

*Arkansas Department of Human Services
Division of Medical Services*

*Program Overview
State Fiscal Year 2002*



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**

*DHS - Division of Medical Services
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Medicaid Program Overview

Medicaid is a joint federal-state program of medical assistance for eligible individuals based on financial need and/or health status.

Legal Structure and History

Title XIX of the Social Security Act created grant programs popularly called “Medicaid” in 1965.

Medicaid furnishes **medical assistance** to those who have insufficient incomes and resources to meet the costs of necessary medical services.

Medicaid provides **rehabilitation and other services** to help families and individuals become or remain independent and able to care for themselves.

Section 7 of Arkansas Act 280 (1939) and Act 416(1977) authorized the State of Arkansas to establish and maintain a medical care program for the indigent and vested responsibility for regulating and administering the program in the **Department of Human Services(DHS)**.

Administration

Arkansas Medicaid was implemented on January 1, 1970.

- DHS administers the Medicaid Program through the **Division of Medical Services (DMS)**.
- Arkansas Medicaid is detailed in the **Arkansas Medicaid State Plan** and through **Provider Manuals**.
- The **Centers for Medicare and Medicaid Services (CMS)** administers the Medicaid Program for the U.S. Department of Health and Human Services. CMS authorizes federal funding levels and approves each state’s State Plan, ensuring compliance with human services federal regulations.

Eligibility

Individuals are certified as eligible for Medicaid Services by **DHS Field Staff** located in **County Offices** or by **District Social Security Offices**.

Funding

Funding is shared between the federal government and the states, with the federal government matching the state share at an authorized rate between 50 and 90 percent, depending on the program. The federal participation rate is adjusted each year to compensate for changes in the per capita income of each state relative to the nation as a whole.

- Arkansas funds approximately 27% of Arkansas Medicaid **Program-related Costs**; the federal government funds approximately 73%. State funds are drawn from directly appropriated state general revenues, license fees, drug rebates, recoveries and the Medicaid Trust Fund.
- **Administrative Costs** for Arkansas Medicaid are generally funded 50% by Arkansas and 50% by the federal government; some specialized enhancements are funded 90% by the federal government.

Services

Services may be rendered by both **private and public providers**.

Mandatory Services are required by the federal government.

Optional Services are those which the state has elected to provide. Many of these optional services enable recipients to receive care in less costly home or community based settings. Optional services are approved in advance by CMS and are funded at the same level as mandatory services.

ARKANSAS MEDICAID

Program Costs

SFY	Total (in mill)	Unduplicated Recipients	Average Cost
1996	\$1,284	365,650	\$3,512
1997	\$1,347	363,881	\$3,702
1998	\$1,458	415,605	\$3,508
1999	\$1,522	459,782	\$3,310
2000	\$1,631	498,669	\$3,271
2001	\$1,852	535,322	\$3,460
2002	\$2,293	582,379	\$3,937
2003 (proj)	\$2,406	629,900	\$3,819

Arkansas Economics (SFY02)

		Medicaid Represents
Personal Healthcare Expenditures in AR	\$10.66 billion	21.5%
State of Arkansas Expenditures	\$11.6 billion	19.8%
State General Revenue Funded Budget	\$3.24 billion	14.1%
(includes trust fund)		
Arkansas Population*		% population served by Medicaid
All Ages	2,682,818	22%
Elderly	385,317	16%
Adult (20 - 64)	1,568,006	11%
Children (19 and under)	729,495	49%

*Source: Economic Analysis and Tax Research, DFA



Average Cost per prescription in SFY02 was \$49.31



75.59% of all Nursing Home residents in SFY01 were Medicaid Eligible



Provider Communications handled approximately 140,700 telephone inquiries in SFY02.

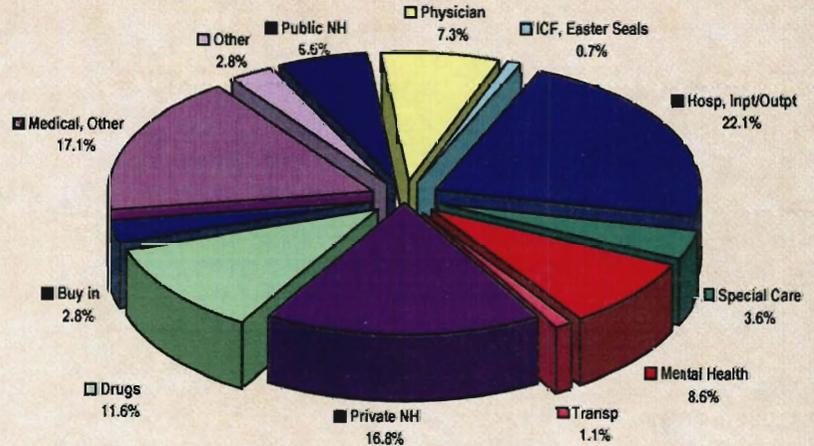
SFY02 Medicaid Operating Budget

(millions)	
General Revenue	\$373.7
Other Revenue	\$169.6
Quality Assurance Fee	\$41.6
Trust Fund	\$42.0
Federal Revenue	\$1,778.8
Total Program	\$2,405.8



The medical cost for 47.62% of all babies born to Arkansas residents is paid for by Medicaid

Total Medicaid Expenditures SFY 2002



■ Special Care includes Home Health, Private Duty Nursing, Personal Care and Hospice Services.
 ■ Transportation includes emergency and non-emergency. ■ Other includes vendor contracts, Medicare co-pay and deductibles, and other adjustments. ■ Buy-in includes Medicare premiums.

Medicaid has approx. 22,700 actively ENROLLED providers, approx. 10,300 (45.4%) are PARTICIPATING Providers

23,912,935 claims were processed in SFY02
 Average processing time was 2.3 days

INNOVATIONS

AUTOMATED ELIGIBILITY VERIFICATION & CLAIMS SUBMISSION SYSTEM (AEVCS)

Enables providers to electronically confirm each patient's eligibility & submit claims

Non-Emergency Transportation Services

Regionalized transportation services at capitated rates to reduce costs and control fraud and abuse

ConnectCare Managed Care Program

An award-winning primary care physician program that has accomplished cost containment goals while maintaining provider and recipient satisfaction

Independent Choices

Waiver program allowing recipients to make decisions regarding their personal care by offering a cash allowance and counseling service

ARKids First B

Allows uninsured children of working families to access health insurance by providing primary-care coverage in Medicaid with slightly fewer benefits and copayments for most services

DHS: Division of Medical Services

Arkansas Medicaid Services

Services Mandated by Federal Government:

- ◆ Child Health Services (EPSDT - Early and Periodic Screening, Diagnosis and Treatment)
- ◆ Family Planning
- ◆ Federally Qualified Health Centers (FQHC)
- ◆ Home Health
- ◆ Hospital, Inpatient and Outpatient
- ◆ Laboratory and X-Ray
- ◆ Medical and Surgical Dental Services
- ◆ Nursing Facility (Over Age 21)
- ◆ Nurse Midwife
- ◆ Nurse Practitioner (Family and Pediatric)
- ◆ Physician
- ◆ Rural Health Clinics

Optional Services Chosen by Arkansas:

