

*ArkSHA, DDS, & AFMC Meeting Notes Regarding Medicaid Changes 06.26.17*

Representatives of ArkSHA, AROTA and ArPTA met with AFMC and DDS this afternoon in an effort to acquire specific information for providers regarding the process for DMS-640 Validation and AFMC Extension of Benefits/Prior Authorization. AFMC provided the attached descriptions for each process. Regarding the DMS-640 Validation process, please note the following IMPORTANT information prior to sending in your prescriptions:

- 1) Providers can begin to submit DMS-640 prescriptions electronically on July 1, 2017 at 12:01 a.m. \*AFMC has assured association representatives that they will be staffed throughout the weekend and on the Independence Day holiday to handle the influx of expected validations. AFMC representatives reiterated their commitment to meeting the 10-day timeline on the initial validation surge. All providers are encouraged to sign up and use Review Point (the online portal). For providers who choose to submit paper, submissions can begin this week.
- 2) Providers will need to review DMS-640 forms prior to submission for validation to make sure all **bolded** information in the AFMC DMS-640 Validation Process Tool document (see attached) is included. In addition to the **bolded** information on the AFMC DMS-640 Validation Process Tool document please make sure that your validation includes the following information:
  - a. All billing codes that could be used with beneficiaries **MUST** be included as a part of the submission. When completed electronically, enter all codes that apply. If submitting by paper, all codes will need to be attached via cover page. (Group and/or Individual for PT, PTA, OT, OTA, SLP, SLPA). Providers should strongly consider adding all codes that could potentially be used with beneficiaries.
  - b. Providers will be required to submit one DMS-640 validation form per beneficiary, per discipline request. THERE WILL BE NO BATCH SUBMISSIONS.
  - c. AR Kids B beneficiaries are included these processes.
  - d. All of these processes are date-of-service dependent for eligibility, billing and service provision.
- 3) Association representatives requested that AFMC prepare and submit a Question and Answer document for providers based on the validation process and the Extension of Benefits/Prior Authorization. AFMC will be releasing a Question and Answer document based on the numerous questions that association representatives brought to today's meeting. This Q & A document will be placed on all of the associations' websites and on the AFMC and DDS Websites within the week.
- 4) The Extension of Benefits/Prior Authorization Process for medical necessity will be under the same review principles that currently exist for the retrospective review process and as outlined in the therapy manual.
- 5) AFMC will continue to educate the physicians through email blasts regarding their role in this transformation process.
- 6) Association representatives were reminded today of the desire of DDS and AFMC to collaborate with the associations. It is vital at this point to remain active in your respective association to further your voice in this continuing process.