MEDICON 2025

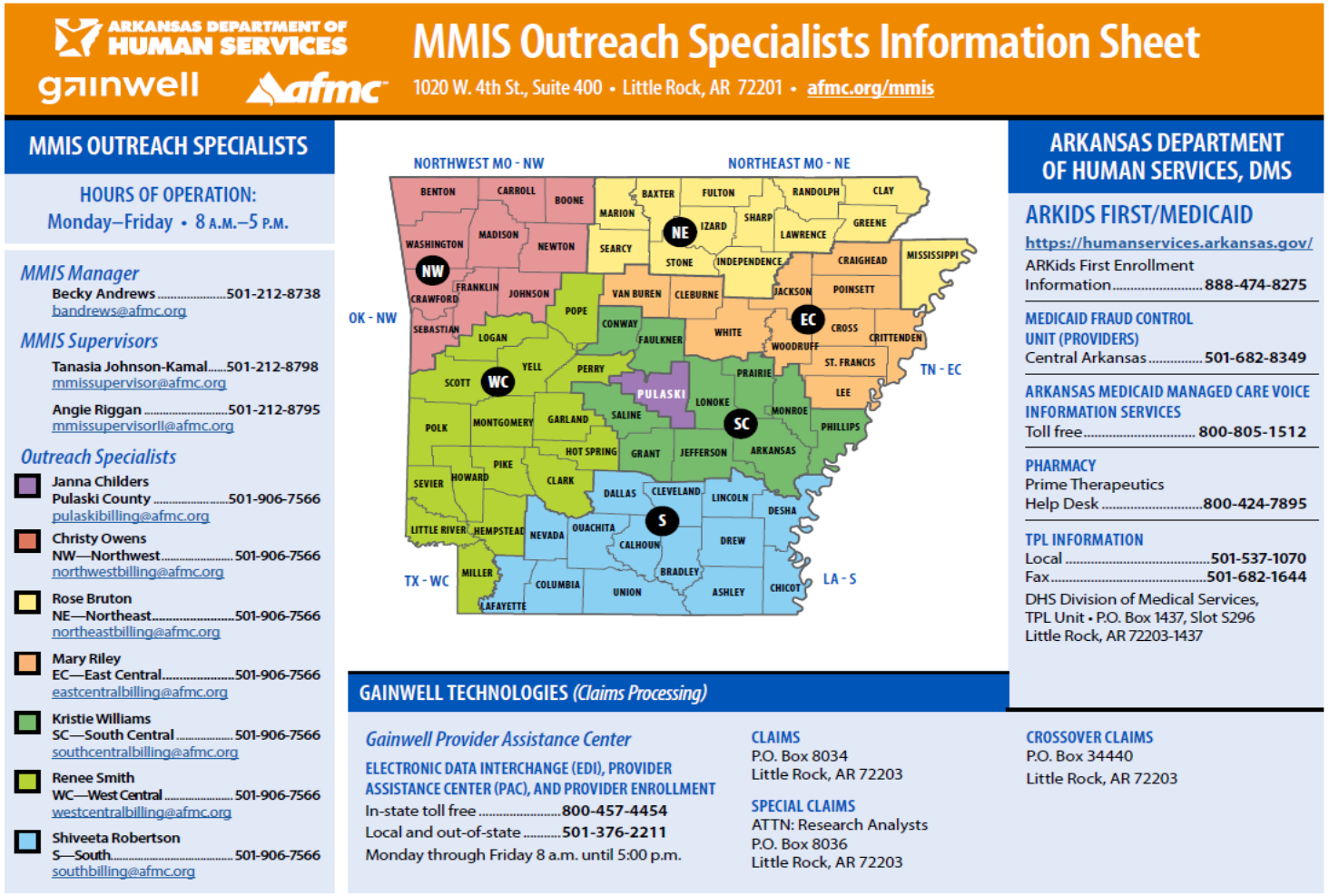
AFMC Medicaid Management Information System (MMIS) Outreach Team

Speaker-Karen Young, Training and Program Developer

Agenda

- MMIS Outreach Team
- New Paperless Submission for Provider Enrollment
- Medicare vs Commercial Insurance
- Reconsiderations vs Appeals
- Healthcare Portal Update
- Things to Remember
- Medicaid Tools and Resources

MMIS Outreach Team Map



ARKANSAS DEPARTMENT OF HUMAN SERVICES

MMIS Outreach Specialists Information Sheet

gainwell afmc

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • afmc.org/mmis

MMIS OUTREACH SPECIALISTS

HOURS OF OPERATION:
Monday–Friday • 8 A.M.–5 P.M.