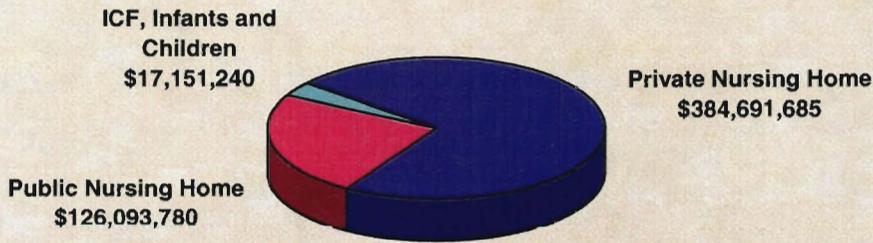
- ❖ Alternatives for Adults with Physical Disabilities Waiver
- ❖ Ambulatory Surgical Center Services
- ❖ Audiological Services (EPSDT, Under Age 21)
- ❖ Certified Registered Nurse Anesthetist (CRNA)
- ❖ Child Health Management Services (EPSDT, Under Age 21)
- ❖ Chiropractic Services
- ❖ DDS Alternative Community Services Waiver
- ❖ Dental Services (EPSDT, Under Age 21)
- ❖ Developmental Day Treatment Clinic Services (DDTCS)
- ❖ Developmental Rehabilitation Services
- ❖ Domiciliary Care Services
- ❖ Durable Medical Equipment
- ❖ ElderChoices Waiver
- ❖ End-Stage Renal Disease (ESRD) Facility Services
- ❖ Hearing Services
- ❖ Hospice Services
- ❖ Hyperalimentation Services
- ❖ Inpatient Psychiatric Services Under Age 21
- ❖ Inpatient Rehabilitative Hospital Services
- ❖ Intermediate Care Facility Services for Mentally Retarded
- ❖ Licensed Mental Health Practitioner Services (Under Age 21)
- ❖ Medical Supplies
- ❖ Medicare/Medicaid Crossover Only
- ❖ Nursing Facility Services (Under Age 21)
- ❖ Occupational, Physical, Speech Therapy Services
- ❖ Orthotic Appliances
- ❖ Personal Care Services
- ❖ Podiatrist Services
- ❖ Portable X-Ray Services
- ❖ Prescription Drugs
- ❖ Private Duty Nursing Services (for Ventilator-Dependent All Ages and High-Tech Non-Ventilator Dependent Persons (EPSDT, Under 21))
- ❖ Prosthetic Devices
- ❖ Radiation Therapy Center
- ❖ Rehabilitative Services for Persons with Mental Illness (RSPMI)
- ❖ Rehabilitative Services for Persons with Physical Disabilities (RSPD)
- ❖ Rehabilitative Services for Youth and Children (RSYC)
- ❖ Respiratory Care Services (EPSDT, Under Age 21)
- ❖ School-Based Mental Health Services (Under Age 21)
- ❖ Targeted Case Management for Pregnant Women
- ❖ Targeted Case Management for Recipients Age 21 and Over With a Developmental Disability
- ❖ Targeted Case Management for Recipients (Under Age 21 with a Developmental Disability)
- ❖ Targeted Case Management Services for Recipients (EPSDT, Under Age 21)
- ❖ Targeted Case Management Services for Recipients Age 60 and Older
- ❖ Transportation Services (Ambulance, Non-Emergency)
- ❖ Ventilator Equipment
- ❖ Visual Services

Major Benefit Limitations on Services:

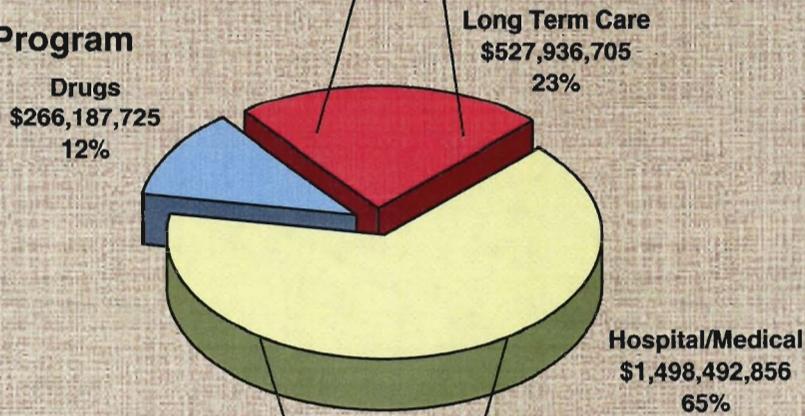
- Twelve visits to physicians, clinics and/or hospital outpatient departments allowed per state fiscal year.
 - One basic family planning visit and three (3) periodic family planning visits per state fiscal year, in addition to the twelve (12) outpatient visits.
 - Lab and x-ray services limited to total benefit payment of \$500 per state fiscal year, except for EPSDT recipients.
 - Three pharmaceutical prescriptions, including refills, allowed per month (family planning prescriptions are not counted against benefit limit; unlimited prescriptions for nursing facility recipients and EPSDT recipients under age 21). Extensions will be considered up to a maximum of six (6) prescriptions per month for recipients at risk of institutionalization.
 - Inpatient hospital days limited to 24 per state fiscal year, except for EPSDT recipients and organ transplant patients.
 - Co-Pay: Some recipients must pay 10% of first Medicaid covered day of hospital stay, \$1 - \$3 of every prescription, and \$2 on the dispensing fee for prescription services for eyeglasses.
- Any and all exceptions to benefit limits are based on medical necessity.*

