

Upcoming Changes for Arkansas Medicaid Dental Services

Transitioning to Fee-for-Service (FFS)

July 19, 2024

Agenda

- Purpose and Goals
- Diamond Plan
- Provider Enrollment
- Outreach Teams
- MMIS Dental Billing Resources
- Additional Provider Tools
- Questions and Resources

Purpose

- DHS will end Healthy Smiles, the managed care dental program and return beneficiaries who qualify for dental coverage to Medicaid fee-for-service (FFS) program beginning November 1, 2024.



Transition Goals

- Provide Support
- Continuation of Medicaid Dental Services and Eligibility
- Educate Providers and Beneficiaries
- Smooth Transition

Arkansas Diamond Plan

- What is Deferred Compensation?
 - <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/provider-faqs/>
- How does it work?
- Can I defer if I am in a group setting?
- Is this in addition to funding current retirement?
- How much can be deferred in 2024?
- Contact information:
 - rjones@stephens.com
 - 501-377-8112



Arkansas Medicaid Providers Deferral Program

Defer Pre-Tax Medicaid Income to a retirement plan:

As a Medicaid provider, you are considered an independent contractor of the state of Arkansas and thus are eligible to defer a portion of your Medicaid income on a pre-tax basis by making contributions to the State of Arkansas Deferred Compensation Plan, commonly referred to as the Arkansas Diamond Plan.

Deferrals can be made in addition to funding your current retirement plan:

These deferrals may be made in addition to any contributions that you are making to your current retirement plan established by your professional group or individual practice. Therefore, providers can fully fund their 401k, pension, profit sharing, SEP, Simple plans etc. and also fully fund the AR Diamond Plan. For 2024, providers can defer up to \$23,000 of Medicaid income per year if they have not attained the age of 50. Providers 50 and older in 2024 can defer \$30,500 per year.

The program has been available for over 40 years:

Hundreds of Medicaid providers are currently taking advantage of the opportunity to defer a portion of their Medicaid income to the Arkansas Diamond Plan. Some Medicaid providers have been making contributions to the Plan since 1976.

Incorporated and group practice providers can also utilize the plan:

Providers can defer income from Medicaid services that are to be paid to the provider's individual provider number. Providers must report Medicaid services in this manner for the length of time necessary to meet the contribution limit for the year. Once the contribution limit has been met, for the remainder of the year Medicaid claims can be

Provider Enrollment

U.S. State & Local Human Services



Section Details

Requirements for submitting EFT

Updating demographic & contact information

The benefits of using Portal for update requests

Requirements for submitting EFT Individual Providers

Submitting EFT doesn't change who the claim is paid to Individual VS Group. The claim will pay to the provider listed as the biller on the claim.

Individual Providers:

- Completed EFT Form
- Must submit voided check or bank letter with EFT form.
 - Voided Check: Voided check must match the individuals name on the application or must submit a bank letter.
 - Bank Letter:
 - Must be signed by the bank.
 - Needs to include the following information: account holder name, account number, routing number.
 - If the account name doesn't match the individual providers, then the letter needs to detail the individual has depositing rights into the account.
- Its often easier to submit the individuals EFT information under their personal account rather than submitting the groups.

Requirements for submitting EFT Group/Facility Providers

Submitting EFT doesn't change who the claim is paid to Individual VS Group. The claim will pay to the provider listed as the biller on the claim.

Group/Facility Providers:

- Completed EFT Form
- Must submit voided check or bank letter with EFT form.
 - Voided Check: Voided check must match the groups legal name or DBA on the application or must submit a bank letter.
 - Bank Letter:
 - Must be signed by the bank.
 - Needs to include the following information: account holder name, account number, routing number.
 - If the account name doesn't match the groups legal name or DBA name listed on the application, then the letter needs to detail the individual has depositing rights into the account.

