



Long Term Care

Karen Young

Training and Program Developer, MMIS, AFMC



Housekeeping Rules for Attendees



All attendee microphones will remain muted throughout the webinar.



Please make sure you type your questions in the **Q&A** box.



Questions will be answered during the presentation.



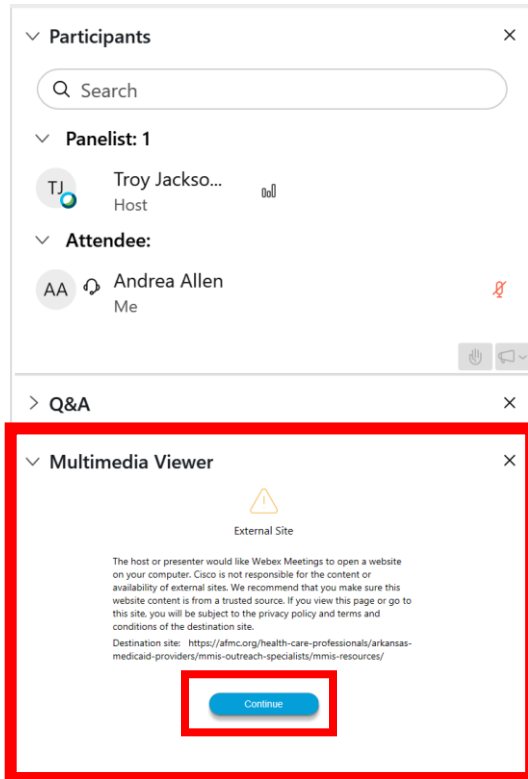
To customize your presentation view, click the **Layout** button in the top right corner.



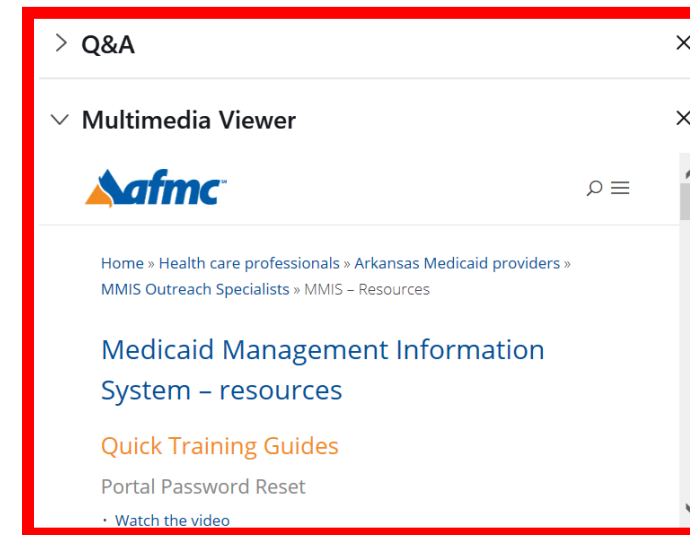
If you do not have the presentations, you can email mmisteam@afmc.org to request a link to access a copy.

How to Access Training Materials During the Presentation

Open the Multimedia Viewer Panel and click “Continue.”



You should see the AFMC MMIS webpage which will allow you to download the presentation and any additional training resources.



QR Code to Access Training Resources

Use your IOS, Android or any device to access Long Term Care Tools and Resources for your convenience.



MMIS Outreach Team




**AFMC/MMIS
OUTREACH SPECIALISTS**

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

- **AFMC/MMIS Manager**
Becky Andrews 501-212-8738
- **Supervisor/Outreach Specialist**
■ Andrea Allen
Pulaski County 501-906-7566
pulaskibilling@afmc.org
- **Outreach Specialists**
■ Christy Owens
NW—Northwest 501-906-7566
northwestbilling@afmc.org
■ Rose Bruton
NE—Northeast 501-906-7566
northeastbilling@afmc.org
■ Mary Riley
EC—East Central 501-906-7566
eastcentralbilling@afmc.org
■ Kristie Williams
SE—Southeast 501-906-7566
southeastbilling@afmc.org
■ Angle Riggan
SW—Southwest 501-906-7566
southwestbilling@afmc.org
■ Renee Smith
WC—West Central 501-906-7566
westcentralbilling@afmc.org