Arkansas Medicaid Program Benefit Expenditures SFY02

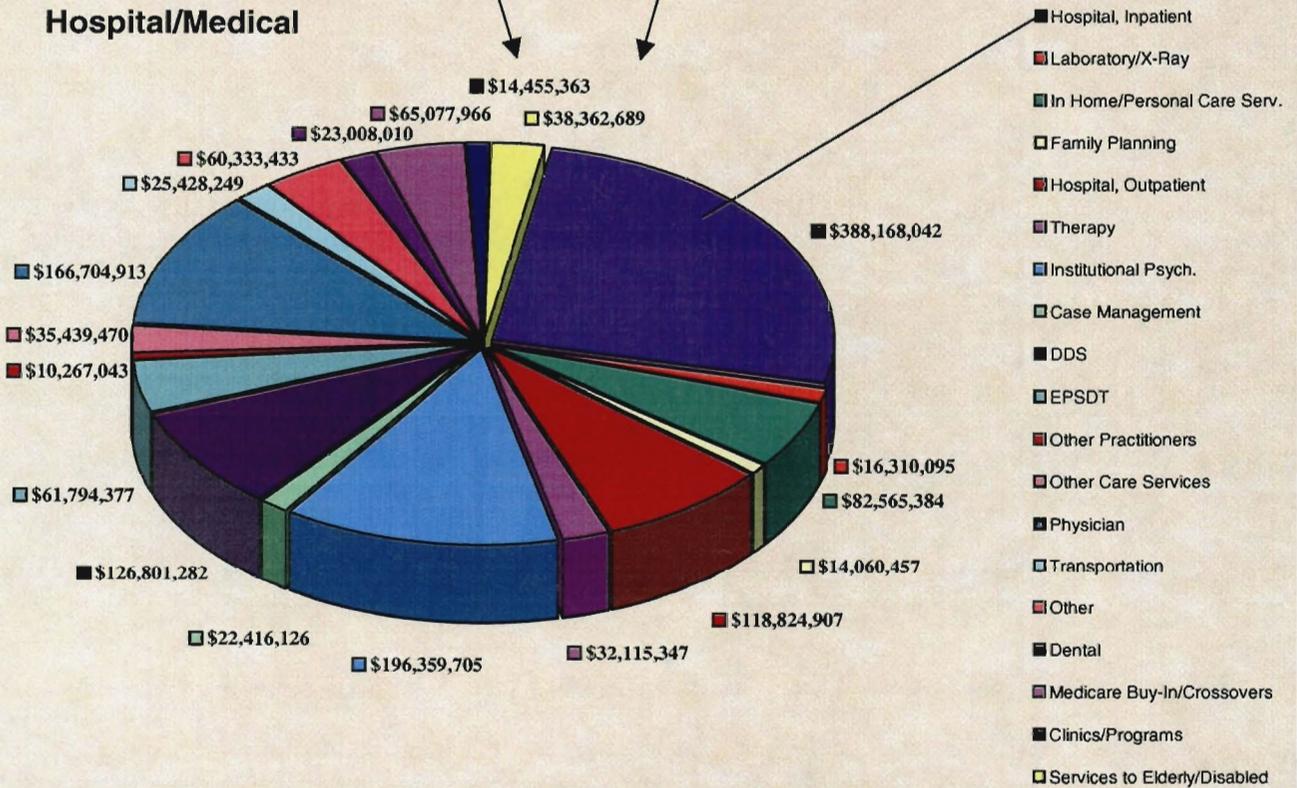
Long Term Care



Total Medicaid Program

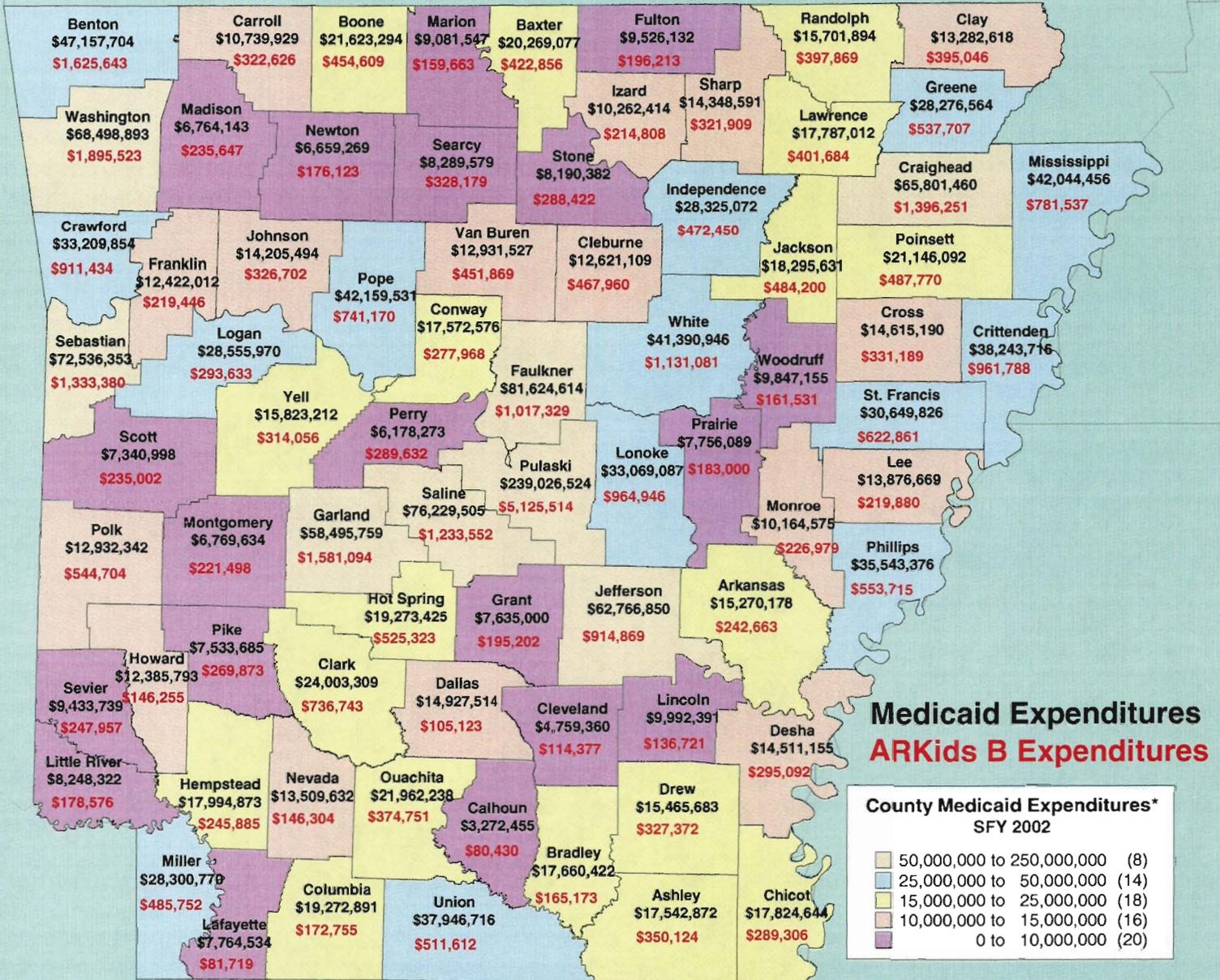


Hospital/Medical



Adjusted Paid Claims By County

SFY 2002

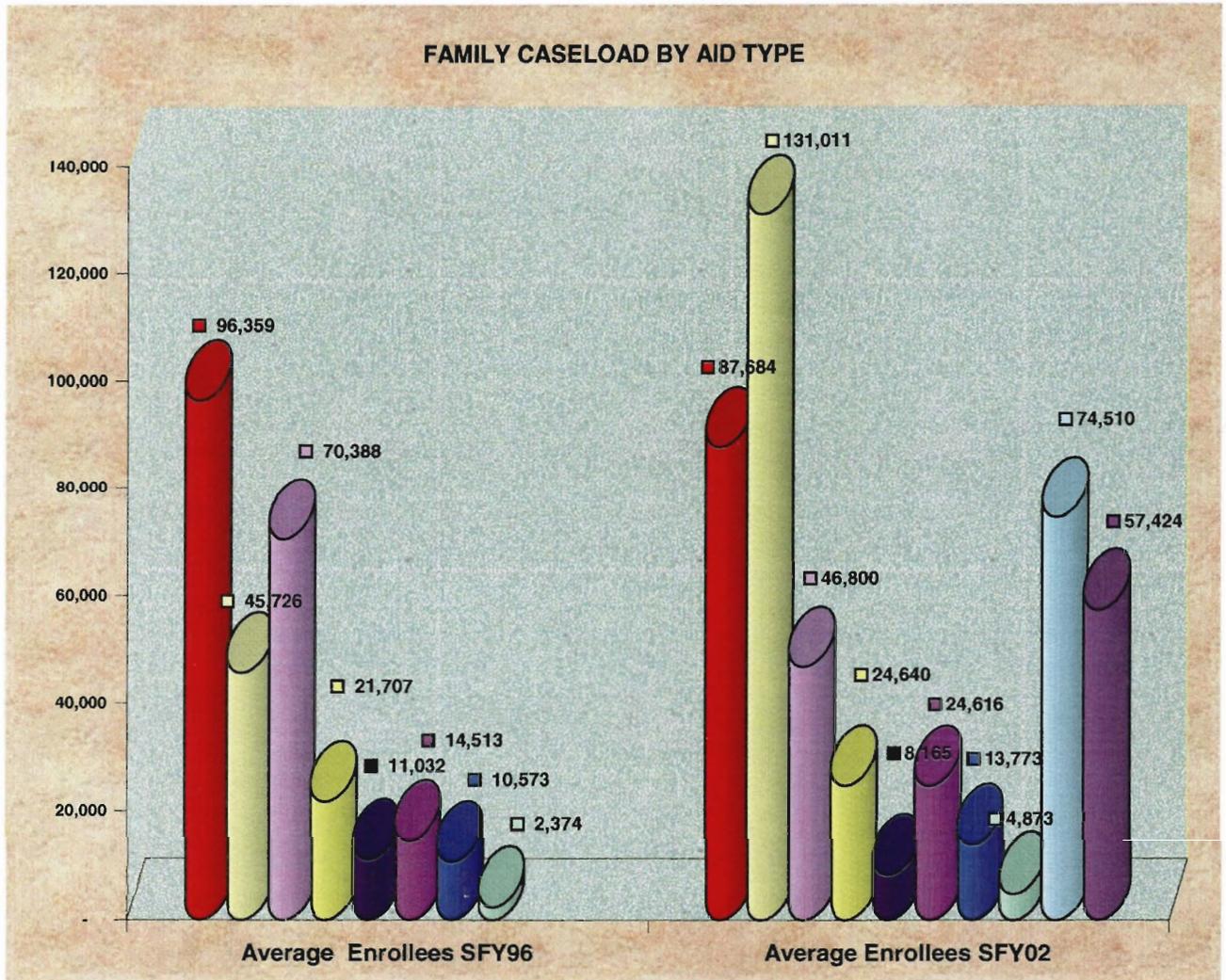


Source: DHS; Division of Medical Services
 Medicaid Decision Support System
 Medicaid totals include \$2,244,922 in CHIP payments
 *Doesn't include \$131,509 attributed to unspecified counties or non-claim related payments
 *Doesn't include cost settlements

**County Medicaid Expenditures*
SFY 2002**

50,000,000 to 250,000,000	(8)
25,000,000 to 50,000,000	(14)
15,000,000 to 25,000,000	(18)
10,000,000 to 15,000,000	(16)
0 to 10,000,000	(20)

