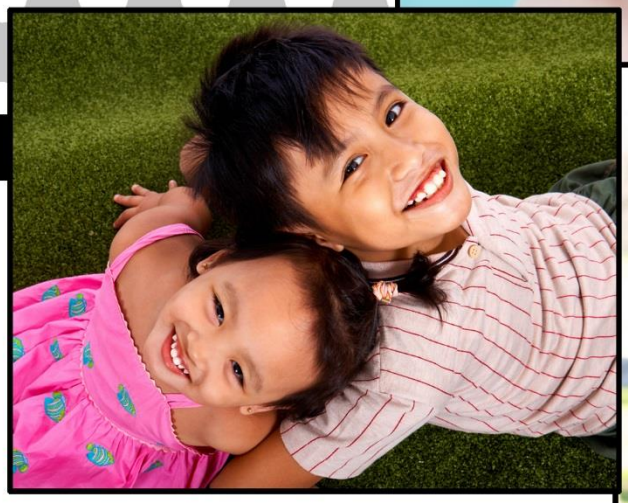
Arkansas Medicaid Program Overview

SFY 2015



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Donaghey Plaza South
PO Box 1437 Slot S401
Little Rock AR 72203-1437
(501) 683-4997 • (800) 482-5431

Department of Human Services (DHS) Mission Statement

Together we improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence and promoting better health.

DHS Vision

Arkansas citizens are healthy, safe and enjoy a high quality of life.

Division of Medical Services (DMS) Mission Statement

To ensure that high-quality and accessible health care services are provided to citizens of Arkansas who are eligible for Medicaid or Nursing Home Care.

Our Beliefs

- Every person matters.
- Families matter.
- Empowered people help themselves.
- People deserve access to good health care.
- We have a responsibility to provide knowledge and services that work.
- Partnering with families and communities is essential to the health and well-being of Arkansans.
- The quality of our services depends upon a knowledgeable and motivated workforce.

Our Core Values

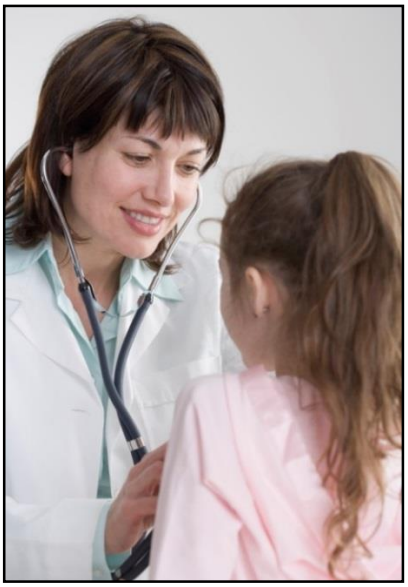
- Compassion
- Courage
- Respect
- Integrity
- Trust

Physical Address

700 Main Street
(Corner of 7th and Main)
Donaghey Plaza South
Little Rock, Arkansas 72201

DMS Director

Dawn Stehle



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services

P.O. Box 1437, Slot S401 · Little Rock, AR 72203-1437
501-682-8292 · Fax: 501-682-1197

Each year, the Arkansas Medicaid booklet provides an overview of the program, including how the health care program is funded and implemented. This booklet offers a general look at the program's beneficiaries and how the program has changed, while more specifically highlighting the greatest challenges and accomplishments from the past fiscal year.

In recent years, Arkansas has been on the forefront of Medicaid expansion, leading the way and developing models that are now being replicated in other states. The Health Care Independence Act continues to grow, with fewer uninsured Arkansans than ever, which translates into lower costs for hospitals and specialty clinics, thereby reducing Medicaid's costs.

All the while, we continue to work with other state agencies and private partners to transform health care in the state, based on our Triple Aim of (1) improving the health of the population, (2) improving the patient experience of care and (3) lowering health care cost growth. These strategies are supported by five core enabling initiatives: payment innovation, health care workforce development, expanded coverage of services, population health strategies and health information technology adoption.

Arkansas Medicaid continues to innovate with its health care programs, such as the expansion of Patient-Centered Medical Homes. At the same time, Arkansas Medicaid is improving traditional services such as the pharmaceutical program, which has proactively increased safety measures and implemented changes in advance of federal mandates.