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

MMIS Supervisors
Tanasia Johnson-Kamal 501-212-8798
mmissupervisor@afmc.org

Angie Riggan 501-212-8795
mmissupervisorII@afmc.org

Outreach Specialists

Janna Childers
Pulaski County 501-906-7566
pulaskibilling@afmc.org

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northwestbilling@afmc.org

Rose Bruton
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northeastbilling@afmc.org

Mary Riley
EC—East Central 501-906-7566
eastcentralbilling@afmc.org

Kristie Williams
SC—South Central 501-906-7566
southcentralbilling@afmc.org

Renee Smith
WC—West Central 501-906-7566
westcentralbilling@afmc.org

Shiveeta Robertson
S—South 501-906-7566
southbilling@afmc.org

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DMS

ARKIDS FIRST/MEDICAID
https://humanservices.arkansas.gov/
ARKids First Enrollment Information 888-474-8275

MEDICAID FRAUD CONTROL UNIT (PROVIDERS)
Central Arkansas 501-682-8349

ARKANSAS MEDICAID MANAGED CARE VOICE INFORMATION SERVICES
Toll free 800-805-1512

PHARMACY
Prime Therapeutics
Help Desk 800-424-7895

TPL INFORMATION
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

ELECTRONIC DATA INTERCHANGE (EDI), PROVIDER ASSISTANCE CENTER (PAC), AND PROVIDER ENROLLMENT
In-state toll free 800-457-4454
Local and out-of-state 501-376-2211
Monday through Friday 8 a.m. until 5:00 p.m.

CLAIMS
P.O. Box 8034
Little Rock, AR 72203

SPECIAL CLAIMS
ATTN: Research Analysts
P.O. Box 8036
Little Rock, AR 72203

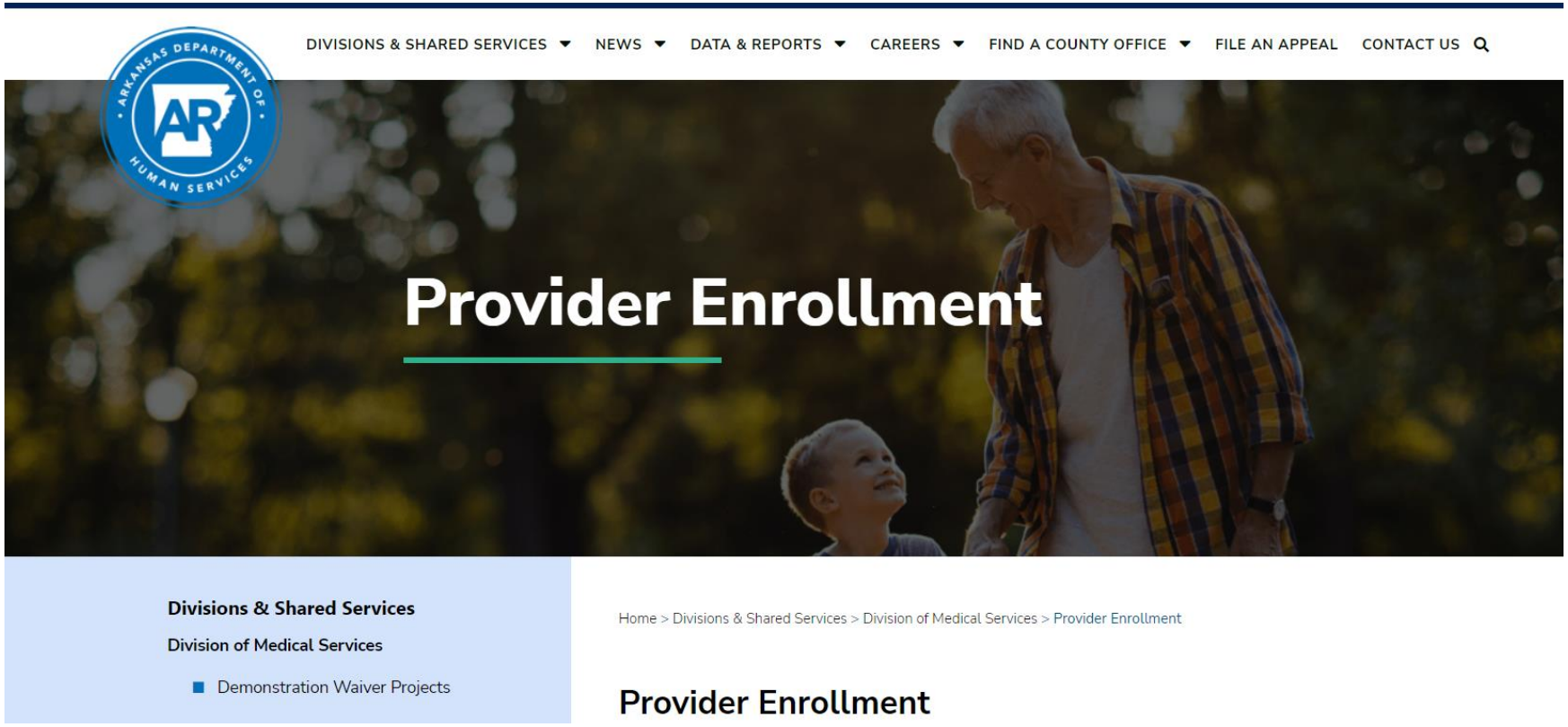
CROSSOVER CLAIMS
P.O. Box 34440
Little Rock, AR 72203

