

20
23

ARKANSAS MEDICAID
EDUCATIONAL CONFERENCE

Emergency Department Services

AFMC Provider Relations

Kellie Cornelius, MAP, CPHIMS
Supervisor, Provider Relations

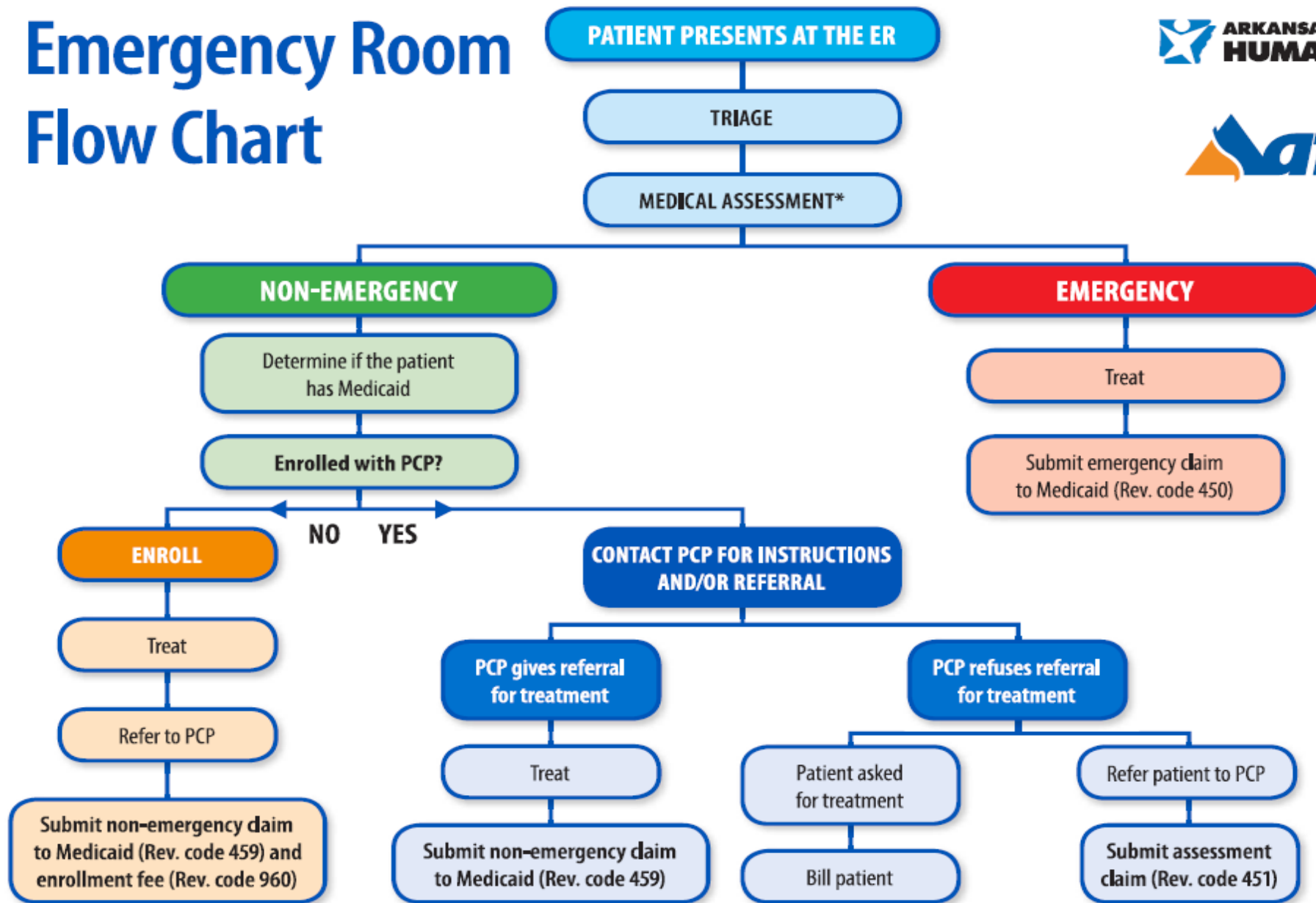
Medicaid Reimburses 3 Types of ED Visits

- **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 a covered service.
- **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 do not require a PCP referral.