Major infrastructure initiatives included the first phase implementation of the new Medicaid Management Information System and a new Eligibility & Enrollment Framework. These will allow for more robust reporting and an increase in business efficiencies, which all make for better care for our citizens.

We appreciate your trust that each day, the employees within the Division of Medical Services maintain focus on the core mission of Arkansas Medicaid: protecting the vulnerable, fostering independence and promoting better health for all Arkansans. I hope this overview of the program will help you understand the steps DMS is taking to achieve these goals.

Dawn Stehle
Director, Division of Medical Services

Contents

About this booklet

The Arkansas Medicaid overview booklet is produced annually by the Division of Medical Services (DMS) and Hewlett Packard Enterprise. This overview is designed to give a high-level understanding of the Arkansas Medicaid program, its funding, covered services and how the program is administered. Statistics included in this overview come from many sources including the Department of Human Services Statistical Report, reports from the Decision Support System, the University of Arkansas at Little Rock website and other reports from units at DMS, Hewlett Packard Enterprise and Arkansas Foundation for Medical Care.

All acronyms used in this booklet are defined in the glossary beginning on page i of the appendices.

If you have questions, comments or suggestions about the Arkansas Medicaid Program Overview booklet, please contact us at OverviewFeedback@arkansas.gov to share your thoughts and let us know how you use the overview booklet. We value your feedback about this publication!

What is Medicaid?

Medicaid is a joint federal and state program that provides necessary medical services to eligible persons based on financial need and/or health status. In 1965, Title XIX of the Social Security Act created grant programs to provide federal grants to the states for medical assistance programs. Title XIX, popularly known as Medicaid, enables states to furnish:

- Medical assistance to those who have insufficient incomes and resources to meet the costs of necessary medical services and
- Rehabilitation and other services to help families and individuals become or remain independent and able to care for themselves.

Each state has a Medicaid program to meet the federal mandates and requirements as laid out in Title XIX. Arkansas, however, established a medical care program 26 years before passage of the federal laws requiring health care for the needy; Section 7 of Act 280 of 1939 and Act 416 of 1977 authorized the State of Arkansas to establish and maintain a medical care program for the indigent. The Medicaid program was implemented in Arkansas on January 1, 1970.

The Department of Human Services (DHS) is the single Arkansas state agency authorized and responsible for regulating and administering the Medicaid program. DHS administers the Arkansas Medicaid Program through the Department of Medical Services. The Centers for Medicare and Medicaid Services (CMS) administers the Medicaid Program for the U.S. Department of Health and Human Services. CMS authorizes federal funding levels and approves each state's State Plan, ensuring compliance with federal regulations. Individuals are certified as eligible for Arkansas Medicaid services by DHS Field Staff located in DHS County Offices or by District Social Security Offices.

Who Qualifies?

Individuals are certified as eligible for Arkansas Medicaid services through either county Department of Human Services (DHS) offices or District Social Security offices. The Social Security Administration automatically sends Supplemental Security Income recipient information to the DHS. Non-SSI eligibility depends on age, income and assets. Most people who qualify for Arkansas Medicaid are

- Age 65 and older;
- Under age 19;
- Age 19 to 64 not receiving Medicare (the new Health Care Independence Program);
- Blind;
- Pregnant;
- The parent or the relative who is the caretaker of a child;
- Living in a nursing home;
- Under age 21 and in foster care;
- A former foster care recipient between the ages of 18 and 26 who aged out of the Arkansas Foster Care program;
- In medical need of certain home and community-based services; or
- Disabled, including working disabled.

Current Federal Poverty Levels

Monthly Levels* for Families and Individuals Medicaid Categories

(Effective April 1, 2015 through March 31, 2016)