MMIS OUTREACH TEAM

Gainwell Technologies | Provider Enrollment

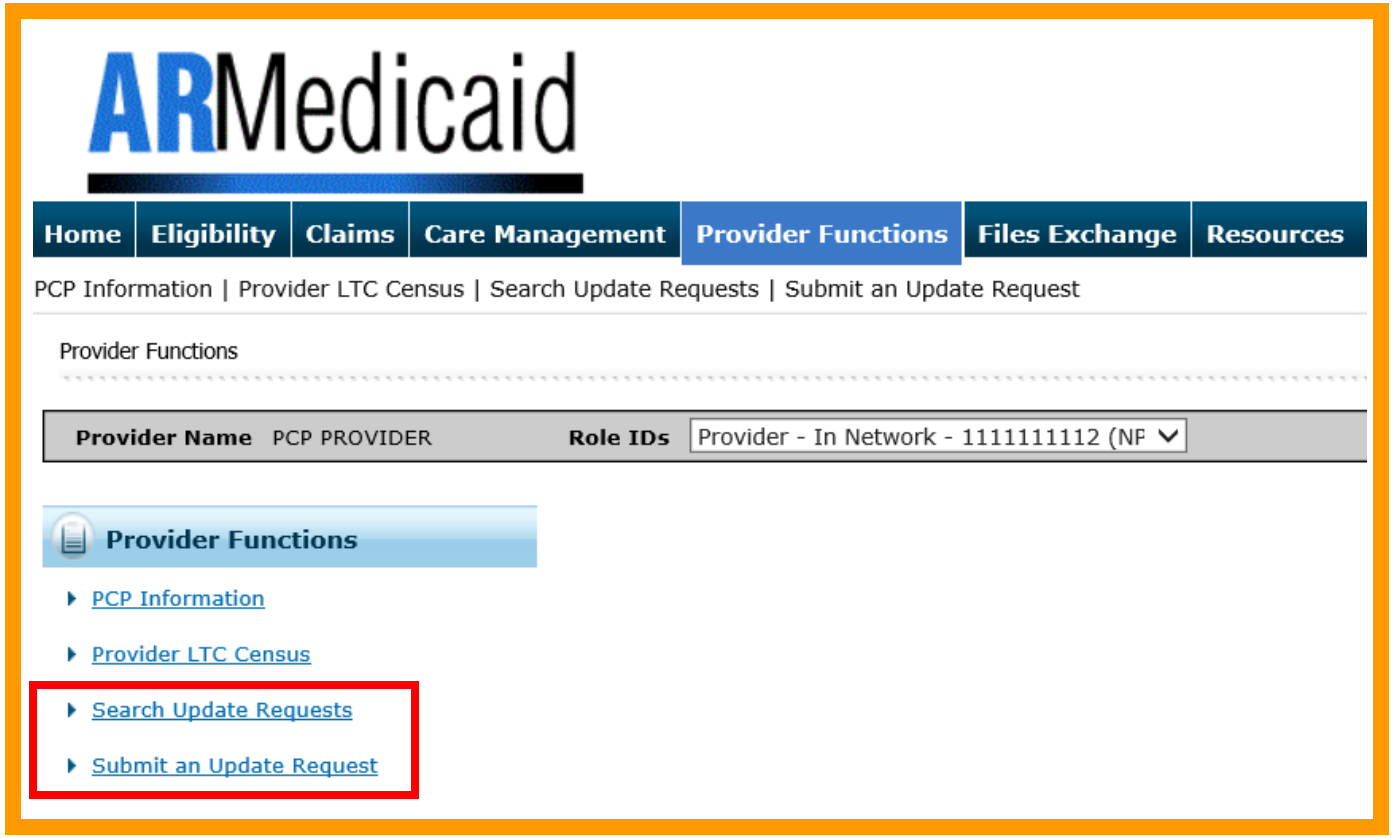
Provider Enrollment

https://humanservices.arkansas.gov