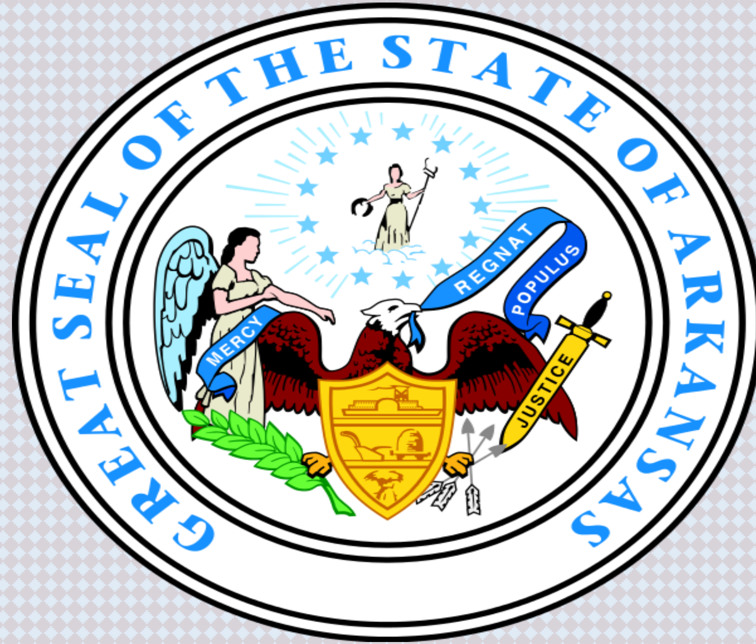

ARChoices

MANEUVERING THROUGH THE CHANGES WITH CONFIDENCE

MMIS

Money is now being recouped automatically within the MMIS system.

*** Decreases workload on both DHS staff and providers.**

What prompts a recoupment within the MMIS system?

*** A beneficiary being admitted to an inpatient facility**

*** The inpatient facility [especially hospitals] will always be the default provider when more than one agency is attempting to bill for the same beneficiary on the same day.**

BUT WE PROVIDED THE SERVICE…WHAT NOW ?

Eating

Bathing

Dressing

Transferring

Toileting

Walking or moving around

MEDICAID.MMIS.ARKANSAS.GOV
FRONTLINE INFORMATION TAB

If ARChoices Waiver services are provided for a beneficiary on the day the beneficiary is admitted to an inpatient facility, the ARChoices Waiver provider can potentially be paid for services which were provided prior to the client's inpatient admission…

…payment will not process through Interchange; however, once notification of non-payment is received by the provider, the claim can be re-submitted on paper (red ink claim) along with supporting documentation for special handling. The documentation must contain information verifying the date, time and services that were provided…

The claim and documentation should be sent to:
Division of Provider Services and Quality Assurance
PO Box 1437, Slot S530
Little Rock, AR 72203-1437

REIMBURSMENT IS POSSIBLE THROUGH THE RED CLAIMS PROCESS

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) ✓ | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 8888888001

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Smith Joe T.

3. PATIENT'S BIRTH DATE MM DD YY: 08 15 1955 SEX: M ✓ F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Smith, Joe T.

5. PATIENT'S ADDRESS (No., Street): 999 Hello Lane

CITY: My Town STATE: AR

ZIP CODE: 77777 TELEPHONE (Include Area Code): (xxx) xxx-xxxx

6. PATIENT RELATIONSHIP TO INSURED: Self ✓ Spouse Child Other

8. RESERVED FOR NUCC USE

7. INSURED'S ADDRESS (No., Street): 999 Hello Lane

CITY: My Town STATE: AR

ZIP CODE: 77777 TELEPHONE (Include Area Code): (xxx) xxx-xxxx

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES NO ✓

b. AUTO ACCIDENT? YES NO ✓ PLACE (State)

c. OTHER ACCIDENT? YES NO ✓

10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER: 8888888001

a. INSURED'S DATE OF BIRTH MM DD YY: 08 15 1955 SEX: M ✓ F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME: Medicaid

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO ✓ *If yes*, complete items 9, 9a, and 9d.

RED CLAIMS CONTINUED:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. XXXX B. XXXX C. XXXX D.
E. F. G. H.
I. J. K. L.

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 01	02	18	01	02	18	12			O					NPI	12345678
2 01	03	18	01	03	18	12			O					NPI	12345678

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ✓ YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )
a. NPI b. 12345678

SUPPORTING DOCUMENTATION:

DHS has to be able to verify the time the person was admitted to the in patient facility.

Send a copy of the admission record…the admission time has to support the time services were documented as being provided…

The supporting documentation has to verify what services were provided-this is not an in/out call log.

Written and signed documentation must be sent. The name and contact number of the staff person providing the service prior to hospitalization must be sent with the supporting documentation.

DXC Technology Services *(Claims Processing)* 500 President Clinton Avenue, Suite 400 • Little Rock, AR 72201

DXC Provider Assistance Center

800-457-4454 In-state toll-free
501-376-2211 Local and out-of-state
800-805-1512 Voice Response System
Select Option 0 for "Other inquiries" then

Option 1: EDI Support Center
Option 2: Provider Assistance Center
Option 3: Provider Enrollment
Option 4: Arkansas Incentive Payment Team (AIPT)

DXC Provider Enrollment

Eyvonne Carbage, Supervisor
P.O. Box 8105
Little Rock AR 72203
501-244-5891
Fax **501-374-0746**

Karyette Simmons, DXC Provider Relations
Electronic Data Interchange (EDI) Supervisor
501-244-5917 arkedi@hpe.com

Claims

P.O. Box 8034 • Little Rock AR 72203

Special Claims

Attn: Research Analysts
P.O. Box 8036 • Little Rock AR 72203

Supervisor/Outreach Specialist

Andrea Rowlett-Allen
501-906-7566
pulaskibilling@afmc.org

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Christy Owens
NW—North West...... 501-906-7566
northwestbilling@afmc.org

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northeastbilling@afmc.org

Mary Riley
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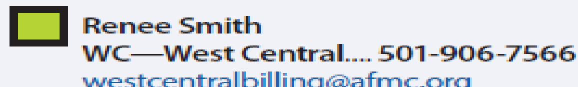
eastcentralbilling@afmc.org

Samantha DeSalvo
SE—South East.......... 501-906-7566
southeastbilling@afmc.org

Angie Riggan
SW—South West 501-906-7566
southwestbilling@afmc.org



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

Hours of operation
Monday - Friday
8:30 A.M. - 5 P.M.