Family size	Health Care Independence 133%	Health Care Independence with 5% Disregard 138%	ARKids First-A 142%	ARKids First-A with 5% Disregard 147%	ARKids First-B 211%	ARKids First-B with 5% Disregard 216%
1	$1,304.51	$1,353.55	$1,392.78	$1,441.82	$2,069.55	$2,118.59
2	$1,765.58	$1,831.95	$1,885.05	$1,951.43	$2,801.03	$2,867.40
3	$2,226.64	$2,310.35	$2,377.32	$2,461.03	$3,532.50	$3,616.21
4	$2,687.71	$2,788.75	$2,869.58	$2,970.62	$4,263.95	$4,364.99
5	$3,148.78	$3,267.15	$3,361.85	$3,480.23	$4,995.43	$5,113.80
6	$3,609.84	$3,745.55	$3,854.12	$3,989.83	$5,726.90	$5,862.61
7	$4,070.91	$4,223.95	$4,346.38	$4,499.42	$6,458.35	$6,611.39
8	$4,531.98	$4,702.35	$4,838.65	$5009.03	$7,189.83	$7,360.20
9	$4,993.05	$5,108.75	$5,330.92	$5,518.63	$7,921.30	$8,109.01
10	$5,454.12	$5,659.15	$5,823.19	$6,028.22	$8,652.75	$8,857.79
For each additional member add:	$461.07	$478.40	$492.27	$509.60	$731.47	$748.81

Monthly Levels (continued)

Family size	Full Pregnant Women & Parent Caretaker Relative (monthly dollar amount)	Transitional Medicaid 185%	Limited Pregnant Women / Unborn Child 209%	Limited Pregnant Women/ Unborn Child with 5% Disregard 214%
1	$124.00	$1,814.54	$2,049.93	$2,098.98
2	$220.00	$2,455.88	$2,774.48	$2,840.85
3	$276.00	$3,097.21	$3,499.02	$3,582.72
4	$334.00	$3,738.54	$4,223.53	$4,324.58
5	$388.00	$4,379.88	$4,948.08	$5,066.45
6	$448.00	$5,021.21	$5,672.62	$5,808.32
7	$505.00	$5,662.54	$6,397.13	$6,550.18
8	$561.00	$6,303.88	$7,121.68	$7,292.05
9	$618.00	$6,945.21	$7,846.22	$8,033.92
10	$618.00	$7,586.54	$8,570.73	$8,775.78
For each additional member add:	9 and greater $618.00	$641.34	$724.54	$741.87

Aid to the Aged, Blind and Disabled Medicaid Categories

	ARSeniors Equal to or below 80%	Qualified Medicaid Beneficiary Equal to or below 100%	Specified Low-Income Medicare Beneficiary Between 100% and 120%	Qualifying Individuals-1 Group At least 120% but less than 135%	Qualified Disabled and Working Individuals Equal to or below 200%
Individual	$784.66	$980.83	$1,177.00	$1,324.13	$1,961.67
Couple	$1,062.00	$1,327.50	$1,593.00	$1,792.13	$2,655.00

*To qualify for Arkansas Medicaid and other assistance, beneficiaries' income must be at or below the Federal Poverty Levels stated above.

How is Medicaid Funded?

Funding for Medicaid is shared between the federal government and the states with the federal government matching the state share at an authorized rate between 50 and 90 percent, depending on the program. The federal participation rate is adjusted each year to compensate for changes in the per capita income of each state relative to the nation as a whole.

- Arkansas funded approximately 29.12% of Arkansas Medicaid Program-related costs in State Fiscal Year 2015; the federal government funded approximately 70.88%. State funds are drawn directly from appropriated state general revenues, license fees, drug rebates, recoveries and the Arkansas Medicaid Trust Fund.
- Administrative costs for Arkansas Medicaid are generally funded 50% by Arkansas and 50% by the federal government; some specialized enhancements are funded 75% or 90% by the federal government.

SFY 2015 Arkansas Medicaid Operating Budget*

	(Millions)
General Revenue	$898
Other Revenue	$410.7
Quality Assurance Fee	$81.9
Hospital Provider Tax	$61.5
Intermediate Care Facilities for Individuals with Intellectual Disabilities Provider Tax	$10.9
Trust Fund	$47
Federal Revenue	$4,827
Total Program	$6,337

*Arkansas Medicaid program only—does not include administration or other appropriations.

How is Arkansas Medicaid Administered?

The Arkansas Department of Human Services administers the Arkansas Medicaid program through the Division of Medical Services. Arkansas Medicaid is detailed in the Arkansas Medicaid State Plan, Arkansas Medicaid Waiver Programs and through provider manuals. The Centers for Medicare and Medicaid Services (CMS) administers the Medicaid Program for the U.S. Department of Health and Human Services. CMS authorizes federal funding levels and approves each state's State Plan and Waivers to ensure compliance with human services federal regulations.