How to update demographic & contact information

- To update any demographic or contact information with Arkansas Medicaid, the address change form must be completed to update the information on file.
- Enrollment forms can be found on the DHS website below.
- [Home](#) > [Divisions & Shared Services](#) > [Division of Medical Services](#) > **Provider Enrollment**
- [Printable Enrollment-Related Forms](#)



Division of Medical Services

Gainwell Technologies Provider Enrollment Unit

P.O. Box 8105, Little Rock, AR 72203-8105

P: (501) 376-2211 WATS: (800) 457-4454 F: (501) 374-0746

Provider Address Change Form

Provider Name _____
(Please print)

Arkansas Medicaid Provider ID Number _____

Provider's Signature _____ Date _____

Service Location Address

Address Line 1 _____

Address Line 2 _____

City _____ State **AR** Zip _____ County **Arkansas**

Phone Number _____ Fax Number _____

Email Address _____

Pay To Address

Address Line 1 _____

Address Line 2 _____

City _____ State **AR** Zip _____ County **Arkansas**

Phone Number _____ Fax Number _____

Email Address _____

Benefits of using Portal for update requests

The portal is the most efficient way to submit update requests.

Submissions can be tracked online

- Search previous submissions on update requests online to see if they are approved or denied.
- Review the status of your application and see any request for corrections/documentation pending for the application.

Submitting update requests through the portal.

24 Request Types

The screenshot displays the 'Submit an Update Request' page within the 'Provider Functions' section of the Arkansas Department of Human Services portal. The navigation bar at the top includes links for Home, Eligibility, Claims, Care Management, Provider Functions, Files Exchange, and Resources. The breadcrumb trail shows the path: Provider Functions > Submit an Update Request. The header indicates the date and time: Monday 11/30/2020 01:15 PM CST. The form includes a 'Provider Name' field, a 'Role IDs' field, and a 'Request Type' dropdown menu set to 'ADDRESS CHANGE FORM'. Below this is an 'Attachments' section with a table for listing files. The 'Upload File' section shows a file named 'Test Page.pdf' and an 'Individual Provider ID' field containing '100011101'. The form concludes with 'Add' and 'Cancel' buttons, and a final 'Submit' and 'Cancel' button at the bottom right.

File Name	Attachment Status	Action
Collapse		
Upload File: Test Page.pdf		
Individual Provider ID: 100011101		
<button>Add</button> <button>Cancel</button>		

Submit Cancel

Submit an Update Request

Select the Request type that is being made and add any necessary attachments before submitting. Once the documents have been uploaded, click the submit button to allow your request to be processed.

* Request Type

ADDRESS CHANGE FORM

Attachments

Fill out all required fields before submitting.

	File Name	Attachment Status	Action
+	TEST PAGE.PDF	Uploaded, Pending Submission	Remove
+	TEST PAGE.PDF	Uploaded, Pending Submission	Remove
+	TEST PAGE.PDF	Uploaded, Pending Submission	Remove
+	TEST PAGE.PDF	Uploaded, Pending Submission	Remove
+	TEST PAGE.PDF	Uploaded, Pending Submission	Remove

Collapse

Upload File:

Select

Individual Provider ID:


Add

Cancel

Submit

Cancel

gainwell

 ARKANSAS DEPARTMENT OF
HUMAN SERVICES

Searching previously submitted updates on the portal

Home | Eligibility | Claims | Care Management | **Provider Functions** | Exchange | Resources

PCP Information | Provider LTC Census | **Search Update Requests** | Submit an Update Request

Provider Functions > Search Update Requests Tuesday 12/01/2020 09:57 AM CST

Provider Name [REDACTED] Role [REDACTED]

Search Update Requests

Enter your search criteria and click the Search button. The default search will return requests from the last 7 days, plus any In Process requests. Either Tracking ID or From and To Date are required.

