



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – Episodes of Care

EFFECTIVE DATE: January 1, 2017

SUBJECT: Provider Manual Update Transmittal EPISODE-6-16

REMOVE

Section	Effective Date
211.300	10-1-13
211.400	10-1-12
211.700	10-1-12

INSERT

Section	Effective Date
211.300	1-1-17
211.400	1-1-17
211.700	1-1-17

Explanation of Updates

Section 211.300 is updated to clarify exclusion criteria for Perinatal Episodes of Care.

Section 211.400 is updated to clarify adjustment information for Perinatal Episodes of Care.

Section 211.700 is updated to clarify minimum case volume information for Perinatal Episodes of Care.

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.

If you have questions regarding this transmittal, please contact the Arkansas Payment Improvement Initiative Center at 1-866-322-4696 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 301-8311.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making 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.

Dawn Stehle
Director

TOC not required

211.300 Exclusions**1-1-17**

Episodes meeting one or more of the following criteria will be excluded:

- A. All claims billed without the global delivery code
- B. Episode has no professional claim for delivery
- C. Pregnancy-related conditions: amniotic fluid embolism, obstetric blood clot embolism, placenta previa, severe preeclampsia, multiple gestation ≥ 3 , late effect complications of pregnancy/childbirth, puerperal sepsis, suspected damage to fetus from viral disease in mother, cerebrovascular disorders
- D. Comorbidities: cancer, cystic fibrosis, congenital cardiovascular disorders, DVT/pulmonary embolism, other phlebitis and thrombosis, end-stage renal disease, sickle cell, Type I diabetes

211.400 Adjustments**1-1-17**

For the purposes of determining a PAP's performance, the total reimbursement attributable to the PAP is risk-adjusted for perinatal episodes in which beneficiaries have comorbidities, including but not limited to the following health conditions: diabetes, clinically pertinent fetal conditions, clinically pertinent maternal conditions, pre-term labor/delivery.

211.700 Minimum Case Volume**1-1-17**

The minimum case volume is 5 valid episodes per 12-month performance period.

**SUMMARY OF
EPISODES OF CARE 6-16**

Effective January 1, 2017, language in the Episodes of Care Provider Manual will be updated to clarify exclusion criteria, adjustment information and case volume for Perinatal Episodes of Care.