ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480

OFFICIAL NOTICE

TO: **Health Care Providers – All Providers**

DATE: **July 1, 2012**

SUBJECT: **Multi-Payor Web-based Provider Portal**

Medicaid and other participating private payors are launching a statewide multi-payor web-based Provider Portal on July 1st as part of Arkansas' Payment Improvement Initiative. The initiative is expected to establish new payment incentives and formulas for a wide variety of health care episodes beginning with conditions such as congestive heart failure, pregnancy and birth, upper respiratory infection, and others. To receive full payment for these episodes, providers that are designated as an eligible principle accountable provider (PAP) must report a limited set of clinical metrics for their patients. Medicaid will use these metrics to track and monitor the content and/or quality of care for each episode. Use of the portal is expected to vary across different types of episodes.

PAPs must: obtain a username and password for the system; and, enter data within 2 months of the date of service for each patient. To support this, Medicaid will contact eligible PAPs by May 1st with details on how to access and use the system, and will schedule in-person onboarding appointments with providers across the state. This onboarding visit will result in you having a connection to the statewide health information exchange, the State Health Alliance for Records Exchange (SHARE), which will enable you to submit the data required. This connectivity to SHARE will also provide the technical infrastructure that will enable medical professionals to securely share patient information in a HIPAA-compliant environment.

As part of the Arkansas Payment Improvement Initiative, Medicaid and other participating payors held a series of public workgroups over the past year to obtain feedback on potential quality indicators to inform the selection of metrics for use in the Provider Portal. Additional details regarding the Payment Improvement Initiative will be provided in the upcoming cross-episode workgroups on March 26th and 28th. More information on the multi-payor portal is available at http://humanservices.arkansas.gov/director/Pages/APII.aspx.

If you have questions regarding this notice, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-683-4120 (Local); 1-800-482-5850, extension 3-4120 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for download from the Arkansas Medicaid website: www.medicaid.state.ar.us. Thank you for your participation in the Arkansas Medicaid Program.

Andrew Allison, PhD
Director

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TO: **Arkansas Medicaid Health Care Providers – All Providers**

DATE: **July 1, 2012**

SUBJECT: **Provider Manual Update Transmittal SecI-2-12**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
142.100	10-8-10	142.100	7-1-12

Explanation of Updates

Section 142.100 is updated to clarify wording and to indicate that Arkansas Medicaid providers must abide by the rules and regulations described in official notices specific to their programs.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Andrew Allison, PhD
Director

TOC not required

142.100 General Conditions 7-1-12

A. Each provider must be licensed, certified or both, as required by law, to furnish all medical assistance that may be reimbursed under each applicable Medicaid provider manual.

B. Providers must adhere to all applicable standards for professional conduct and quality care.

C. Providers (both individuals and the agents of enrolled entities) are presumed to have read and understand each applicable Medicaid provider manual and related official notice, and must comply therewith.

D. All services provided must be medically necessary. The beneficiary is not liable for a claim or portion of a claim when the Medicaid Program, either directly or through a designee, determines that the services were not medically necessary.

E. Services will be provided to qualified beneficiaries without regard to race, color, national origin or disability within the provisions of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

F. Each provider must notify the Medicaid Provider Enrollment Unit in writing immediately regarding any changes to its application or contract, such as:

1. Change of address (**View or print form DMS-673 – Address Change Form.**)
2. Change in members of group, professional association or affiliations*
3. Change in practice or specialty*
4. Change in Federal Employer Identification Number (FEIN)*
5. Retirement or death of provider*
6. Complete change of ownership (**View or print form DMS-0688 – Provider Change of Ownership Information Form.**)
7. Change in Ownership Control (5% or more) or Conviction of Crime (**View or print form DMS-675 – Ownership and Conviction Disclosure.**)
8. Disclosure of Significant Business Transactions (**View or print form DMS-689 – Disclosure of Significant Business Transactions.**)

*Changes in items two (2) through five (5) above may be properly addressed through a letter of explanation with the provider's original signature or an approved electronic signature and the appropriately corrected pages of the provider application document. (**View or print form DMS-652 – Provider Application Form.**)

G. Except for Medicaid-covered services and other professional services furnished in exchange for the provider's usual and customary charges, a Medicaid provider may not knowingly give, offer, furnish, provide or transfer money, services or any thing of value for less than fair market value to any Medicaid beneficiary, to anyone related to any Medicaid beneficiary within the third degree or any person residing in the household of a beneficiary.

This rule does not apply to:

1. Pharmaceutical samples provided to a physician at no cost or to other comparable circumstances where the provider obtains the sample at no cost and distributes the samples without regard to Medicaid eligibility.
2. Provider actions taken under the express authority of state or federal Medicaid laws or rules or the provider's agreement to participate in the Medicaid Program.