Tracking ID

Request Type

Status

From Date To Date

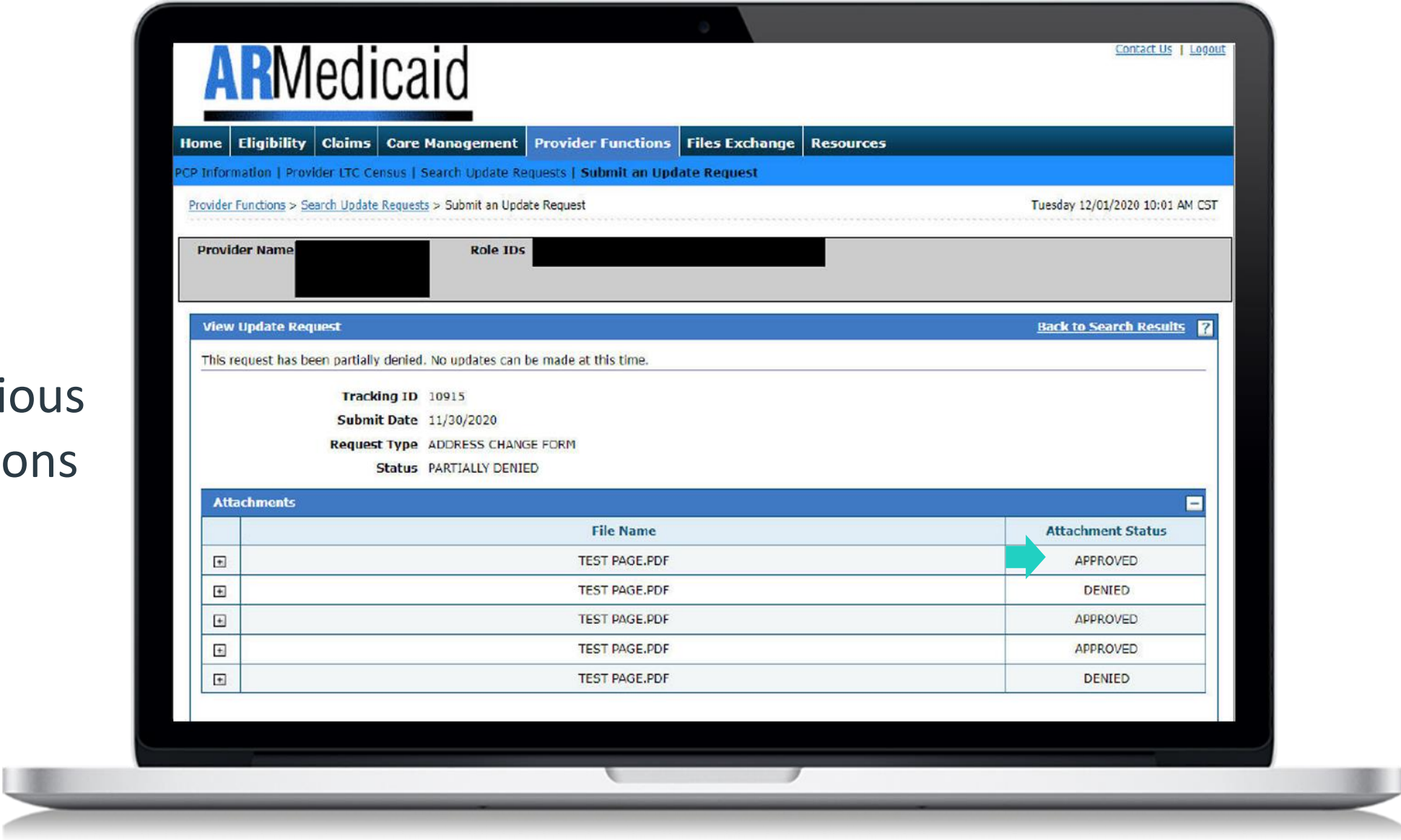
[New Request](#) [Search](#) [Clear](#)