Introduction to MMIS Team

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

MMIS Outreach Specialists Information Sheet







MMIS OUTREACH SPECIALISTS

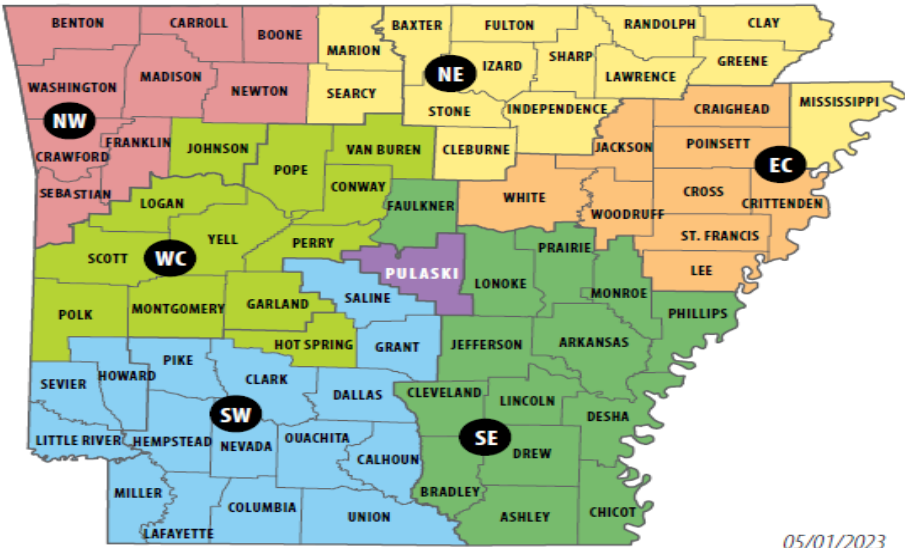
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bandrews@afmc.org

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

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-  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
-  Angle 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
Cynthia Bogard 469-830-6768

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

afmc.org/mmis

https://medicaid.afmc.org/

The screenshot shows the website afmc.org/mmis. The browser address bar displays 'medicaid.afmc.org/mmis-resources'. The website header includes the AFMC logo (Arkansas Medicaid Providers) and a navigation menu with links: HOME, SERVICES, PROGRAMS, QUALITY IMPROVEMENT, DPSQA, and PROVIDER RELATIONS. Below the header is a large banner image of a healthcare professional interacting with a family, with the word 'Services' overlaid in blue. On the left side, there is a vertical menu with the following items: MMIS Home, MMIS Resources (highlighted in blue), Medicaid FAQs, and MMIS Training. The main content area is titled 'Medicaid Management Information System – Resources' and contains a sub-header '>> MMIS Resources'. Below this, there are three buttons: 'Job Aids', 'Training Materials' (indicated by a large blue arrow pointing down to it), and 'Other Resources'.



Agenda

Eligibility

Billing Errors

Additional
Claim
Resources

Long Term
Care Census

Long Term
Care Codes

Helpful Links
and Resources

Glossary



Eligibility



Eligibility Requirements

Before billing claims, providers should check eligibility.

Medicaid providers can verify a beneficiary's Medicaid eligibility for a specific date or range of dates, including retroactive eligibility for the past year.

Providers may obtain other useful information, such as the status of benefits used during the current fiscal year, other insurance, or Medicare coverage, etc.

Providers **must** print and retain eligibility documentation in the beneficiary's record **each time services are provided** or to document retroactive eligibility.

For more information, please access the All-Provider Manual Section 123.000 - Medicaid Eligibility Information.



Eligibility Verification Video



How to Read Eligibility Verification-Benefit Details

Primary Care Provider

PCP Name

PCP NOT REQUIRED

Effective Dates

09/19/2022-09/19/2022

Phone

Expand All

 |

Collapse All

Benefit Details

Coverage	Description	County	Effective Date	End Date
19-MCAID	Full Medicaid	721 WASHINGTON	09/01/2022	09/30/2022
40-MLTA	Long Term Care Aged	721 WASHINGTON	09/07/2022	09/18/2022
40-MLTA	Long Term Care Aged	721 WASHINGTON	09/19/2022	09/30/2022
58-QI-1	Qualified Individual 1-Disabled	721 WASHINGTON	09/01/2022	09/06/2022



How to Read Eligibility Verification-Level of Care

Living Arrangement Details		
Level of Care	Effective Date	End Date
Intermediate Level 3	09/01/2022	09/30/2022
Patient Liability/Client Obligation: \$1,352.00		

How to Read Eligibility-LOC

The level of care can be found on the beneficiary eligibility strip under the “Living Arrangement Details” panel.