MEDICAID ENROLLEES



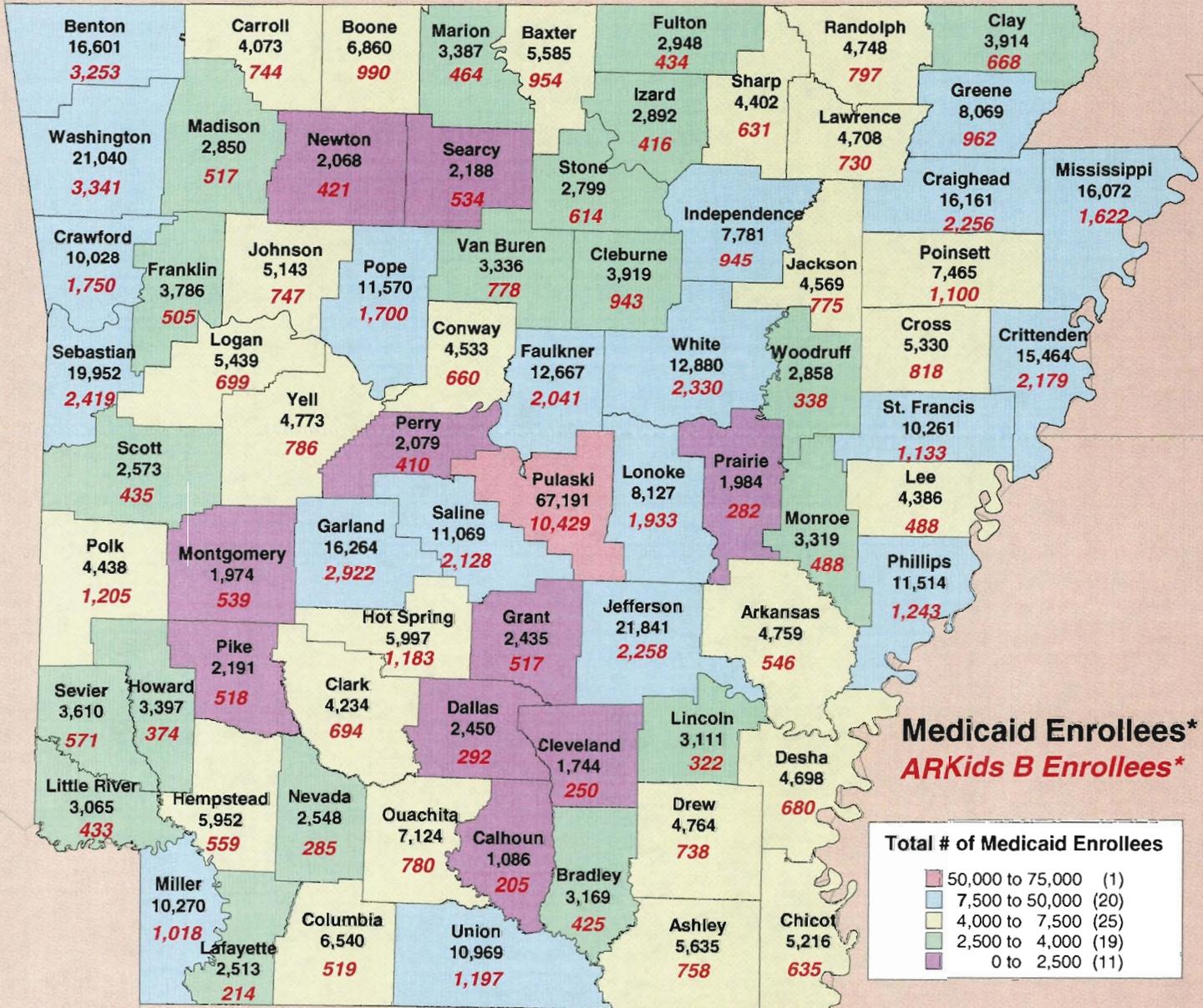
Aid Categories

- SSI Supplemental Security Income
- PW Pregnant Women, Infants and Children
- AFDC Aid to Families with Dependent Children
- AABD Aid to the Aged, Blind and Disabled
- MN Medically Needy
- QMB Qualified Medicare Beneficiary
- U-18 Under Age 18
- FC Foster Care
- FP Family Planning
- ARKids ARkids Group

There were an average of 9 enrolled refugees per month in SFY96 and 1 per month in SFY02.

Enrollees By County

SFY 2002



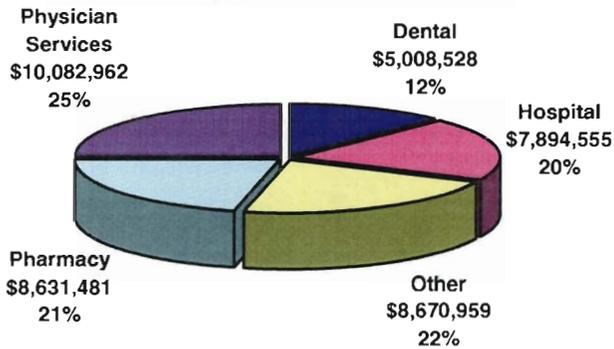
Source: DHS; Division of Medical Services
Medicaid Decision Support

**Unduplicated Count for the State Fiscal Year*

ARKids 1st B

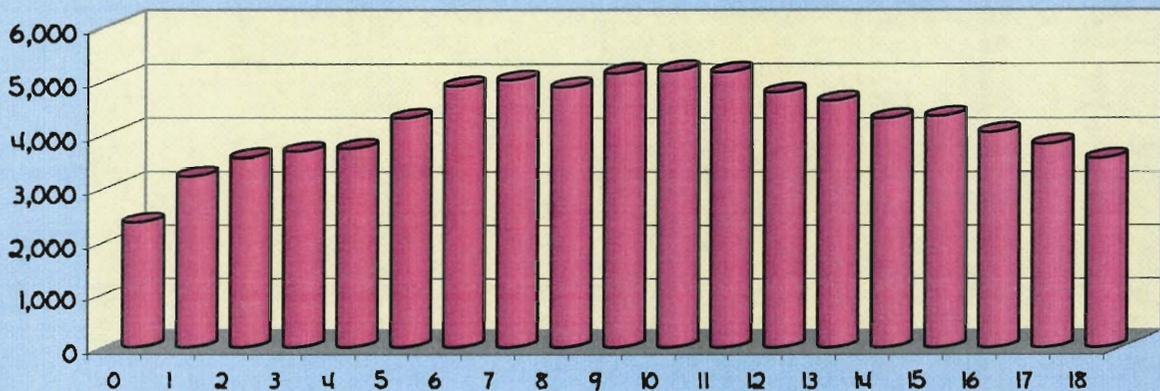
State of Arkansas SFY2002

Provider Types of Paid Claims

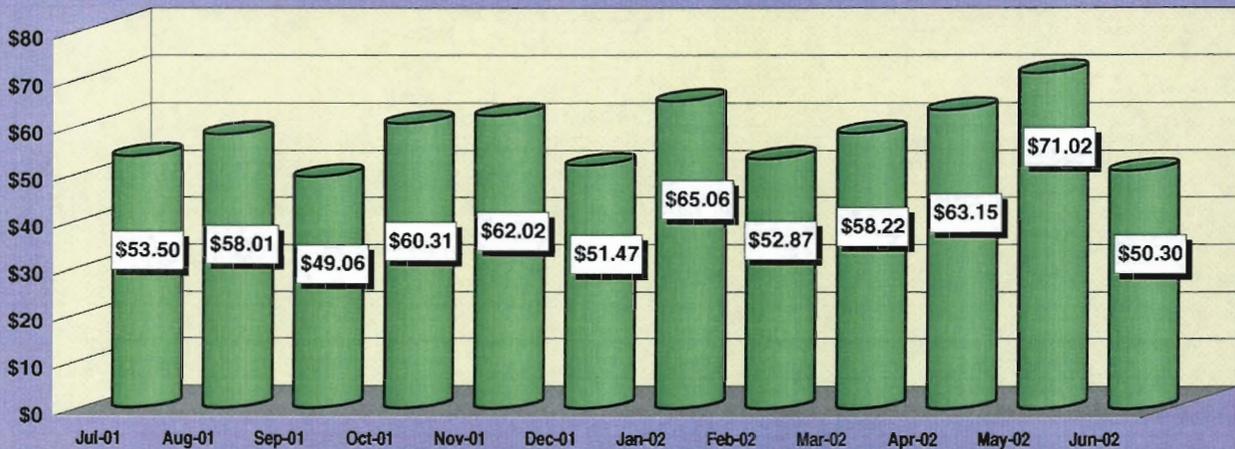


Median Age for
Arkids B Enrollees
in
Arkansas
was
8 years 11 months.