Search Results

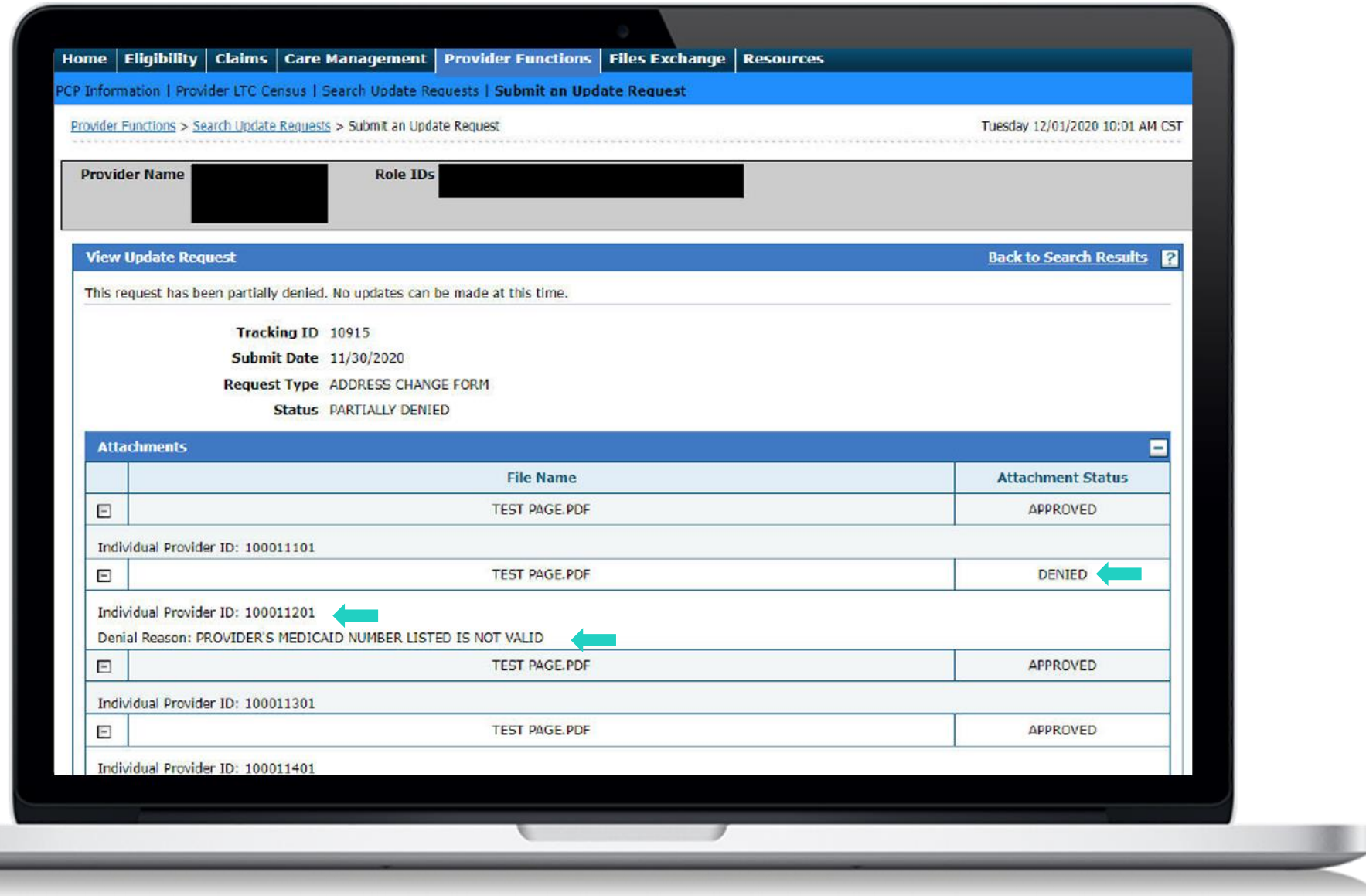
Click the **Tracking ID** to view more detail about the update request.

Tracking ID	Request Type	Submit Date	Status
10953	ADDRESS CHANGE FORM	11/30/2020	IN PROCESS
10915	ADDRESS CHANGE FORM	11/30/2020	PARTIALLY DENIED
10952	SECTION IV - PROVIDER AFFILIATION ADDED	11/30/2020	APPROVED
10603	UPDATED LICENSE	11/24/2020	APPROVED
10633	UPDATED CERTIFICATION	11/24/2020	APPROVED

Reviewing previous portal submissions



(...continued)
Reviewing previous
portal submissions



PDF Fillable Provider Enrollment Forms/Documents.

Provider enrollment forms are now a PDF fillable format with an digital signature built into the form.

Using the new PDF editable forms will help reduce errors from handwriting and be more efficient to submit without having to print the form.

Please make sure you are using the most current version when submitting applications or updated.

To use the digital signature the document must be saved on the computer or device first.



Division of Medical Services
Gainwell Technologies Provider Enrollment Unit
P.O. Box 8105, Little Rock, AR 72203-8105
P: (501) 376-2211 WATS: (800) 457-4454 F: (501) 374-0746

SECTION IV: PROVIDER GROUP AFFILIATIONS

- (23) If the applicant is affiliated with a group practice or an organization that is authorized to submit Medicaid claims on their behalf, the applicant must complete this section and sign the Appointment of Billing Intermediary Statement. Add extra sheets if necessary.

