Dear Medicaid Provider:

Please be aware of information related to two topics regarding Electronic Visit Verification (EVV).

1. **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 MMIS edit was made October 31, 2023, and has resulted in a high number of claim errors and denials for Error Code 5048 - Att Cr NP Until 2565 Units Pers Cr Pd in Cal Month.

As a reminder, provider agencies must use Personal Care hours before Attendant Care hours can be billed.

Please refer to the §1915(c) Home and Community-Based Services Waiver approved by CMS on March 10, 2022, and currently undergoing promulgation pursuant to Arkansas Code Annotated § 25-10-129, which can be found at the link below. The policy is stated specifically on page 71, C-1/C-3: Service Specification for Attendant Care Services, Section 2a. For your convenience you can access the waiver at the link below.

https://humanservices.arkansas.gov/divisions-shared-services/developmental-disabilities-services/ces-waiver/

This policy has been in place prior to the EVV implementation. Nothing has changed regarding this topic because of EVV.

If you have questions, concerns, or need further clarification, please contact the Division of Aging, Adult, and Behavioral Health Services (DAABH), as this is the oversight agency for this program. Contact information can be found at the link below.

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

2. **Denied Claims Due to Incorrect Provider Medicaid ID**

As communicated in a previous announcement on October 11, 2023, we continue to see a high number of billing errors for 4990 and 4149.

| Error Code | Error Code Description |
|---|---|
| 4990 | BENEFIT PLAN RSTCN ON PROC BILLING RULE |
| 4149 | BILLING PT/PS RSTCN ON PROC BILLING RULE |

Providers using a third-party vendor system will now see claims denied if they are submitted with the incorrect Provider Medicaid ID. The Provider Medicaid ID that is submitted on the claim must be the appropriate Provider Medicaid ID for the service provided. The last two digits of your Provider Medicaid ID identifies the provider type:

| Provider Type | Procedure Code |
|---|---|
| 32 - Personal Care Services | T1019U3 21 and Over<br>T1019 Under 21 |
| 57 - Respite | S5150 |
| 97 – Agency Attendant Care | S5125U2 |

Please work with your third-party vendor to ensure you are billing the correct Provider Medicaid ID that matches the service code billed.

Thank you.