Enrollees by Age for Arkansas

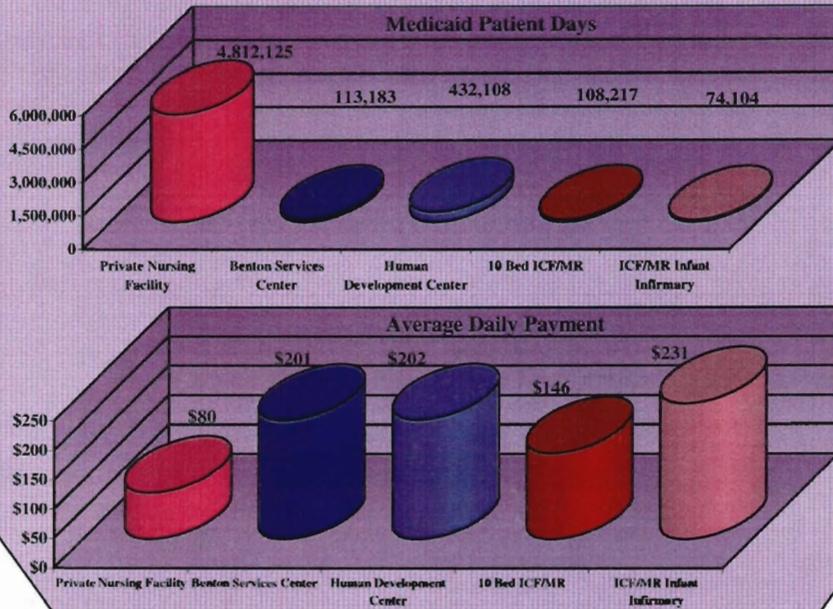


Monthly Expenditures per Enrollee for Arkansas



OFFICE OF LONG TERM CARE

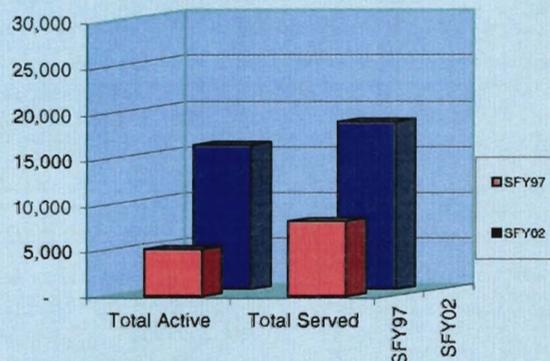
The Office of Long Term Care prior authorizes nursing facility services and inspects facilities to ensure resident care standards are met as required by Federal Medicare, State Medicaid, and State Licensure Programs. Long Term Care facilities include Nursing Facilities, Skilled Nursing Facilities, Intermediate Care Facilities for the Mentally Retarded, Residential Care Facilities, and Adult Day Care Facilities.



Source: Office of LTC

CHILDREN'S MEDICAL SERVICES

Children's Medical Services (CMS) is the Title V program for children with special health care needs (CSHCN). CMS is a community-based program and CMS staff work actively with consumers, community providers and other agencies in meeting the needs of CSHCN. Services provided by CMS include service coordination and payment for limited services for children who have no Medicaid coverage. The total number of children served in SFY02 was 18,382.



FIELD AUDIT UNIT:

The *Field Audit Unit* is responsible for performing on-site/in-house audits of Medicaid providers to ensure compliance with federal and state regulations and policy. Staff of the Field Audit Unit also monitor and conduct surveys of Transportation Brokers.

The goal of the Unit is to verify the nature and extent of services paid for by the Medicaid program, while ensuring quality medical care for recipients and protecting the integrity of both state and federal funds.

UTILIZATION REVIEW:

The Utilization Review Section identifies, monitors quality of service, investigates, and initiates recoupments of possible fraudulent and abusive billing practices by Arkansas Medicaid providers. The Utilization Review Section prior authorizes medical services such as prosthetics, hearing aid repairs, hyperalimentation and out of state transportation. The Arkansas Medicaid Primary Care Physician (PCP) Program is monitored by the Utilization Review Section. In State Fiscal Year 2002, Utilization Review processed 31,447 requests for extension of benefits from providers for recipients. A total of 18,126 extensions were granted and 13,321 requests denied based on lack of medical necessity. In State Fiscal Year 2002, the Utilization Review Section processed 33,199 requests for prior authorization of services. Of these 19,208 requests were approved and 13,991 requests were denied based on program guidelines. The Surveillance Utilization Review System (SURS) Unit and the Peer Review Organization (PRO) Unit identified \$5,207,275 in provider overpayments. The Utilization Review Section also serves as a liaison for Electronic Data Systems (EDS), Arkansas for Medical Care Inc (AFMC) and First Health to the provider/recipient communities. The Utilization Review Section does a random sample questionnaire to recipients to assure that paid benefits were received. Referrals of questionable responses are then made to the Field Audit Section. The Utilization Review Section is constantly trying new methods to eliminate waste and unnecessary services from the Medicaid Program while assuring that the quality of care is equal to that of privately insured Arkansans. UR also processed 15,677 telephone inquiries and 39,042 worksheets.

PHARMACY:

In SFY02 the Arkansas Medicaid Pharmacy Unit managed a \$266 million prescription drug program. Over 765 pharmacy providers were reimbursed for more than 5.4 million prescriptions provided to Medicaid recipients. Additionally, the Pharmacy Program oversees the collection of drug rebates from pharmaceutical manufacturers. Collections in SFY02 totaled \$53,924,107.

MEDICAL ASSISTANCE UNIT:

The Medical Assistance Section is responsible for enrolling providers in Medicaid and the ARKids First program. At the end of State Fiscal Year 2002 (SFY 2002), there were almost 18,000 enrolled providers in the above programs. More than 8,000 of these providers were physicians and physician groups. Five (5) new programs were added in SFY 2002. They were Critical Access Hospital effective 8-01-01, School Outreach effective 9-01-01, Gerontological Nurse Practitioner effective 12-01-01, Rehab Services for Youth/Children effective 1-01-02, and Developmental Rehab Services effective 2-01-02. The Medical Assistance Section also responds to the concerns and questions of providers and recipients of Medicaid and ARKids services. In SFY 2002, 80,914 telephone inquiries were handled in all Medical Assistance Units with over 40,000 of those in the Program Communications Unit. In addition, since the start of the ARKids Program in September of 1997, over 145,000 ARKids participants' telephone enrollment contacts were processed. The ARKids Program growth for Arkansas children has become a model for similar programs in other states. Other areas administered by the Medical Assistance Section are the Early Periodic, Screening, Diagnosis and Treatment (EPSDT) program and the Dental and Visual programs.

	<u>SFY 2002</u>	<u>SFY 2001</u>	<u>SFY 2000</u>
Telephone Inquiries	80,914*	53,412	53,753
Written Correspondence	3,021	3,532	2,933
Recipient Denial Letters	129	154	320
Fair Hearings	315	275	

*In SFY 2002, all telephone contacts to Medical Assistance Units were logged and counted.

PROGRAM PLANNING AND DEVELOPMENT :

Program Planning and Development (PPD) develops and maintains the Medicaid State Plan and Child Health Insurance Program State Plan. This section writes separate provider policy manuals for each of the forty-one (41) different Medicaid Programs, such as: Physician, Pharmacy, Hospital, Dental, Prosthetics, Podiatrist, Hearing, Visual Care, Chiropractic, and EPSDT (Early Periodic Screening, Diagnosis, and Treatment). Provider manuals contain such information as covered services, benefit limits, benefit extension procedures, prior approval requirements, and billing procedures. PPD also develops new waiver programs and the resulting provider manuals for initiatives such as ARKids First.

THIRD PARTY LIABILITY:

Third Party Liability identifies Medicaid recipients who have other medical insurance or payment sources that must pay first. These sources include health and liability insurance, court settlements, and absent parents. Federal and state statutes require Medicaid agencies to pursue Third Party Liability to reduce Medical Assistance payments. Collections for State Fiscal Year 2002 were \$7,029,784.55. The amount cost avoided for State Fiscal Year 2002 was \$13,183,006.34. Grand total savings for SFY02 were \$20,212,790.89.

SYSTEMS & SUPPORT:

Systems & Support is the liaison for DMS and the contracted fiscal agent that operates the Medicaid Management Information System (MMIS) which processes all Medicaid claims.