Non-Emergent Treatment Types of ED

- **Non-emergent** treatment occurs after an assessment has been performed and the client 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 client was assigned to a PCP by the ED.

Arkansas Medicaid Emergency Room Flow Chart



**Medical assessment performed by qualified medical personnel.*

AFMC DEVELOPED THIS MATERIAL UNDER CONTRACT WITH THE ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES. WE ARE NOT PROVIDING LEGAL OR PROFESSIONAL MEDICAL ADVICE. WE MAKE NO WARRANTY, EXPRESSED OR IMPLIED, ON ANY SUBJECT INCLUDING COMPLETENESS AND FITNESS OF THE INFORMATION FOR ANY PURPOSE. THE INFORMATION PRESENTED IN THIS MATERIAL IS CONSISTENT WITH DHS POLICY AS OF SEPTEMBER 2017. IF ANY ARKANSAS DHS POLICY CHANGES MADE AFTER SEPTEMBER 2017 ARE INCONSISTENT WITH THIS MATERIAL, THE POLICY CONTROLS, ARKANSAS DHS IS IN COMPLIANCE WITH TITLES VI AND VII OF THE CIVIL RIGHTS ACT, REVISED JANUARY 2018.

Arkansas Medicaid Emergency Room Visits

EXPLANATION	SERVICE	HOSPITAL BILLS	MEDICAID PAYS	PHYSICIAN BILLS	MEDICAID PAYS
Referral <u>not</u> required	Assess and screen <i>NOTE: You cannot bill if any form of treatment has already been provided</i>	451	\$15.00 plus ancillary charges	T1015	\$24.20
Referral Required	→ Non-emergency	459	<ul style="list-style-type: none"> \$12.00 plus ancillary charges No drugs or supplies 	T1015 Modifier U1	\$31.90
Referral <u>not</u> required	→ Emergency	450	\$51.00 plus ancillary charges	99281	\$22.00
		622	Supplies	99282	\$35.00
		250	Drugs and supplies paid	99283	\$53.90
				99284	\$71.50
				99285	\$83.75

NOTES

- Section 215.020 hospital manual: Patients under age 21 are not limited to 12 visits.
- You cannot bill a combination of codes 450, 451 or 459. Bill only the appropriate code.
- If emergent, no limit on ancillary professional components.
- Revenue code for PCP assignment in outpatient hospital setting – 960

20
23

PCP Referral

- For those who 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 specialists educate PCPs not to give referrals to the ED for non-emergent treatment during office hours.

Provider Name Role IDs

Eligibility Verification Request

The * (in red) indicates required fields when the ADD button is selected.

Enter the beneficiary information. If Beneficiary ID is not known, enter SSN and Birth Date.

Beneficiary ID Last Name First Name SSN *Birth Date *Effective From

01/11/2018

Effective To

Service Type Code Search

If Service Type Code is selected from the 'Search By' dropdown list, the Service Type Code is required.

Search By Service Type Code

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.

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.

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) _____



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

Supervisor, Outreach Logistics

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



04/27/2023

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

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**

20
23

ARKANSAS MEDICAID
EDUCATIONAL CONFERENCE

Resources

- Medicaid Website - www.humanservices.arkansas.gov
- ED manual policy can be found in section II of the hospital manual
https://humanservices.arkansas.gov/wp-content/uploads/HOSPITAL_II.doc

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/>

20
23

ARKANSAS MEDICAID
EDUCATIONAL CONFERENCE

Physician Quarterly Update Packet

View our quarterly packets at
afmc.org/PCPUpdatePackets

Any
Questions