



# ARMedicaid Insider:

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Arkansas' Upgrade to a New MMIS

Arkansas Medicaid will implement the new Medicaid Management Information System on November 1, 2017. In preparation for this transition, further details pertaining to billing, claims processing, claims payment and other changes impacting providers are now available and will continue in the coming weeks. Keep checking Front Line for the most current information.

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## ***Get ready for the new system!***

If you have NOT registered for the portal or completed the trading partner enrollment, you will have another opportunity when the system is up on October 26, 2017 (stay tuned to [transition guides](#) in case this changes). The information below are items you need to take note of for

the new system:

- Register for the Portal- Provider, Delegates and Trading Partner
- Enroll as a Trading Partner
  - Trading Partners including users in the following groups must enroll:
    - Third-party vendors (clearing houses, billing companies, etc.)
    - Providers enrolled in any of the following:
      - Independent Choices
      - PACE (Programs for All-Inclusive Care for the Elderly)
      - CPC (Comprehensive Primary Care)
      - Private Option or Arkansas Works
      - Long-Term Care adjusted service fee claims
      - Net service fee claims
      - Assisted living
      - PCMH (Patient-Centered Medical Home)
      - Providers that receive capitated fees (formerly known as managed care fees)
      - Providers who would like to continue to use PES after go-live
- Access the appropriate Transition Guide –The transition guide will give you dates and times of transitioning to the new system and how you will be impacted. [View or print the transition guides today!](#)

- Contact Trading Partners (vendors, clearing houses and billing companies)-they need to access the [vendor letter](#) and updated [Companion Guide](#)

**Go NOW to the [Healthcare Portal](#) to begin your registration!**

## STEP by STEP Instructions

### ***Do you need help?***

Step by Step Instructions Below

Follow the instructions below will help you register for the portal and/or enroll as a trading partner:

#### **Portal Submitters**

1. Start here to [register for the Healthcare Provider Portal](#).
2. If you receive capitated fees (known as managed care fees in the legacy MMIS), then start here to [enroll for your Trading Partner ID](#).

#### **Electronic Data Interchange (EDI) X-12 Submitters**

1. Start here to [enroll for a Trading Partner ID](#).
2. See [vendor letter](#) and [updated companion guides](#).
3. If uploading or downloading files, [register for HealthCare Provider Portal](#).

#### **Provider Electronic Solutions (PES) Software Submitters**

1. Start here to [enroll for a Trading Partner ID](#).
2. Enter your new Trading Partner ID into PES | Tools | Options.

Official Notice of

# Policy Change



## Policy Changes

### Changes to Billing with the New MMIS

- ❖ **New Crossover Forms** – The current proprietary crossover claim forms will no longer be used beginning **October 16, 2017**. The [new EOMB attachment – Form DMS-600](#), along with your crossover claim and the original EOMB must be submitted for **paper** crossover claims to DXC Technology, PO Box 34440, Little Rock, AR 72203. Paper crossover claims received beginning October 16 on the current proprietary crossover claim forms will be returned for resubmission using the new process. This change is for submitting crossovers on **PAPER** only
- ❖ **CPT/UB04 Surgery Codes** – The legacy MMIS uses CPT codes on the UB04 for the surgery code. Beginning **November 1**, Arkansas Medicaid will not accept CPT surgery codes and will require ICD-10 PCS.  
[View proposed policy changes related to abortion codes.](#)
- ❖ **Z Code Conversion** – Z codes are being cross walked to national codes where necessary. The current procedure codes that start with Z will not be accepted in the new system.  
[View proposed policy changes related to Z codes cross walked to national codes.](#)
- ❖ **Condition Code AN** –The Hospital provider manual currently states providers must use condition code **AN** for newborn charges/bills. This condition code is outdated; condition code **81** is used nationally for newborn charges/bills. [View proposed policy changes related to Condition Code AN.](#)
- ❖ **Updated Adjustment Form** – The current adjustment form will no longer be used beginning **September 29, 2017**. The [new HP-AR-004 Adjustment Request Form](#), along with your updated claim must be submitted for **paper** adjustment claims to DXC Technology.

Paper adjustments received beginning September 29, 2017, using the current form will be returned for resubmission using the new process. This change is for submitting adjustments on **PAPER** only.

Also beginning **September 29**, adjustments will no longer be keyed into the legacy MMIS. This will allow claims data to be migrated from the legacy MMIS to the new MMIS. If you mail a paper adjustment during this time, it will be processed after November 1 in the order it was received. Beginning November 1, you can enter adjustments into the new HealthCare Provider Portal.



## Online Billing Tips – Now Available

Your online resource for billing in the new system

Go to the new section on the Front Line webpage called [Billing Matters](#). Even though these billing tips/changes were covered in the workshop, this webpage will help you remember what is changing and whether billing incorrectly will result in a claim denial.