/divisions-shared-services/medical-services/provider-enrollment/



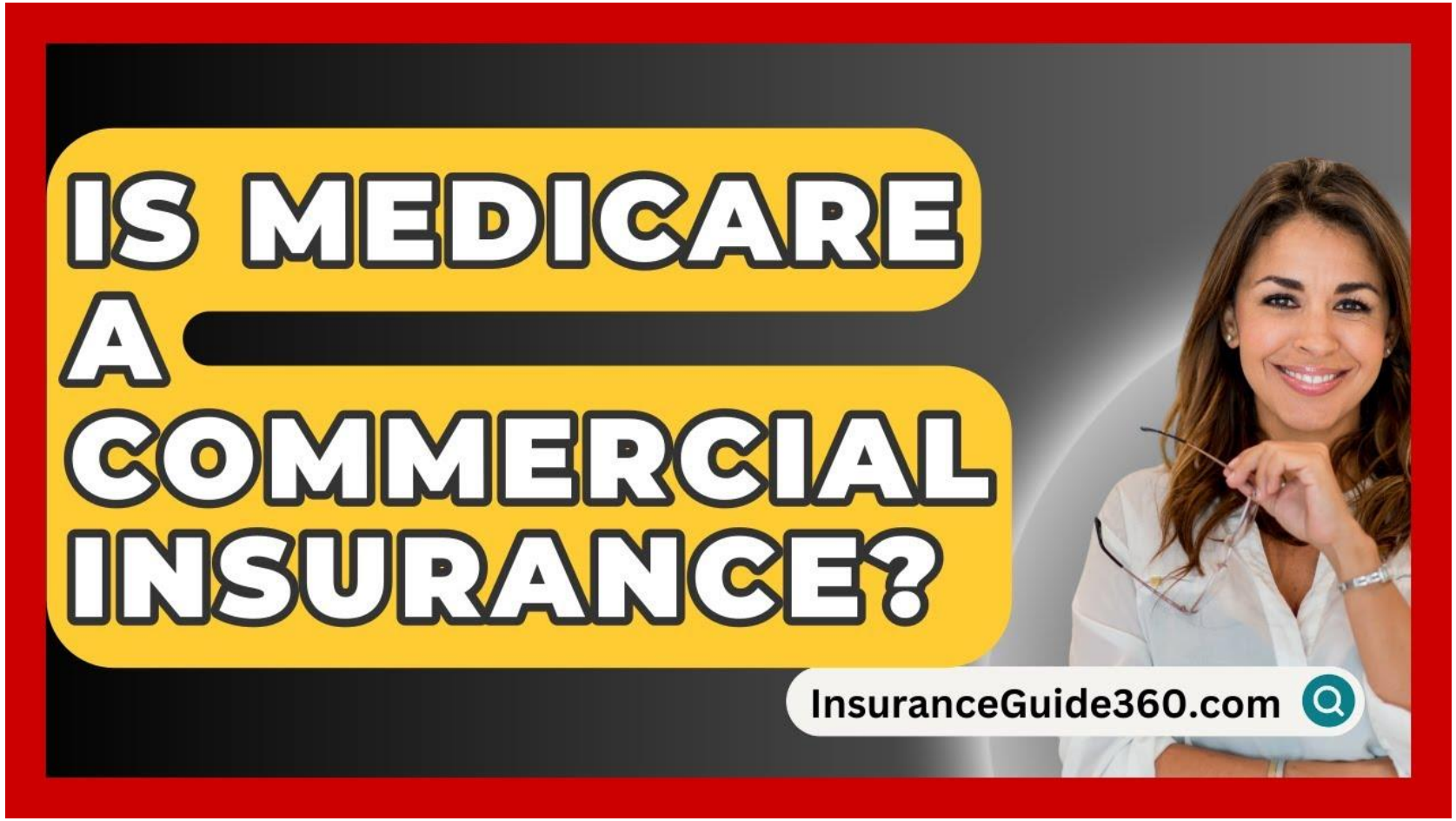
Provider Re-validation on the Healthcare Portal

