutual covenants set forth herein and in the Provider Enrollment Agreement, requests to be a Medicaid-enrolled Patient-Centered Medical Home (PCMH) participating practice in compliance with all pertinent Medicaid policies, regulations, and State Plan standards.</p> <p>This agreement may be terminated or renewed in accordance with the following provisions:</p> <p>A. This agreement may be voluntarily terminated by either party by giving written notice as required by section 211.100 of the PCMH Provider Manual;</p> <p>B. This agreement may be terminated immediately by the Department for the following reasons:</p> <ol style="list-style-type: none"> 1) Return of mail; 2) Death of provider; 3) Change of ownership; or 4) Other reason for which a sanction may be issued as set forth under the applicable Medicaid Provider Manual; and <p>C. Should the Provider Enrollment Agreement be terminated, suspended, or otherwise nullified, this agreement shall be terminated on the same terms and at the same time as the Provider Enrollment Agreement.</p> <p>If the Practice is a legal entity other than a person, the person signing this Practice Participation Agreement on behalf of the Practice warrants that he/she has legal authority to bind the Practice. The signature of the Practice or the person with the legal authority to bind the Practice on this contract certifies the Practice understands that payment and satisfaction of these claims will be made from Federal and State funds, and that any false claims, statements, or documents, or concealment of material fact, may be prosecuted under applicable Federal and State laws.</p> <p>Please indicate your office lead(s) for practice transformation and care coordination. These individuals will serve as the administrative points of contact for the program:</p> <p>Office lead for Practice Transformation: _____ Title: _____ Email: _____ Signature: _____</p> <p>Office lead for Care Coordination: _____ Title: _____ Email: _____ Signature: _____</p> <p>Please indicate the Medicaid Billing ID Number in which care coordination and shared savings payments will be made for the provider's named below:</p> <p style="text-align: center;">Medicaid Billing ID Number: _____</p>	<p>For the practice: _____ Title: _____ Date: _____ Phone number: _____ E-mail address: _____</p> <p>Director of Medical Practice Signature: _____ Title: _____ Date: _____</p> <p>Please list the physicians who are part of your practice:</p> <ol style="list-style-type: none"> 1. Physician Name: _____ Individual Medicaid Provider ID: _____ NPI: _____ Signature: _____ 2. Physician Name: _____ Individual Medicaid Provider ID: _____ NPI: _____ Signature: _____ 3. Physician Name: _____ Individual Medicaid Provider ID: _____ NPI: _____ Signature: _____ 4. Physician Name: _____ Individual Medicaid Provider ID: _____ NPI: _____ Signature: _____ <p>Please add additional pages as necessary to list all physicians who are part of your practice. The practice must update DHS of changes to the list of physicians who are part of your practice in writing within 30 days. If such change includes the addition of a physician to your practice, such notice must include the information listed above.</p>
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ICD-10

- Claims submitted without ICD-10 codes for dates of service on or after 10/1/15 will NOT be paid
- Federal mandate
- Medicaid expects high volume of inquiries and possible delays in responses
- Medicaid website will be updated throughout the ICD-10 implementation process, so check frequently for updates

ARKids B Coverage

- Effective 8/1/2015 ARKids B are no longer eligible for the VFC program
- Vaccines are now available through ARKids B SCHIP vaccines
- New modifier “SL” will be required for billing SCHIP vaccines
- Additional services of orthodontia, occupational therapy, physical therapy, and inpatient psychiatric hospital and psychiatric residential treatment facility services will be covered
- See ARKids First-B manual for additional coverage information

“Paint a Smile” Fluoride Varnish Initiative

- In 2011, the Arkansas legislature passed Act 90: An act to authorize physicians and nurses to apply fluoride varnish to a child’s teeth after appropriate training.
- Fluoride varnish is a protective coating that is painted on teeth. Over a period the varnish releases fluoride, which strengthens teeth and help prevent tooth decay.
- Primary care physicians and their nurses will receive a one-hour training course.
- Medicaid will reimburse \$19.95 per application of fluoride varnish.
- Contact the Office of Oral Health for additional information

Beneficiary Education Project

- AFMC will launch a NEW Beneficiary Education project
- Estimated start date October 2015
- Targeted audience: all NEW enrollees in every county of the state
- Session agendas will cover but are not limited to the following:
 1. Limited benefits (office visits, labs, etc.)
 2. Co-pays
 3. Transportation
 4. Health risk assessment

Prescription Drug Information

For questions and concerns please contact:

- **Magellan Pharmacy Call Center: 800-424-7895**
 - Pharmacy Support — Option 1
 - Prescriber Support — Option 2
 - Beneficiary Support — Option 3
 - Web Support — Option 4, then Option 1
- **Magellan fax: 800-424-7976**
- **Call center hours: Monday – Friday, 6 a.m. – 5 p.m. CT excluding state holidays**
- **Web support hours: Monday – Friday, 7 a.m. – 7 p.m. CT**