Administration Statistics

In State Fiscal Year (SFY) 2015, the Division of Medical Services Program Development and Quality Assurance Unit processed:

- 11 State Plan amendments,
- 107 provider manual updates,
- 4 official notices and notices of rule making,
- 4 provider letters regarding changes to the Preferred Drug List and
- 4 pharmacy memorandums.

In SFY 2015, our fiscal agent, Hewlett Packard Enterprise, had provider representatives attend and conduct 22 workshops around the state and 36 virtual training sessions. The provider representatives also conducted 2,598 provider visits. The Provider Assistance Center responded to 92,889 voice calls and more than *90,249 automated calls.

*Due to Hewlett Packard Enterprise's telecommunication infrastructure transition, this information is unavailable for November 2014 and April 2015.

In SFY 2015, Medicaid Managed Care Services Provider Relations Outreach Specialists contacted a quarterly average of 46 hospitals and 1362 physicians.

What Services are Covered by Arkansas Medicaid?

Mandatory Services

Certified Nurse-Midwife Services	All ages
Child Health Services Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Under age 21
Family Planning Services and Supplies	All ages
Federally Qualified Health Center	All ages
Home Health Services	All ages
Hospital Services – Inpatient and Outpatient	All ages
Laboratory and X-Ray	All ages
Medical and Surgical Services of a Dentist	All ages
Nurse Practitioner	All ages
Nursing Facility Services	Age 21 and older
Physician Services	All ages
Rural Health Clinic	All ages
Transportation (Emergency ambulance transportation and Non-Emergency Transportation [NET waiver] to and from medical providers when medically necessary)	All ages

Optional Services

Ambulatory Surgical Center Services	All ages
Audiological Services	Under age 21
Certified Registered Nurse Anesthetist Services	All ages
Child Health Management Services	Under age 21
Chiropractic Services	All ages
Dental Services	All ages
Developmental Day Treatment Clinic Services	Pre-school and age 18 and older
Developmental Rehabilitation Services	Under age 3
Domiciliary Care Services	All ages
Durable Medical Equipment	All ages
End-Stage Renal Disease Facility Services	All ages
Health Care Independence Program (provides all Essential Health Benefits) ABP-Medically Frail	Age 19 through 64
Hearing Aid Services	Under age 21
Hospice Services	All ages
Hyperalimentation Services	All ages
IndependentChoices	Age 18 and older
Inpatient Psychiatric Services	Under age 21
Intermediate Care Facilities for Individuals with Intellectual Disabilities	All ages
Licensed Mental Health Practitioner Services	Under age 21
Medical Supplies	All ages
Medicare Crossovers (not a medical service)	All ages
Nursing Facility Services	Under age 21
Occupational, Physical and Speech Therapy Services	Under age 21
Orthotic Appliances	All ages
Personal Care Services	All ages
Podiatrist Services	All ages
Portable X-Ray	All ages
Prescription Drugs	All ages
Private Duty Nursing Services	All ages
Program of All-Inclusive Care for the Elderly	Age 55 and older

Prosthetic Devices	All ages
Rehabilitative Hospital Services	All ages
Rehabilitative Services for:	
• Persons with Mental Illness	All ages
• Persons with Physical Disabilities, and Youth and Children	Under age 21
Respiratory Care Services	Under age 21
School-Based Mental Health Services	Under age 21
Targeted Case Management for:	
• Children's Services (Title V), Supplemental Security Income, Tax Equity Fiscal Responsibility Act (TEFRA) of 1982, EPSDT, Division of Children and Family Services, and Division of Youth Services	Under age 21
• Developmentally Disabled Adults	All ages
• Adults	Age 60 and older
• Pregnant Women	All ages
Ventilator Equipment	All ages
Visual Care Services	All ages

Waivers Approved by the Centers for Medicare and Medicaid Services

Alternatives for Adults with Physical Disabilities	Age 21 through 64
ARKids First-B (Beginning August 1, 2015, with approval of CHIP SPA #6, ARKids-B is transitioning to a separate child health program through the CHIP state plan. After this date, ARKids-B will no longer be a waiver but a separate child health program under the authority of the CHIP state plan.)	Age 18 and under
Autism Waiver	Age 18 months through 7 years
Developmental Disabilities Services/Alternative Community Services	All ages
ElderChoices	Age 65 and older
Living Choices Assisted Living	Age 21 and older
Non-Emergency Transportation	All ages
TEFRA	Age 18 and under