Provider Enrollment Updates



Medicare Crossover Billing and Training Tools

Medicare vs Third Party Liability (TPL)



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437
P: (501) 682-8292 F: (501) 682-1197

OFFICIAL NOTICE

TO: **Health Care Providers – All Providers**

DATE: **September 30, 2024 – REVISED October 2, 2024**

SUBJECT: **Medicare Crossover Billing Instruction Changes**

I. General Information

There have been changes to the Medicare Crossover Claims billing. **These changes are effective for claims received on or after 10/01/2024**.

The Provider Manuals have been updated to reflect these changes.

Helpful Links for Crossover Billing

How to File a Professional Crossover Claim

How to File an Institutional Crossover Claim

How to File an Outpatient Institutional Crossover Claim

Reconsiderations vs. Appeals

*If you disagree with a denial of a claim there is a process to follow. Do **not** automatically file for a reconsideration or appeal - some denials can be resolved through corrections and resubmission.*

Process for denial of a claim

Step 1: Contact the Provider Assistance Center (PAC) at 800-457-4454:

Ask PAC to research the claim denial and verify the denial is legitimate and not the result of provider error.

If you disagree with the explanation of the claim denial given by PAC, or you would like additional assistance, you should:

Step 2: Contact MMIS:

Contact your MMIS Outreach Specialist (see team map) to research the claim denial and verify the denial is legitimate and not the result of provider error.

If you disagree with the explanation of the claim denial given by PAC and/or your Outreach Specialist, you should:

Step 3: Drop the claim to paper and mail it to the Research Department for Reconsideration:

Include a detailed cover letter explaining the situation and requesting the claim be reconsidered for payment. Make sure to also include any supporting documentation.
Please note this must be done within 30 calendar days after the claim was denied.

Gainwell Technologies
Attn. Research Department
P.O. Box 8036
Little Rock, AR 72203

