New Prior Authorization Process for Personal Care Providers Disclaimer

This webinar is designed for personal care providers, Provider Type 32 only, that bill for 21 years and over. Please be advised that we will only cover the items listed on the agenda.

Due to HIPAA requirements and restraints, we cannot address specific claims or PA issues during this webinar. Please do not ask PHI questions using the chat feature on this webinar.

If you have specific questions, please contact your local DHS RN or RN supervisor.

There are also job aids that will give you step-by-step instructions on: How to register for the portal, How to submit a Prior Authorization request and more.

If you have escalated issues or would like to discuss specific billing issues, please contact your MMIS provider outreach representative to set up a virtual visit or make an appointment for a face-to-face visit.

A map to contact your rep is located at afmc.org and the Medicaid website: www.medicaid.mmis.arkansas.gov.
New Prior Authorization Process for Personal Care Providers

Presented by:
Karen Young, DXC/AFMC, and
Stephenie Blocker, DHS

September 6, 2018
Housekeeping Rules

- Please make sure your phone is on mute
- Please ask questions that are pertaining to the webinar topics only
- Please make sure you type your questions in the questions box and not the chatter box
- Questions will be answered during the webinar
Agenda

• Introduction
  o Karen Young, MMIS training and program developer
  o Stephenie Blocker, assistant director of DAABHS
  o Jessica Johnson, nurse manager

• How to access the portal
  o Registering on the portal
  o Registering as a delegate
  o Selecting a delegate

• Care management
  o How to create a prior authorization request on the portal

• Contact information

• Training tools and resources
Accessing the Portal – Healthcare Provider Portal

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.
Registering on the Portal

Registration

Select one of the following options that best describes your role.

**Provider**
An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.

**Delegate**
An individual designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.

**Trading Partner**
An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.
Welcome Health Care Professional!

We are committed to making it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.
Selecting Delegates

The * (in red) indicates required fields when the ADD button is selected.
Enter the fields below and click Submit to generate the delegate code for the new delegate to register.

- **First Name**
- **Last Name**
- **Birth Date**
- **Last 4 of SSN**

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

- Care Management - Submit Resubmit Authorization
- Care Management - View Authorization
- Characteristics
- Claim - Inquiry
- Claim - Submit and Resubmit
- Enrollment
- Files Exchange
- MAPJR
- Payment History - Inquiry
- Secure Correspondence
- Treatment History
- Verify Eligibility

Submit  Cancel
Care Management – Creating a Prior Authorization Request

Welcome Health Care Professional!

We are committed to making it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Help us provide better service to you! Click here to give us your feedback.
Creating a Prior Authorization Request

Click Care Management from the selections at the top of the home page, then select Create Authorization.

For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Utilization Review at 501-682-8340 (Local) or 855-703-2891 (Toll Free):

- Personal care, Extensions for Over Age 21
- Home Health Visit Extensions
- Private Duty Nursing
- Other prosthetics
- Augmentative Communication Device Evaluation,
- Other medical service
- Under Age 21
- Specialized Services
- Disposable Medical Supplies, all ages
- Transplants (All except Cornea/Kidney)

For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Dental Unit at 501-320-6230 (Local) or 855-703-2891 (Toll Free):

- Adult Dental
- Child Dental
- Orthodontics

For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Visual Care Unit at 501-320-6213 (Local) or 855-703-2890 (Toll Free):

- Visual Care

For assistance with questions related to the following prior authorization requests, please contact Division of Developmental Services at 501-682-8665.

- DDS/ACS waiver
- Developmental Rehab Services
- DDS services
- Title V
Creating a Prior Authorization Request

The Authorization selection defaults to Medical. Select the Process Type of “Long Term Services and Supports” (Process type 117)
Creating Prior Authorization Request

Complete the required fields (all fields that are marked with an * are required)
Creating Prior Authorization Request

Provider is required to enter one line for each month requested based on the 618 or approved assessment. Note: A modifier is required for request. Look in the Personal Care Manual for procedure codes and modifiers.

<table>
<thead>
<tr>
<th>Line #</th>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
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*From Date, From Date, Code, Code, Type, Code*
Adding an Attachment to a Prior Authorization

To add an attachment, click the “+” to expand the panel.