- * S & S develops all Request for Proposals and Advance Planning Documents related to the MMIS
- * Develops the contract for the fiscal agent to operate the MMIS and monitors the contractor's performance
- * Maintains system documentation from the contractor
- * Develops, tracks, and documents customer service requests for modifications to the MMIS
- * Performs quality assurance reviews on all edits and audits affecting claims processed by the MMIS
- * Conducts Claims Processing Assessment System reviews
- * Provides network and hardware/software support and maintenance to DMS employees

REIMBURSEMENT:

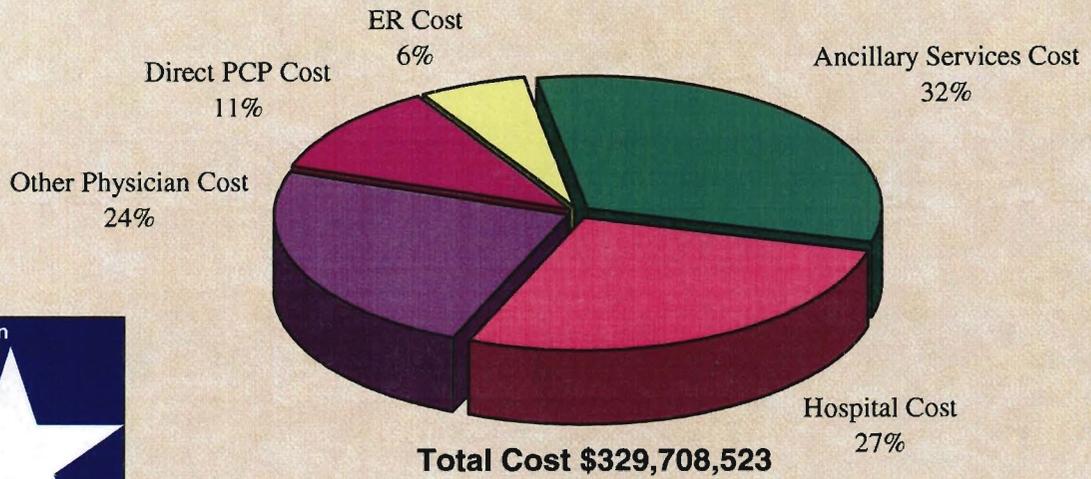
Provider Reimbursement develops reimbursement methodologies, identifies budget impacts for changes in reimbursement methodologies, develops reimbursement rates, coordinates payments with the Medicaid Fiscal Agent and provides reimbursement technical assistance for the following Medicaid providers:

Institutional – Hospital, Residential Treatment Unit (RTU), Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), Residential Treatment Center (RTC), Other. The Institutional Section is also responsible for processing all necessary cost settlements for these providers.

Non-Institutional – Physician, Dental, Durable Medical Equipment, ARKids, Nurse Practitioner, Nurse Midwife, CHMS, DDTCS, Other. The Non-Institutional Section is also responsible for the maintenance of reimbursement rates and assigning all billing codes for both institutional and non-institutional per diems, services, supplies, equipment purchases and equipment rental.

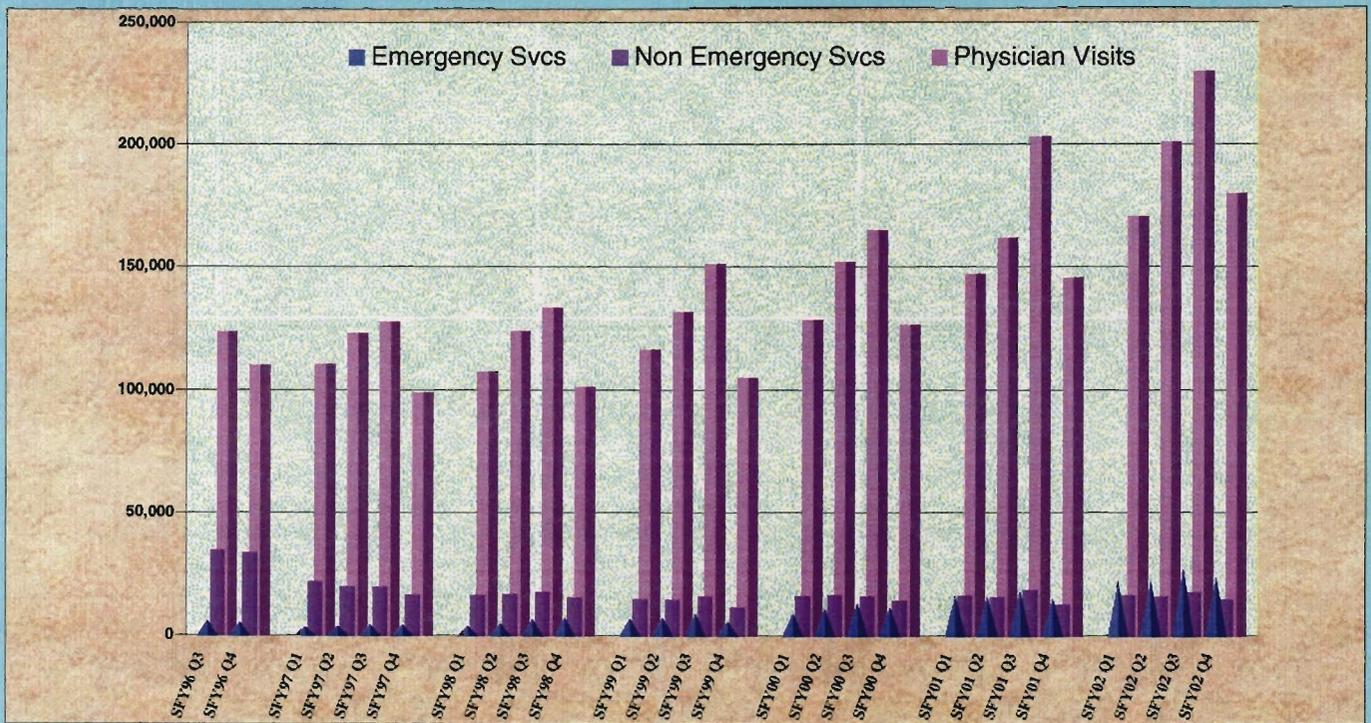
Long Term Care – This Section reviews Nursing Facility and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) submitted annual and semi-annual cost reports. The cost reports are reviewed for compliance with applicable state and federal requirements and regulations, including both desk reviews and on-site reviews. The Long Term Care Section maintains a database of the cost report information, which is used to evaluate cost and develop reimbursement methodologies and rates. The Long Term Care Section is also responsible for processing all necessary cost settlements for these providers.