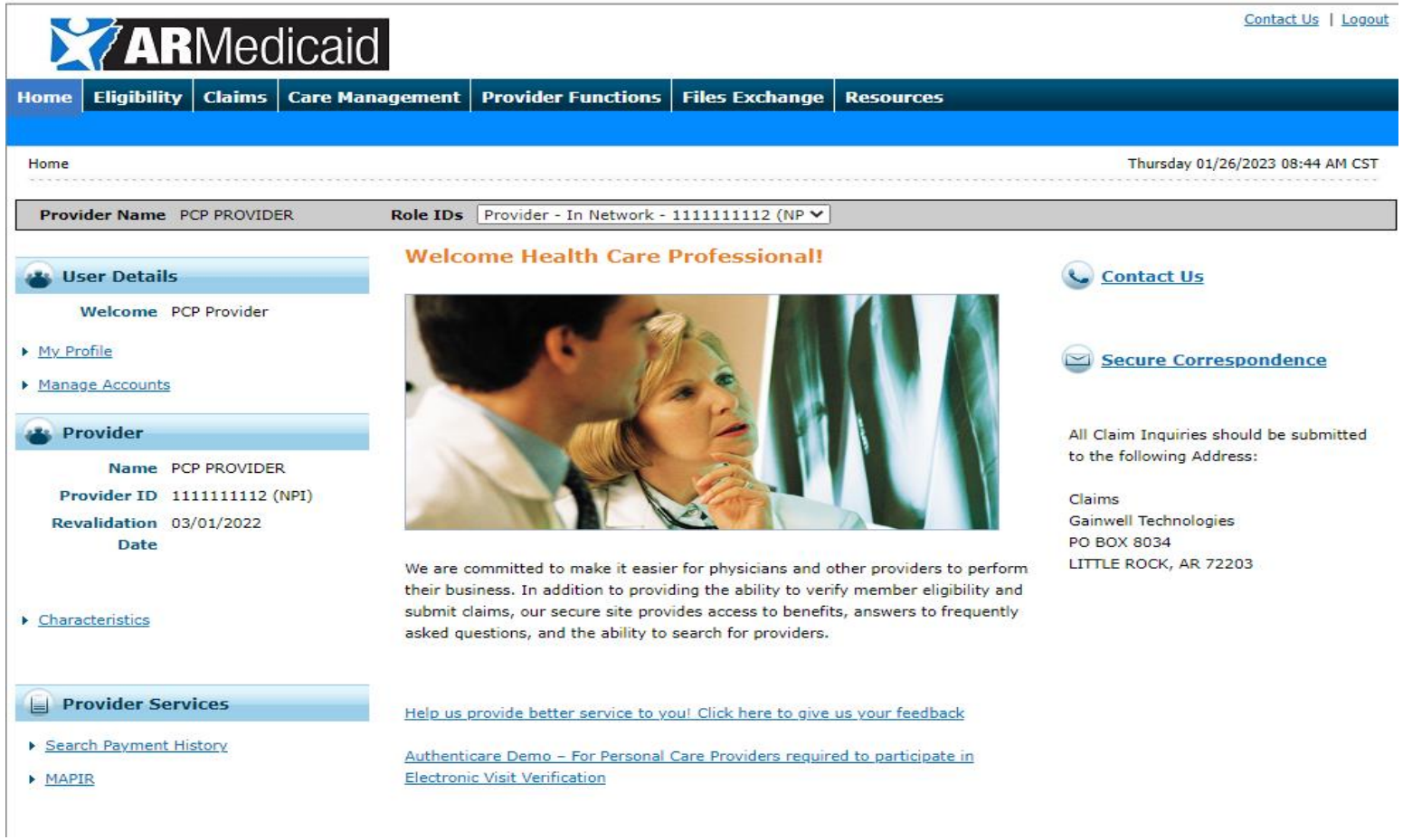
Process for denial of a claim - Final Step

If your Reconsideration is denied, your next option is to submit an Appeal.