Skilled Nursing
Intermediate I
Intermediate II
Intermediate III

Once reviewed, complete the following prior to billing:

- Make sure the Level of Care is active for the date(s) of service being billed.
- The Long-Term Care date cannot have an end date prior to services being rendered.
- Level of Care determination does not mean that a beneficiary is eligible for Nursing Home Medicaid coverage. This is only a piece of the overall eligibility criteria.

BILLING ERRORS



Duplicate Denials

EOB Denial 0469-DUPLICATE OF CLAM NOT YET PAID

EOB Denial 0470-DUPLICATE OF PAID CLAIM

Possible reasons why you might receive this denial:

- Nursing Home claim hitting against another facility's claim.
- Overlapping dates of service.
- Paid claim with the exact dates of service.

Verify the following:

- Check claim status.
- Verify that you have not already been paid for any of the dates of service on the claim.
- Check Census for the beneficiary to verify if they were in the nursing home for all the dates of service billed.



Qualified Healthcare Plan (QHP)

EOB Denial 0098 - SERVICE NOT PROVIDED UNDER THE MEDICAID PROGRAM

Possible reasons why you might receive this denial:

- Beneficiary has the [ARHome](#) program.
- Beneficiary has the Healthcare Independence Program (HCIP) benefit plan.

Verify the following:

- Verify the QHP assigned to the beneficiary under the **Managed Care panel** of the Medicaid eligibility strip.
- For beneficiaries with HCIP, the claims should be billed to their assigned QHP.



Incorrect Revenue Codes Denial

EOB Denial-0147-PROCEDURE/REVENUE CODE MISSING OR INVALID

EOB Denial-1049-REVENUE CODE INVALID FOR LTC

Possible reason why you might receive this denial:

- Revenue code billed is invalid.

Verify the following:

- Appropriate revenue code was billed.
- If code is correct, check to see if there are invalid digits or spaces.



Level of Care Denial

EOB Denial-0272-AUTHORIZED LEVEL OF CARE NOT ON FILE FOR DATE OF SERVICE BILLED

Possible reasons why you might receive this denial:

- Review date is ended prior to services.
- Level of Care not on file.
- Revenue code doesn't match LOC on file.
- Nursing facility on file doesn't match Nursing Home facility on claim.

Verify the following:

- Contact your DHS County Office (DCO) concerning your review date.
- Review your Level of Care on Eligibility against the claim billed.



Leave of Absence (LOA)

EOB Denial 0442 – THE CENSUS RECORD FOR THE MONTH JUST BEFORE THE FDOS HAS NOT BEEN RECEIVED

EOB Denial 0010 – LEAVE OF ABSENCE DAYS NOT COVERED

Possible reasons why you might receive this denial:

- LOA revenue code is billed, but the census for previous month wasn't recorded.

Verify the following:

- Confirm a census has been submitted for the previous month.
- Bill the LOA revenue code that corresponds with the occupancy rate.
- Verify the number of LOA days billed on the claim.
- Once all information is verified, resubmit the claim.



Additional Claim Resources



How to Correct Claim Denials

Adjudication Errors						
Claim / Service #	HIPAA Adj	Description	HIPAA Adj Remark	Description	EOB	Description
Service # 1	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	0280	MEMBER HAS OTHER MEDICAL COVERAGE-BILL OTHER INSURANCE FIRST

- [How to Correct Claim Denials Video](#)

- [How to Correct Claim Denials Guide](#)

Long Term Care Census

Provider LTC Census

The * (in red) indicates required fields when the SEARCH button is selected.

Enter Reporting Year and Month and click Search button to view previously submitted census. The results will be displayed below.
You can then update the returned census counts and click Submit. To add a new census report, enter the desired Reporting Year and Month, then fill out the census report

*Reporting Year and Month (CCYYMM)

Search

Any information entered will be submitted based on the Reporting Year and Month when the Submit button is clicked. If Reporting Year and Month census does not exist, new census will be created. If a census exists for the Reporting Year and Month entered, that census will be updated for any changes entered.