Brickey	Tyler		DO
Last Name	First Name	M.I.	Title
Arkansas Department of Health			
Group Organization Name			
100050002			
Group Provider ID Number			
05/01/23			
Effective Date (Date Provider Joined Group)		Expiration Date (Date Provider Left Group)	

The undersigned Provider authorizes the above-listed Group Practice Organization to submit claims to the Arkansas Division of Medical Services (hereinafter the Division) on his/her/its behalf, in accordance with the applicable Division regulations. The Provider also authorizes the Division to issue payment checks on his/her/its behalf to the above listed Group Practice Organization, in accordance with applicable Division requirements.

The Provider accepts full liability to the Division for all acts committed by each Group Practice Organization listed above which relate in any manner to said Group Practice Organization's performance of duties in preparing and submitting claims on the Provider's behalf within the scope of its actual or apparent authority. Should any such acts result in the violation of any of the laws, rules or regulations governing the Medical Assistance Program or the Provider's agreement with the Division, the Provider shall be fully liable to the Division as if such acts were the Provider's own acts.

The Provider agrees to notify the Division at least ten days prior to the effective date of the revocation of this Appointment of Billing Intermediary. In such event, the Provider's liability for the acts of the Group Practice Organization shall continue until the tenth day after the Department's receipt of such notification or the effective date of the revocation, whichever date is later.

An original or approved electronic signature of the individual provider is mandatory. (No stamped or copied signature is allowed; "approved electronic signature" is described as those which comply with Arkansas Code § 25-31-103 et seq.)

Tyler Brickey	Digitally signed by Tyler Brickey Date: 2023.08.15 13:18:50 -05'00'	MD	06/01/23
Provider Signature		Title	Date
Tyler Brickey	100100301		
Typed or Printed Name	Provider Medicaid ID		

Primary Care Physicians must complete the Primary Care Physician Agreement to have their managed care fees paid to a new group Provider ID Number.

Outreach Teams

Provider Relations Team



*Tabitha Kinggard, RN
Manager, Outreach Services*



*Carla Hestir, PCMH-CCE, CPHIMS
Team Lead, Outreach Specialist*



*Connie Riley, LPN
Team Lead, Outreach Specialist*



*Emily Alexander
Outreach Specialist*



Jackie Clarkson, CPHIMS



*Kellie Cornelius, MAP, CPHIMS
Supervisor, Outreach Specialist*



*Kimberly Breedlove, CPHIMS
Outreach Specialist*



*Shawna Branscum
Outreach Specialist*



*Aaron Bucher
Outreach Specialist*

https://medicaid.afmc.org/images/PRO_REL_AFMCPProviderRelationsOutreachSpecialistsMap_20240430_v114.pdf

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • Toll free: 1-877-650-2362 • Transportation Helpline: 1-888-987-1200


DHS Division of Medical Services,
TPL Unit • P.O. Box 1437, Slot S296
Little Rock, AR 72203-1437

MMIS Outreach Team





MMIS Outreach billing specialists are available to help providers with questions about billing requirements and claim processing. The specialists are adept researchers, problem solvers, and decision makers.

https://medicaid.afmc.org/images/MMIS_OutreachSpecialistsMap_Updated_20230424_v10.pdf



MMIS Outreach Specialists Information Sheet

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • Toll free: 1-877-650-2362 • afmc.org/mmis

MMIS OUTREACH SPECIALISTS

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

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

MMIS Supervisor
Andrea Allen
Pulaski County 501-906-7566 Ex. 1
pulaskibilling@afmc.org