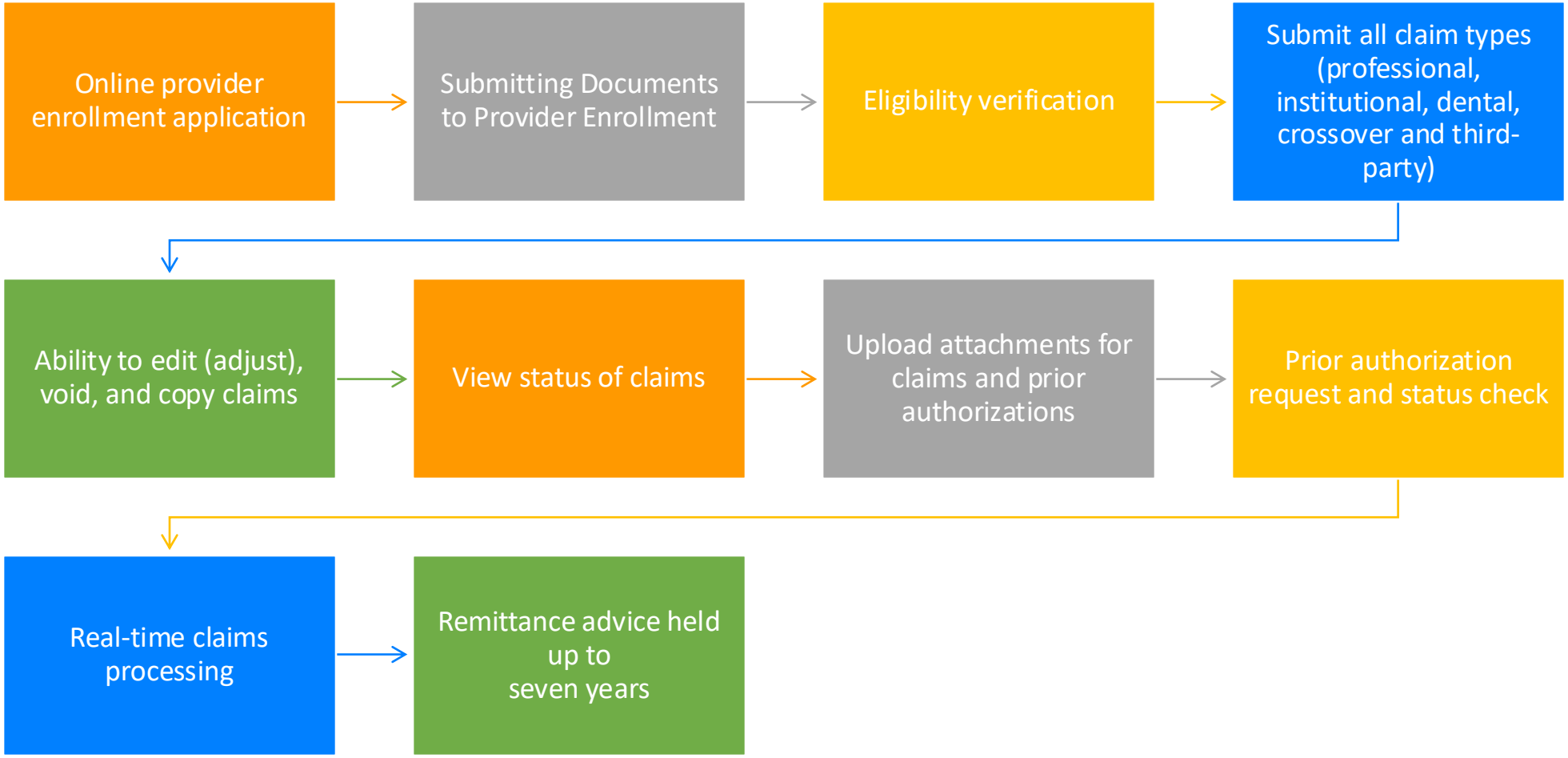
Please note that if the Appeal meets all the criteria, it can result in a court hearing.

Appeals are submitted to Utilization Review.

Healthcare Provider Portal



Healthcare Portal Features



Tips for Healthcare Portal

- At least 5MB of upload and download speed
- Everyone has their own username and password
- Make sure staff that is no longer employed is inactive on your profile
- Claims can be submitted 24/7
- Claims submitted electronically must be entered by 6 p.m. on Friday
- Check Eligibility the day you provide service
- Submit claims electronically for faster payment
- Check Portal for claim status
- Resubmit denied claims using the portal
- Before you enter your claim make sure you have your ORP (If applicable)

Things to Remember

Always check eligibility before providing services.

Read Section II of ***your*** manual.

Contact the right vendor or entity if you have questions.

Use training resources.

Non-emergency transportation opportunities for Medicaid clients

New provider workshops are conducted quarterly.

QR Code to Access Training Resources

Use your IOS, Android or any device to access all our MMIS Tools and Resources for your convenience.


Questions?