Benefit Limitations on Services

The Arkansas Medicaid Program does have limitations on the services that are provided. The major benefit limitations on services for adults (age 21 and older) are as follows:

- 12 visits to hospital outpatient departments allowed per State Fiscal Year (SFY).
- A total of 12 office visits allowed per SFY for any combination of the following: certified nurse-midwife, nurse practitioner, physician, medical services provided by a dentist, medical services furnished by an optometrist and Rural Health Clinics.
- 1 basic family planning visit and 3 periodic family planning visits per SFY. Family planning visits are not counted toward other service limitations.
- Lab and X-Ray services limited to total benefit payment of $500 per SFY for outpatient services, except for Magnetic Resonance Imaging and cardiac catheterization and for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) beneficiaries.
- 3 pharmaceutical prescriptions are allowed per month. (Family planning and tobacco cessation prescriptions are not counted against benefit limit.) Extensions are considered up to a maximum of 6 prescriptions per month for beneficiaries at risk of institutionalization. Unlimited prescriptions for nursing facility beneficiaries and EPSDT beneficiaries under age 21. Beneficiaries receiving services through the Living Choices Assisted Living waiver may receive up to 9 medically necessary prescriptions per month. Medicare-Medicaid beneficiaries (dual eligible) receive their drugs through the Medicare Part D program as of January 1, 2006.
- Inpatient hospital days limited to 24 per SFY, except for EPSDT beneficiaries and certain organ transplant patients.
- Co-insurance: Some beneficiaries must pay 10% of the first Medicaid-covered day of a hospital stay.
- Beneficiaries in the "Working Disabled" aid category must pay 25% of the charges for the first Medicaid-covered day of inpatient hospital services and must also pay co-insurance for some additional services.
- Beneficiaries 18 years old and older (except long term care) must pay $.50 – $3 of every prescription drug, and $2 on the dispensing fee for prescription services for eyeglasses. Beneficiaries in the Working Disabled aid category must pay a higher co-payment for these services and also must pay co-payments for some additional services.

Additional Information for Limitations Relating to Children

The families of some children with Medicaid coverage are responsible for co-insurance, co-payments, or premiums.

- Co-insurance: ARKids First-B beneficiaries must pay 10% of the charges for the first Medicaid-covered day of inpatient hospital services and must also pay $10 per visit co-insurance for outpatient hospital services and 10% of Medicaid allowed cost per Durable Medical Equipment item.

- Co-payments: ARKids First-B beneficiaries must pay a co-payment for most services, such as $10 for most office visits and $5 per prescription (and must use generic drugs). ARKids First-B beneficiaries' annual cost-sharing is capped at 5% of the family's gross annual income after State allowable income disregards.
- Premiums: Based on family income, certain Tax Equity Fiscal Responsibility Act (TEFRA) beneficiaries whose custodial parent(s)' income is in excess of 150% of the Federal Poverty level must pay a premium. TEFRA beneficiaries whose custodial parent(s)' income is at or below 150% of the Federal Poverty level cannot be assessed a premium.

NOTE: Any and all exceptions to benefit limits are based on medical necessity.

State Fiscal Year 2015 in Review

State Fiscal Year 2015 saw a lot of opportunities and changes for Arkansas Medicaid. Newly-elected Governor Asa Hutchinson promises to take a clear, unbiased look at the Health Care Independence Program and Medicaid Expansion, selecting a task force who would also review and make recommendations for how best to serve Arkansans. Over the last year, there have been several challenges, accompanied by accomplishments, across all areas of Arkansas Medicaid as we work to ensure the Division of Medical Services is doing its best.

The Patient-Centered Medical Home program grew to more than 140 practices with 800 Primary Care Physicians, covering 85 percent of eligible beneficiaries. That equaled shared savings payouts of more than $5 million to nearly 20 practices that passed quality and cost of care metrics. Additionally, the Episodes of Care program continued to develop and implement new clinical and behavior episodes while improving data collection by hospitals and specialty physicians.