*Reporting Year and Month (CCYYMM)

Reporting Period for: _ Licensed Beds: _ Percent Occupancy: _

Skilled ICF I ICF II ICF III ICF/IID Non Classified Hospice

Medicaid Patients:

Medicaid Pending Applications:

Non Medicaid Patients:

Non Medicaid Admissions:

Non Medicaid Deaths:

Non Medicaid Transfers:

Non Medicaid Discharges:

Submit Reset

- [How to Submit a LTC Census Video](#)
- [How to Submit a LTC Census Guide](#)

Long Term Care Codes



Type of Bill (First and Second Digits)

21	Skilled Nursing Facility (SNF) Inpatient
22	Skilled Nursing Facility (SNF) Inpatient, Part B
23	Skilled Nursing Facility (SNF) Outpatient
65	Intermediate Care Facility (ICF) Intermediate Care-I
66	Intermediate Care Facility (ICF) Intermediate Care-II
81	Special Facility Non-Hospital/Hospice
82	Special Facility Hospital Hospice

Type of Bill (Third Digit)

1	Admit Through Discharge Claim
2	Interim – First Claim
3	Interim – Continuing Claims
4	Interim – Last Claim
8	Void/Cancel of a Prior Claim

Patient Status

01	Discharged to Home or Self Care
02	Discharged/Transferred to Another Short-Term General Hospital
03	Discharged/Transferred to SNF
04	Discharged/Transferred to an Intermediate Care Facility (ICF)
05	Discharged/Transferred to Another Type of Institution
06	Discharged/Transferred to Home Under Care of Organized Home Health Service Organization
07	Left Against Medical Advice
20	Expired
30	Still Patient

Homestyle Revenue Code

184	LOA HOME – Home Style Facility
186	LOA Hospital 85% or Greater Occupancy – Home Style Facility
187	LOA Hospital Less than 85% Occupancy – Home Style Facility
188	LOA No Pay – Home Style Facility
199	Home Style Facility All LOC
659	Hospice Room and Board – Home Style Bed

Traditional Style Revenue Code

180	LOA Hospital less than 85% occupancy – Traditional Style Bed or ICF/IID
183	LOA – Home – Traditional Style Bed or ICF/IID
185	LOA Hospital 85% or greater occupancy – Traditional Style Bed or ICF/IID
189	LOA No Pay – Traditional Style Bed or ICF/IID
190	Skilled Nursing – Traditional Style Bed
191	Intermediate I – Traditional Style Bed
192	Intermediate II – Traditional Style Bed
193	Intermediate III – Traditional Style Bed
194	ICF/IID
658	Hospice Room and Board – Traditional Style Bed or ICF/IID



LTC Helpful Links and Resources

DHS/DMS website: humanservices.arkansas.gov
under Helpful Information for
Providers>Provider Training Information

Medicaid.afmc.org/services/arkansas-medicaid-management-information-system

[Long-Term Services and Supports \(LTSS\)
Medicaid Assistance](#)

[Long Term Care Codes](#)



Common Acronyms

- ICF - Intermediate Care Facility
- ICF - Intermediate Care Facility
- IID - Intellectual Disabilities
- LOA - Leave of Absence
- LOC - Level of Care
- LTC - Long Term Care
- MLTA - Long Term Care Aged
- MLTB - Long Term Care Blind
- MLTD - Long Term Care Disabled
- SNF - Skilled Nursing Facility
- QHP - Qualified Health Plans
- HCIP - Healthcare Independence Program



Evaluations

Your feedback is important to us!

Please take time to complete the evaluation that will be emailed to you.


Once the *Evaluation* is completed an *Attendance Certificate* will be available to print.

Thank you for attending today!






Live Demo of Healthcare Portal

[Contact Us](#) | [Logout](#)

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

Home Thursday 04/20/2023 11:39 AM CST


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

 **User Details**

Welcome PCP Provider


[My Profile](#)

[Manage Accounts](#)

 **Provider**

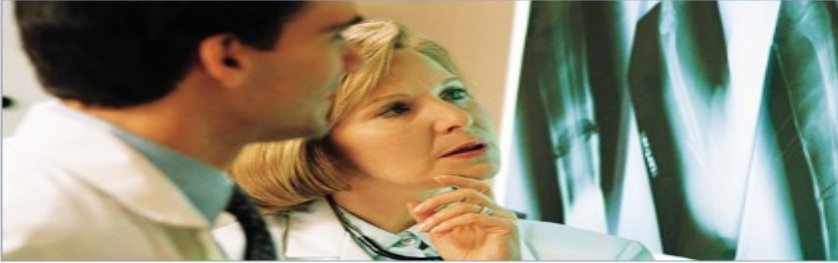
Name PCP PROVIDER
Provider ID 111111112 (NPI)
Revalidation Date 03/01/2022

[Characteristics](#)

 **Provider Services**

[Search Payment History](#)


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.

[Help us provide better service to you! Click here to give us your feedback](#)

[Authenticare Demo – For Personal Care Providers required to participate in Electronic Visit Verification](#)

 [Contact Us](#)

 [Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Claims
Gainwell Technologies
PO BOX 8034
LITTLE ROCK, AR 72203