

Dear Medicaid Provider:

This is a follow-up message to a communication sent on November 28, 2023 reminding provider agencies that Personal Care hours must be exhausted before Attendant Care hours can be billed. Please be aware of information related to Electronic Visit Verification (EVV) and instructions to assist you in billing your Personal Care and Attendant Care claims.

Change to MMIS edits to match existing policy resulting in claim denials

A change was made in MMIS that now matches the federal Centers for Medicare and Medicaid mandated policy to exhaust State Medicaid Plan Services before utilizing HCBS waiver services. This policy has been in place prior to the EVV implementation. Nothing has changed regarding this topic because of EVV.

Effective November 1, 2023, an edit was implemented in MMIS that will deny Attendant Care claims if Personal Care service units are not exhausted first and will set error code 5048 - Att Cr NP Until 2565 Units Pers Cr Pd in Cal Month and EOB code 1230 – Attendant Care services cannot be billed until 256 units of Personal Care have been paid in the same calendar month. Personal Care and Attendant Care services can be provided on the same day. (i.e. Personal Care services are provided in the morning and the units have exhausted. Then Attendant Care can begin right after that). However, when it comes time to submit claims to MMIS, Personal Care and Attendant Care claims cannot be submitted to MMIS on the same day since Personal Care claims need to exhaust first in the system.

Instructions for billing Personal Care claims before Attendant Care:

Providers can still do a bulk confirm billing by procedure code. It is recommended that scheduled bulk confirm billing not be used as it may result in claims submitted to MMIS out of order and result in denied claims for Attendant Care.

Please follow the steps below to assist you with approving specific visits by procedure codes. This process will take place over 2 separate days.

- Day 1: Confirm for billing and submit Personal Care claims
- Day 2: Confirm for billing and submit Attendant Care claims



**AuthentiCare
Arkansas**

Step-by-Step Guide: Bulk Billing for Specific Service Codes

This guide outlines how to confirm specific services for billing in AuthentiCare in bulk.

- 1 - Login to AuthentiCare.
- 2 - In the *Claims* section, select **Confirm Billing - View**.
- 3 - Enter a **Claim Start** and **Claim End** date. This cannot exceed one month.
- 4 - In the *Service* field, enter the service that needs to be billed.
- 5 - Click **Go!**.

The screenshot shows the 'Claims' section of the AuthentiCare system. The page title is 'Claims' and the breadcrumb is 'Add New > Claims (Standard)'. There are two radio buttons: 'Claim' (unselected) and 'Confirm Billing - View' (selected). Below this is a 'Search Type' section with three radio buttons: 'Confirm Billing - View' (selected), 'Confirm Billing - Bulk', and 'Claim'. A text input field for '*Claim ID:' is present with 'Go!' and 'Clear' buttons. Below that are two date pickers: '*Claim Start:' (10/01/2023) and '*Claim End:' (10/31/2023). A 'Service:' dropdown menu is set to 'ARKTJ019U3'. Below these are several empty text input fields for 'Authorization ID:', 'Client:', 'Provider:', 'Worker:', 'Representative:', 'Payer:', and 'Procedure Code:'. A 'User Option:' dropdown menu is also present. At the bottom, there is a '* Sort By:' dropdown menu set to 'Member's Last Name' and an 'Include Inactive Claims?' checkbox. 'Go!' and 'Clear' buttons are at the bottom right.

6 - Check all the claims that need to be confirmed for billing by checking the checkbox to the left of the claim.

7 - Click **Confirm Billing** at the bottom of the screen once the appropriate claims are selected to submit for payment.

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Confirm Billing
December 14, 2023

Check All/Uncheck All

Approve Billing for Claims (42275)

Client: POTTS, BILL (9999900022) Provider: FISERV TEST AGENCY (10000201) Worker: LAFINA, ANFA (143422)

Claim ID: 42275 Service: PC 21 AND OVER (ARKT1015U3)

Authorization	Start	End	Rates	Units	Amount
223041000201	Oct 25, 2023 07:22:00 AM	Oct 25, 2023 06:22:00 AM	Normal \$5.1200	Actual 4 Authorized 4	Actual Normal \$20.48 Authorized Normal \$20.48

Exceptions

- Critical
 - Billing has not been confirmed for this claim.
- Informational
 - This claim does not have a matching event.
 - This claim is missing activity code(s).
 - This claim does not have an attestation.

Total Claims: 1 Total Actual Amount: \$20.48 Total Authorized Amount: \$20.48 Total Units: 4

Number of Claims to be Confirmed: 0

Confirm Billing Cancel

Reminder: Claims with Critical Exceptions will not be processed until the exception has been cleared.

Once you have submitted your claims for Personal Care you can go back in and repeat these steps for Attendant Care claims and any other procedure codes.

NOTE: This is a recommended process to assist providers in getting claims submitted. It is up to each provider to establish their own business process.

If you have questions or need further clarification on the policy, please contact the Division of Aging, Adult, and Behavioral Health Services (DAABHS) at ARCPAQuestions@dhs.arkansas.gov, as this is the oversight agency for this program. Additional information can be found at the link below.

<https://humanservices.arkansas.gov/divisions-shared-services/aging-adult-behavioral-health-services/contact-daabhs/>

If you have questions or need further clarification on the how to bill for services in AuthentCare, please contact the EVV inbox at evvarkansas@dhs.arkansas.gov