The Utilization Review section successfully led the systems design, programing and implementation of the ICD-10 diagnosis coding for claims process with little to no interruptions in claims payment for services provided to beneficiaries. Over the course of the year, more than 50,000 requests for prior authorizations, extension of benefits, transplants and prepayment claims were processed.

The pharmacy program continues to make strides in the safe use of antipsychotic medication in children and successfully implemented the Magellan Medicaid Management Administration as the new pharmacy claims adjudicator.

Additionally, the 30-year-old Medicaid Management Information System (MMIS), which pays all Medicaid claims, began installing the first phase of upgrades. Of utmost importance to the Information Technology team is securing the data and ensuring privacy of beneficiaries while providing accurate analytics critical to the programs' efficiencies. The conversions are expected to improve the functionality and performance of the data systems while improving overall management of the data and being in compliance with federal standards.

Overall challenges to serving the citizens of Arkansas include: the changing political landscape, local and national barriers to extracting meaningful data from health records and the persistent growth in medical and pharmaceutical costs. Despite that, Arkansas saw a decrease in the number of uninsured citizens, progressive changes in traditional Medicaid programs and marked cost management.

Arkansas Medicaid Operations

In State Fiscal Year 2015, our fiscal agent, Hewlett Packard Enterprise, processed more than 44 million provider-submitted claims for 12,055 providers on behalf of more than 998,530 Arkansans. They responded to 92,889 voice calls, more than 90,249* automated calls and 51,998 written inquiries. They conducted 2,598 provider visits, 36 virtual training sessions and 22 workshops around the state. Of claims processed, 99% were done within 30 days, with the average receipt-to-adjudication time of approximately 2.6 days. On average, providers received their payments within a week of claim adjudication.

Arkansas Medicaid is a critical component of health care financing for children and pregnant women. Through ARKids First and other programs, Arkansas Medicaid insures approximately 501,878 children and, according to recent data, paid for approximately 49.0%** of all births in Arkansas.

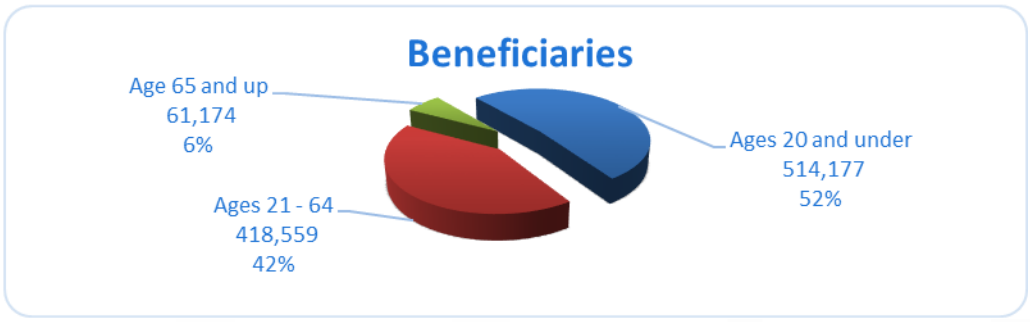
*Due to Hewlett Packard Enterprise's telecommunication infrastructure transition, this information is unavailable for November 2014 and April 2015.

**This calculation is based on SFY14 data, which is the most recent available.

State Fiscal Year (SFY) 2015 Statistics

Beneficiary Information

Unduplicated Beneficiary Counts and Claim Payments by Age



Source: OnDemand HMGR580J

Percentage of Change in Enrollees and Beneficiaries from SFY 2014 to SFY 2015

	SFY14	SFY15	% Change
Medicaid enrollees	969,699	1,009,856	4.1%
Medicaid beneficiaries	902,378	998,530	10.7%

Source: DSS Lab

Newborns Paid for by Arkansas Medicaid

	SFY13	SFY14	% Change
Newborns paid for by Arkansas Medicaid	24,619	18,837	-23.5%

The medical cost for 49.0%* of all babies born to Arkansas residents during SFY 2014 was paid for by Medicaid.

Source: Department of Human Services (DHS) – Division of Medical Services and the Arkansas Department of Health

*This calculation is based on SFY14 data, which is the most recent available.