PRIMARY CARE PHYSICIAN (PCP) PROGRAM EXPENDITURES SFY02
PCP PROGRAM ENTITLED ConnectCare



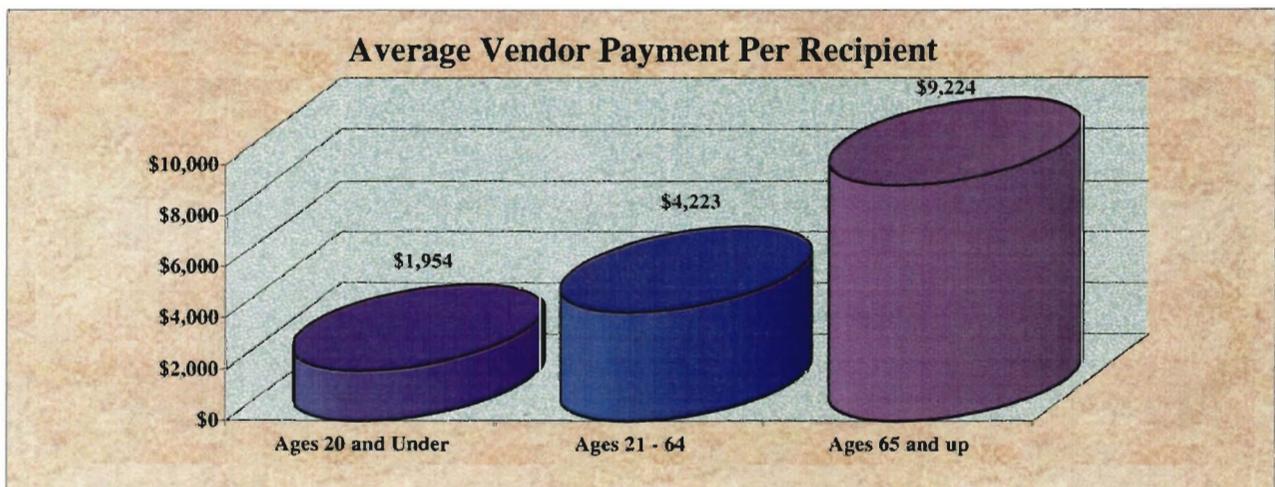
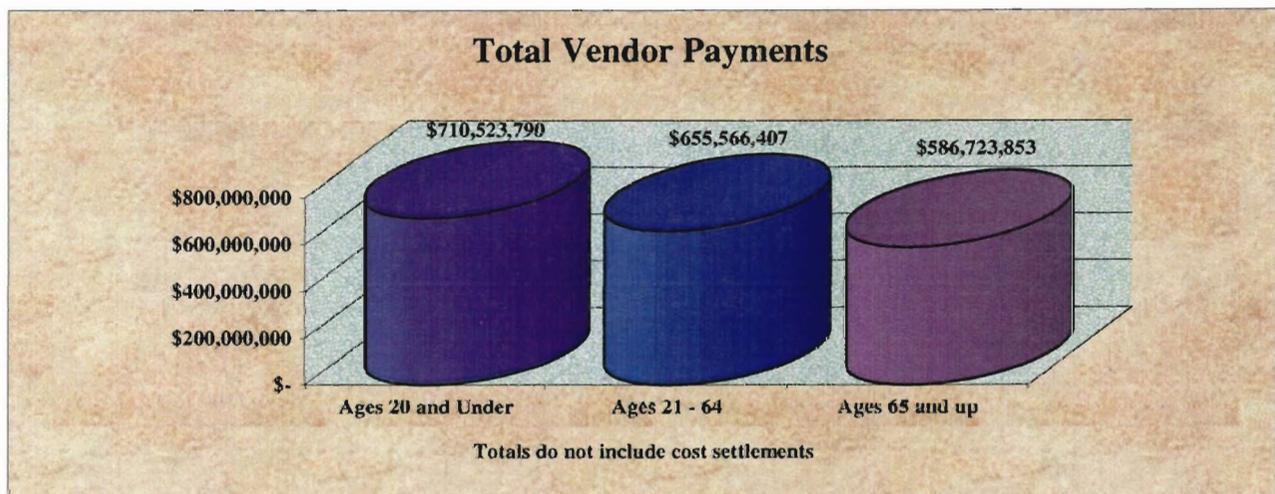
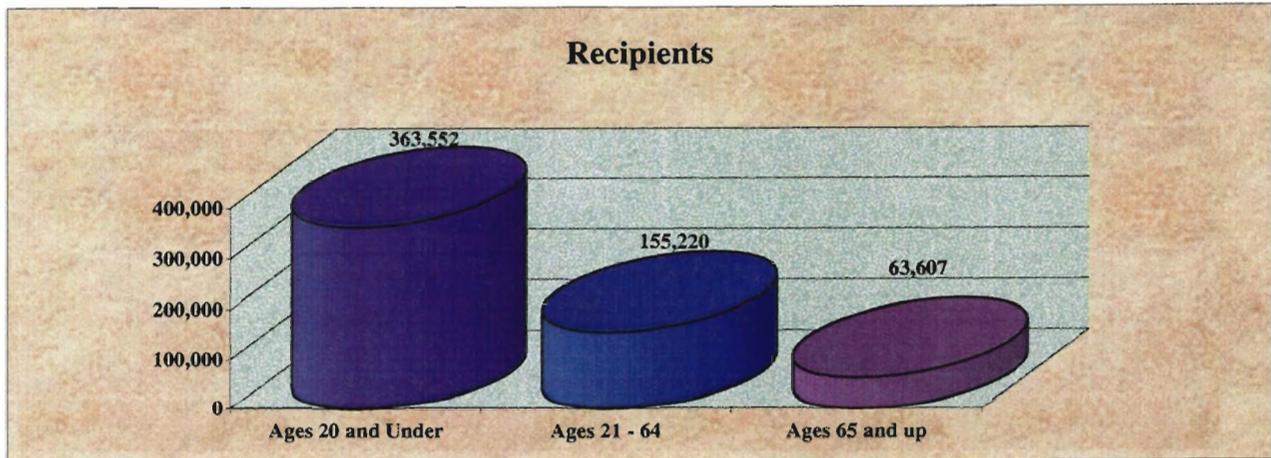
Arkansas Medicaid's *ConnectCare* program enables every eligible recipient to have his or her own primary care physician. The primary care physician is an advocate for the patient, coordinating care, making referrals when necessary, and minimizing the need to go to a hospital emergency department for treatment. Added benefits of *ConnectCare* are consolidation of medical records, wellness education and 24 hour access to care.

ARKANSAS MEDICAID TREATMENT TRENDS

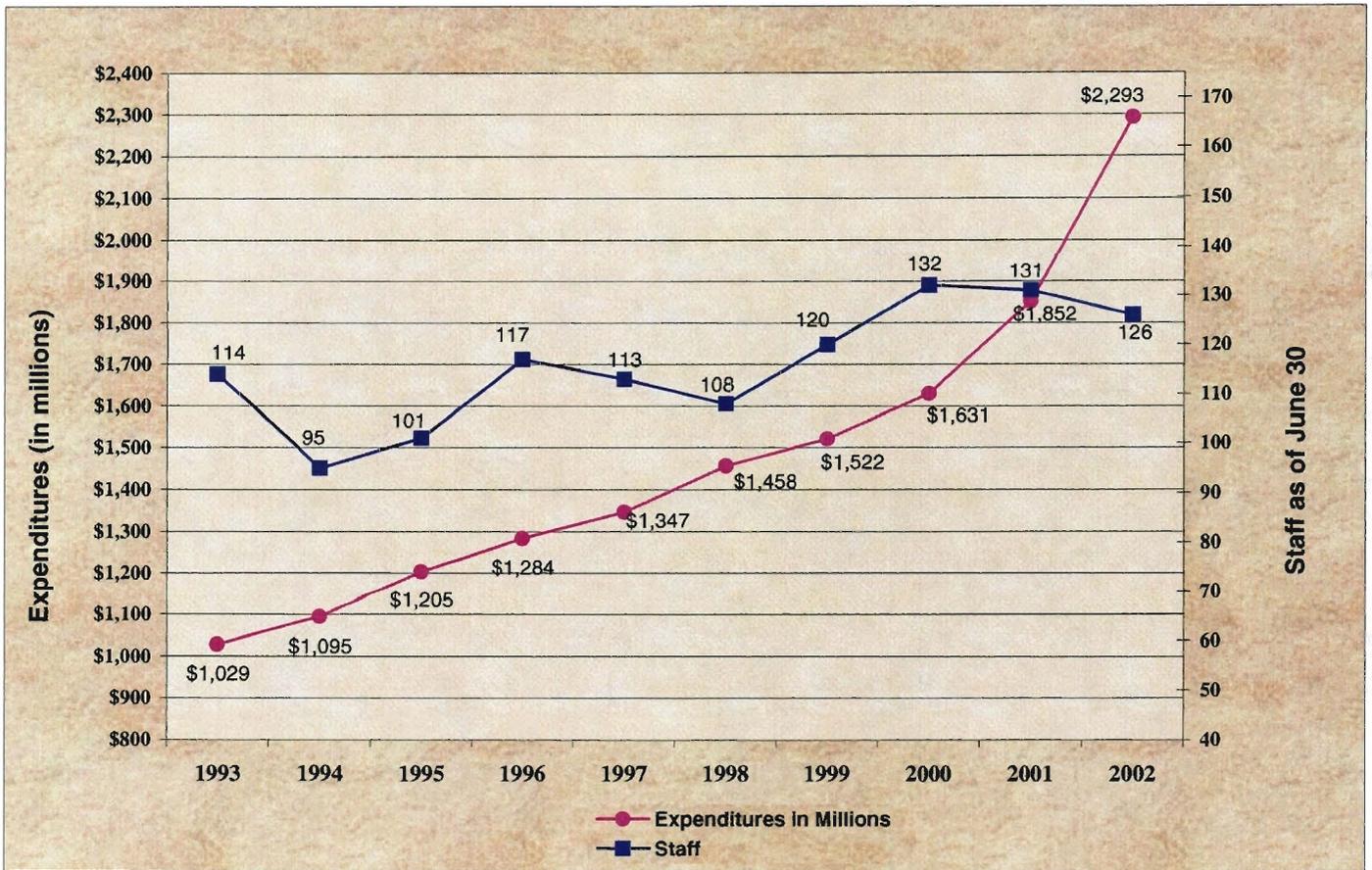


An analysis by the Arkansas Foundation for Medical Care illustrated a cost/benefit of the *ConnectCare* Program as the **nominal increase** in "less costly" physician office visits, while a **marked decrease** of approximately 60% in more expensive non-emergency visits to Hospital Emergency Rooms.