Outreach Specialists

Christy Owens
 NW—Northwest 501-906-7566 Ex. 2-2
northwestbilling@afmc.org

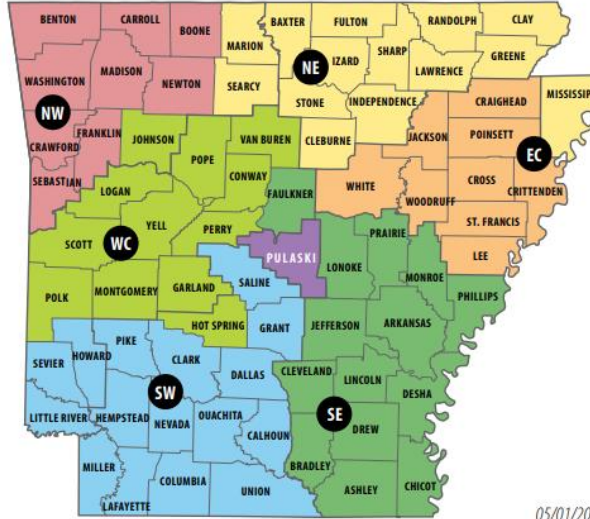
Rose Bruton
 NE—Northeast 501-906-7566 Ext. 2-1
northeastbilling@afmc.org

Mary Riley
 EC—East Central 501-906-7566 Ext. 4-1
eastcentralbilling@afmc.org

Kristie Williams
 SE—Southeast 501-906-7566 Ext. 3-1
southeastbilling@afmc.org

Angie Riggan
 SW—Southwest 501-906-7566 Ext. 3-2
southwestbilling@afmc.org

Renee Smith
 WC—West Central 501-906-7566 Ext. 5-1
westcentralbilling@afmc.org



05/01/2023

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DMS

ARKIDS FIRST/MEDICAID
<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**

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

PHARMACY
 Magellan Medicaid Administration 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

In-state toll free **800-457-4454**

Local and out-of-state **501-376-2211**

Gainwell Provider Services Manager

Tyler Brickley **501-590-6325**

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

PROVIDER ENROLLMENT
 P.O. Box 8105
 Little Rock, AR 72203
 Fax: 501-374-0746

MMIS Outreach Team Dental Billing Resources

Karen Young, Training and Program Developer, MMIS, AFMC

Section Details

- Ways to Submit a Dental Claim
- Vendor Specifications
- Healthcare Portal
- Eligibility Verification
- AR Medicaid Dental Provider Manual
- Procedure Code Table for Dental Providers
- Fee Schedule
- *Coming Soon!*
- Tools and Resources

Ways to Submit Claims for Processing

- **Arkansas Medicaid Provider Healthcare Portal:**
portal.mmis.arkansas.gov/ARMedicaid
- **Vendor:** Specifications are available on the Medicaid website at:
<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/systemdocs/> -
- **Paper:** Although paper submission is allowed, we **highly** recommend that you only submit a paper claim when you are asked to do so. Paper claims can take up to 30-45 days to process. *Using the paper claim option could greatly postpone provider's payment.*

Vendor Specifications

Link:

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/systemdocs/>

For additional information contact:
Gainwell Technologies-EDI
Department at
1-800-457-4454



Healthcare Provider Portal

portal.mmis.arkansas.gov/ARMedicaid

[Home](#)Thursday 01/26/2023 08:44 AM CST

Provider Name PCP PROVIDER **Role IDs** Provider - In Network - 111111112 (NP ▼)

**User Details**

Welcome PCP Provider

[My Profile](#)

[Manage Accounts](#)

**Provider**

Name PCP PROVIDER

Provider ID 111111112 (NPI)

Revalidation Date 03/01/2022

[Characteristics](#)

Welcome Health Care Professional!



We are committed to make 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.

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Claims
Gainwell Technologies
PO BOX 8034
LITTLE ROCK, AR 72203

Healthcare Portal Features

Online provider
enrollment application

Eligibility verification

Submit all claim types
(professional,
institutional, dental,
crossover, and third-
party)

Ability to edit (adjust),
void, and copy claims

View status of claims

Attachments for claims
and prior
authorizations

Prior authorization
requests and status

Real-time claims
processing

Remittance advice held
up to
seven years

Secure correspondence



Verifying Medicaid Eligibility

Tools to Determine Eligibility

- Section I (124.100) of your Provider Manual
 - [Dental-specific Benefit Plans Crosswalk](#)
- Quick Tracking Training series:
 - [Eligibility Verification Video](#)
 - [Eligibility Verification Guide](#)