Percentage of Population Served by Arkansas Medicaid

Age group	Arkansas Population	% of Population Served by Arkansas Medicaid**
All ages	3,042,351	33%
Elderly (65 and older)	440,840	14%
Adults (21 through 64)	1,742,795	24%
Children (20 and under)	858,716	60%

** This calculation is based on the Arkansas population for 2014, which is the most recent available.

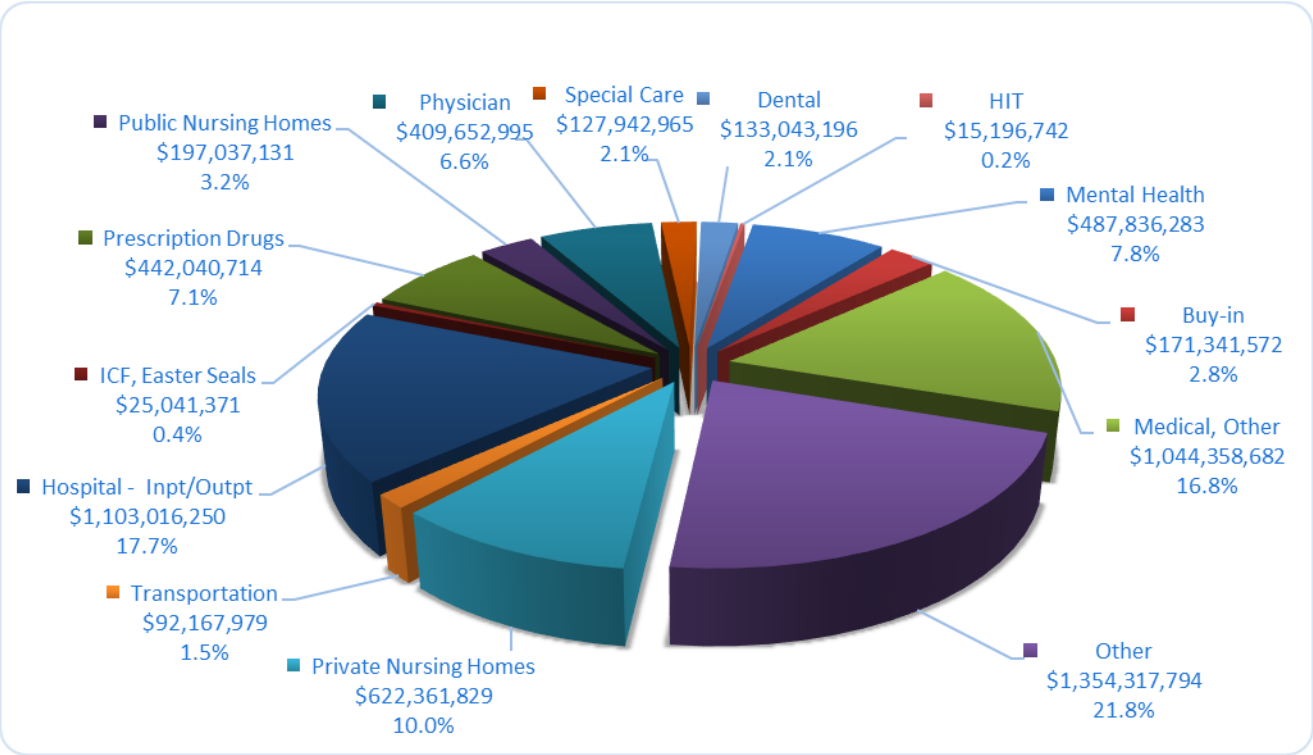
Source: University of Arkansas at Little Rock, OnDemand HMGR580J

Arkansas Medicaid Enrollees by Aid Category – 5 year Comparison

Due to the changeover in computer systems, this information is not readily available.

