



# Provider Relations Outreach Specialist

## What's New for Arkansas Medicaid Providers

- <https://medicaid.mmis.arkansas.gov/Provider/Provider.aspx>

### *MUMP Prior Authorization Extensions*

Added 12/26/19

Beginning 01/29/2020 the process that providers currently use to request additional days on an existing Inpatient Stay Prior Authorization will change. After 01/28/2020 providers will no longer use the PA process Type "Inpatient Extensions" when needing to request additional days be added to an existing PA. The provider will now go to the current approved Inpatient Stay PA and request additional days by adding a line item for the additional days being requested.

### *Provider Electronic Solutions (PES) Transition*

Updated 12/19/19

DXC Technology's Medicaid software, Provider Electronic Solutions (PES), enables health care providers to verify beneficiary eligibility, request prior authorizations, and submit claims electronically. However, because PES software will be decommissioned, providers who use PES are strongly encouraged to transition to the Arkansas Medicaid HealthCare Provider Portal before their software becomes obsolete.

### *Global OB Billing*

Updated 12/4/19

All Arkansas OB/Gyn Medicaid Providers:

Below are changes to Global OB Billing for claims. This change becomes effective with claims billed on or after **January 1, 2020**.

- The fee schedules and reimbursement rules will remain the same for all Global OB services.
- A new selection will be added in the drop-down box for "Date Type" called "Initial Treatment Date" in the Claim Information panel of a professional claim in the provider portal.
- For electronic claims, the first date of care will be billed in the Initial Treatment Date field of the professional claim form.
- For CMS 1500 paper claim forms, field 15 will be utilized for required qualifier of "454" and the "Initial Treatment Date".
- If no Initial Treatment Date or an Invalid date is entered on either paper or electronic claim forms, an edit will set and deny the detail with the global procedure code on the claim.
- The provider will no longer span dates of service on the claim line for the entire Global OB period of care.
- Providers will bill the date of delivery on the claim line (as "from" and "to" Dates of Service)



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- The system will use the date of delivery and the first date of care to calculate and ensure that at least two months of care were given, thereby allowing payment for the Global OB service that was billed. If two months of care were not provided, the Global OB service will be denied; claims that fall into this category today are denied if two months of care were not provided.
- If a Date of Service is a “spanned date” for a Global OB procedure billed, the detail will deny.

Added 12/5/19

Assessment Dates Available on Portal Eligibility Check

- Effective 12/5/19 Behavioral Health Independent Assessment effective dates (both from and to) for PASSE members will be available on the Provider Portal Eligibility check.