Save the Date

MMCS Regional Conference
Dec. 8, 2015
Embassy Suites-Little Rock



Medicaid Managed Care Services (MMCS) Information Sheet

1020 W. 4th St., Suite 200 • Little Rock, AR 72201 • 501-375-5700 • Toll free: 1-877-650-2362 • Transportation Helpline: 1-888-987-1200

MMCS PROVIDER RELATIONS

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

• Manager

Amelia Elam.....501-212-8674
aelam@afmc.org

• Senior Program Coordinator

Tonya Haynes..... 501-212-8686
thaynes@afmc.org

• Representatives

Becky Andrews.....501-212-8738
bandrews@afmc.org

Shawna Branscum501-212-8633
sbranscum@afmc.org

Kellie Cornelius.....501-212-8673
kcornelius@afmc.org

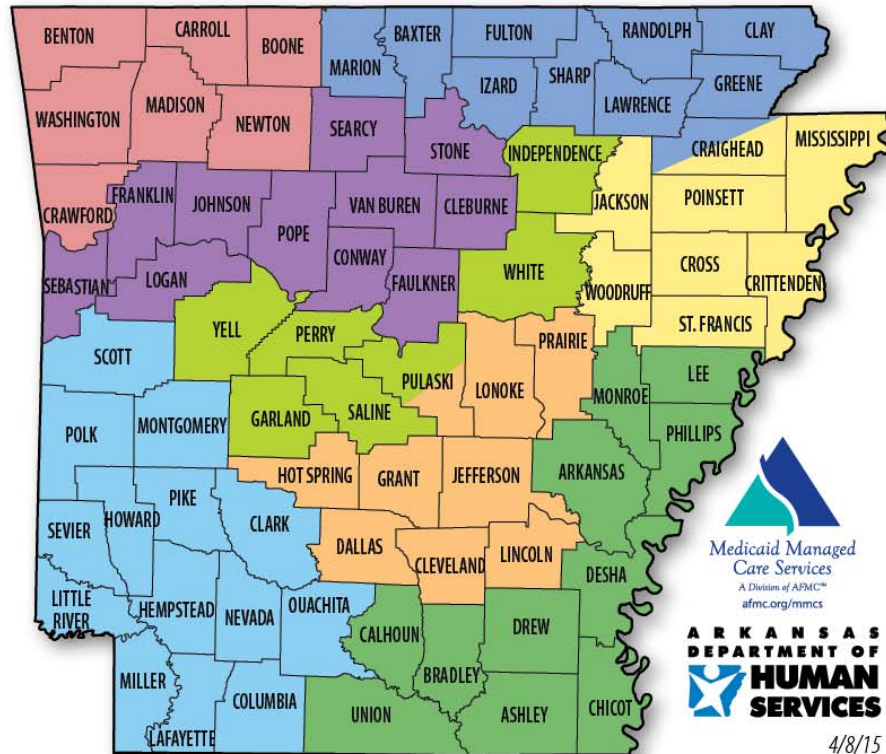
Carla Hestir 501-212-8684
chestir@afmc.org

Sheryl Hurt 501-212-8688
shurt@afmc.org

Tabitha Kinggard..... 501-212-8681
tkinggard@afmc.org

Connie Riley..... 501-212-8682
criley@afmc.org

Jerry Wicker501-212-8726
jwicker@afmc.org



4/8/15

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

ARKIDS FIRST / MEDICAID MEDICAL ASSISTANCE

P.O. Box 1437, Slot 1101
Little Rock, AR 72203

www.medicaid.state.ar.us

- ARKids First Enrollment Information..... **888-474-8275**

SPECIAL PROJECTS

- Central Arkansas..... **501-682-8297**
- Toll free **800-482-1141**

CONNECTCARE

- Toll free **800-275-1131**

PROVIDER ENROLLMENT

HP Enterprise Services, P.O. Box 8105
Little Rock, AR 72203-8105

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

ARKANSAS MEDICAL SOCIETY REPRESENTATIVE

PHYSICIAN OUTREACH SPECIALIST

Gloria Boone 870-918-0944
gboone@arkmed.org

HP ENTERPRISE SERVICES PROVIDER RELATIONS (Claims Processing)

500 President Clinton Avenue, Suite 400 • Little Rock, AR 72201

- **Operator** **501-374-6608**
- **Supervisor,
Service Relations**
Jessie Smith 501-374-6609, ext. 398
- **Helpline**
 - In state toll free..... **800-457-4454**
 - Local/out of state..... **501-376-2211**
- **Manager,
Provider Relations**
David Jarnagin 501-374-6608
- **Voice Response
System** **1-800-805-1512**

Questions ?