AR Medicaid Dental Provider Manual

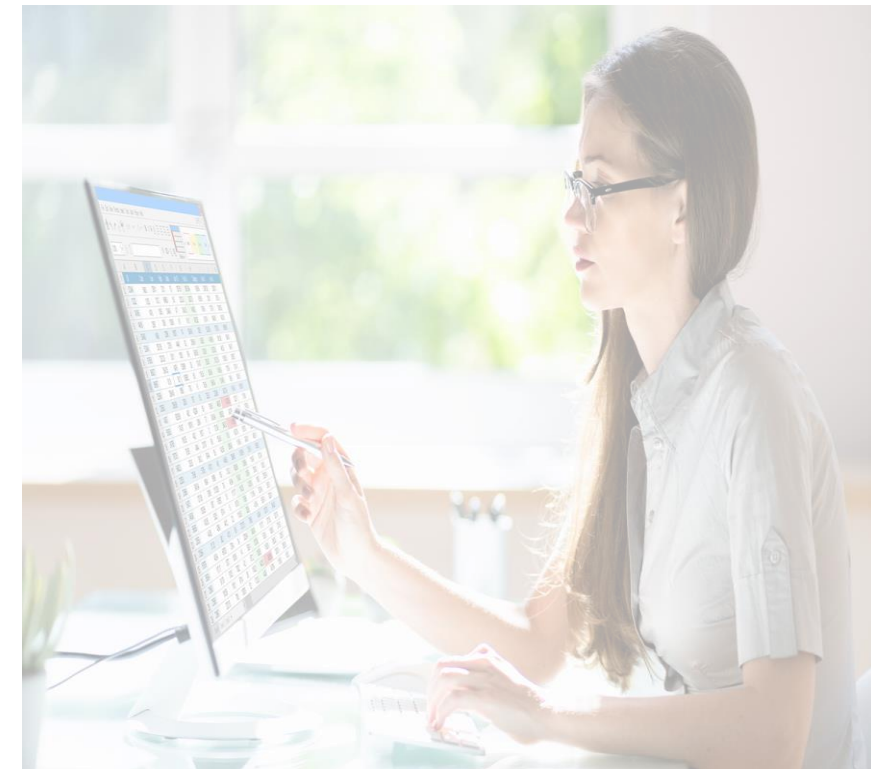
<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/dental-prov/>



Procedure Code Tables

https://humanservices.arkansas.gov/wpcontent/uploads/DENTAL_ProcCodes.xlsx

- Description of the procedure code
- Modifier required
- Prior Authorization required
- Eligible age range



Dental Fee Schedule

<https://humanservices.arkansas.gov/wp-content/uploads/DENTAL-fees.pdf>

Coming Soon!

Prior Authorization Information



Coming Soon!

Dental Training Tools and Resources

- How to Submit a Dental Claim Job Aid
- How to Submit a Dental Claim Video

QR Code to Access Training Resources

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



Additional Provider Office Tools

■ AFMC Provider Relations Website

<https://medicaid.afmc.org/dental>

- Dental Flier – Provider Office
- Dental Flier – Beneficiary Outreach
- Medicaid Handbook
- Beneficiary notification letter
- Provider Questions – email dentalproviderquestions@dhs.arkansas.gov
- Provider FAQs

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/healthcare-programs/dental/dental-providers/>

Questions?

Provider Resources:

General

DMS Provider website and FAQs: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/healthcare-programs/dental/dental-providers/>

AFMC Dental Provider Relations: <https://medicaid.afmc.org/dental>

Dental Provider Manuals: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/dental-prov/>

Benefit Plan Crosswalk for Dental Providers: [Dental-specific Benefit Plans Crosswalk](#)

Provider Enrollment

Provider Enrollment: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/provider-enrollment/>

Billing

AFMC/ Gainwell MMIS Billing Team Webpage: <https://Afmc.org/mmis>

DMS Provider Training Webpage: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/training/>

Dental Procedure Code Linking Tables: https://humanservices.arkansas.gov/wp-content/uploads/DENTAL_ProcCodes.xlsx

Dental Fee Schedules: <https://humanservices.arkansas.gov/wp-content/uploads/DENTAL-fees.pdf>

Quick Track Training series:

- [Eligibility Verification Video](#)
- [Eligibility Verification Guide](#)

Provider Questions

Email - dentalproviderquestions@dhs.arkansas.gov