Choose the Transmission Method, Upload File and Attachment Type, then enter a Description. All required fields must be completed. Note: For this process Electronic Only is acceptable.
Adding an Attachment to a Prior Authorization

Click add to add the selected Attachment Type. You may continue to add as many attachments as you need. If there are not additional attachments to add, click submit. Note: select “Browse” to upload PDF, Word and other types of documents.

Once you click Submit, you will be given a PA Tracking Number that will allow you to keep track of your PA request until it is approved or denied. Note: Be sure to email the PA tracking number to the local DHS RN.
View Authorization Status

Click on the Care Management tab, then click “View Status of Authorizations: to see the prospective authorizations and search options. If you are a requesting or servicing provider, a results list of the first 20 authorizations will be listed with a beginning services date of today or greater. Click the PA tracking number or authorized PA number to view the authorization response details, or select the Search Options tab to search for a different authorization.

For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Utilization Review at 501-682-8340 (Local) or 855-703-2891 (Toll Free):

| Personal care, Extensions for Over Age 21 | Home Health Visit Extensions |
| Private Duty Nursing | Other prosthetics |
| Augmentative Communication Device Evaluation, Under Age 21 | Other medical service |
| Disposable Medical Supplies, all ages | Specialized Services |
| | Transplants (All except Corneal/Kidney) |
View Authorization Status

Click on Search Options. You can search for an authorization by entering at least one of the following fields: PA Tracking Number, Authorized PA Number, Process Type, Authorization Status, Code, Date Range or Service Date.
Beneficiary Information Panel: enter at least one of the following: Beneficiary ID, Birth Date, Last Name, First Name. If Beneficiary ID is not entered, the remaining fields are all required.
View Authorization Status

Provider Information Panel: Search for an authorization by entering at least one of the following fields: Provider ID, ID Type, Taxonomy. Select whether this provider is the Servicing Provider on the Authorization or Referring Provider on the Authorization.
View Authorization Status

Click Search. Click the PA Tracking Number or Authorized PA Number to view the authorization response details.

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<thead>
<tr>
<th>PA Tracking Number</th>
<th>Authorized PA Number</th>
<th>Service Date</th>
<th>Status</th>
<th>Amendment Status</th>
<th>Beneficiary Name</th>
<th>Beneficiary ID</th>
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Things to Know

• Provider manuals
• EOB-Extension of Benefits vs. Explanation of Benefits
• DMS 618 form – Assessment form
• Training tools and resources
• New Medicaid website
Training tools and resources

• Medicaid website: www.Medicaid.mmis.arkansas.gov/
• Frontline
• Provider Manual – Personal Care
  • MMIS_JobAid_PriorAuthorization.pdf
  • MMIS_JobAid_Eligibility.pdf
  • MMIS_JobAid_ProvPortalReg.pdf
  • MMIS_JobAid_DelegatePortalReg.pdf
## Tools and Resources – Units Calculator

Providers can use this to calculate units

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<th>29 Days in the month</th>
<th>30 Days in the month</th>
<th>31 Days in the month</th>
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[Image links]
DXC Technology – Provider Assistance Center (PAC)

Your first point of contact for billing, claim status and other general questions is PAC:

Monday through Friday  6 a.m.–6 p.m. (new hours)
Toll-free in Arkansas  800-457-4454
Local or out-of-state  501-376-2211
Contact information

- Medicaid website:  www.medicaid.mmis.arkansas.gov/
- Providers can contact their DHS RN using the link below
  https://humanservices.arkansas.gov/about-dhs/daas/archoices-in-homecare
- MMIS provider outreach specialists afmc.org/mmis
Arkansas Medicaid providers and beneficiaries rely on a Medicaid Management Information System (MMIS) for provider enrollment, beneficiary eligibility and claims processing. Check this page often for the latest information about the new MMIS. The success of the new MMIS depends on your satisfaction as an Arkansas Medicaid provider.

Page Contents
- Immediate Notifications
- MMIS Job Aids
- Archive
- Contact Us

Our Provider Assistance Center and EDI Support Center are open from 6:00 a.m. to 6:00 p.m. Monday through Friday. EDI, PAC, Provider Enrollment, and A/P/T share the same convenient phone numbers:
(800) 457-4454 in-state toll-free or
(501) 376-2211 local and out-of-state.
Questions?