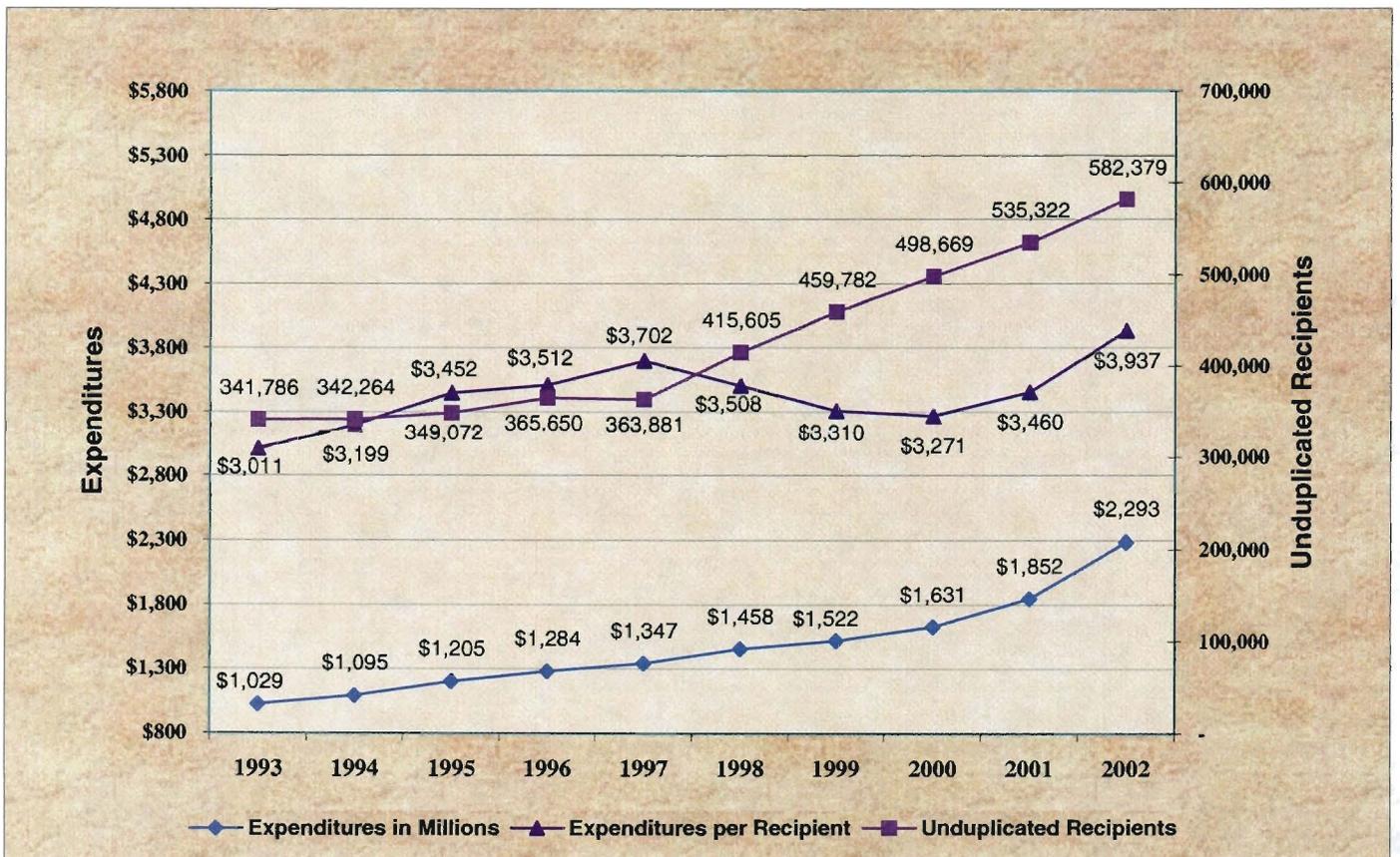
Unduplicated Recipient Counts and Vendor Payments by Age SFY02



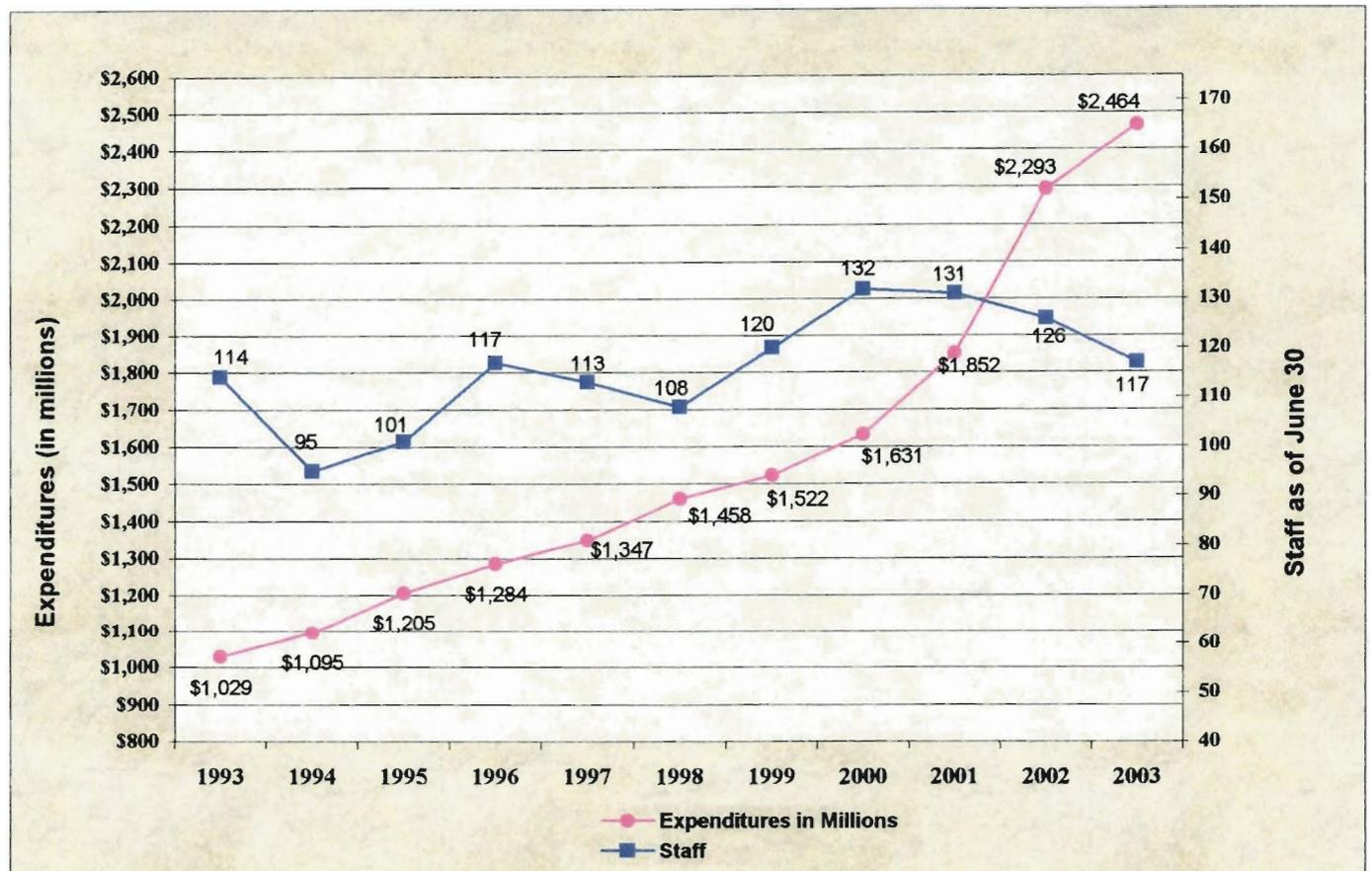
MEDICAID STAFFING COMPARED TO EXPENDITURES



MEDICAID UNDUPLICATED RECIPIENTS COMPARED TO EXPENDITURES



MEDICAID STAFFING COMPARED TO EXPENDITURES



MEDICAID UNDUPLICATED RECIPIENTS COMPARED TO EXPENDITURES