Expenditures

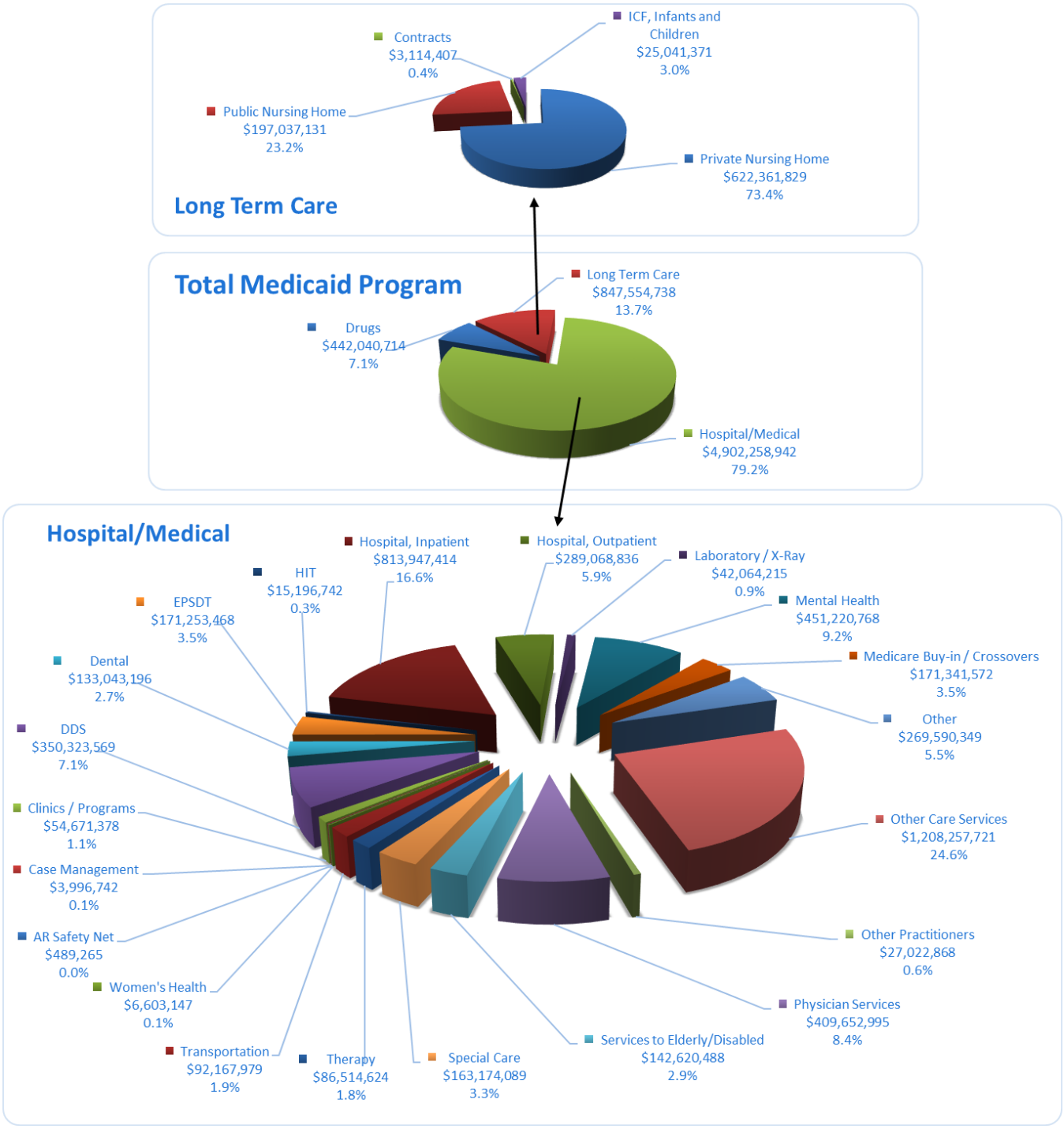
Total Arkansas Medicaid Expenditures SFY15



Special Care includes Home Health, Private Duty Nursing, Personal Care and Hospice Services.
Transportation includes emergency and non-emergency transportation.
Other includes vendor contracts for Hospital/Medical, Targeted Case Management, Private Option premium payments and cost sharing and other adjustments.
Buy-in includes Medicare premiums.
Prescription Drugs includes regular prescription drugs, Family Planning drugs, Medicare Part D benefit payments, Assisted Living drugs and contracts related to the Prescription Drug Program.

Source: Department of Human Services Annual Statistical Report

Arkansas Medicaid Program Benefit Expenditures



Source: Arkansas Medicaid Category of Service Report

Drug Rebate Collections

The Omnibus Budget Reconciliation Act of 1990 requires manufacturers who want outpatient drugs reimbursed by State Medicaid programs to sign a federal rebate contract with the Centers for Medicare and Medicaid Services (CMS). Until 2008, this only affected those drugs reimbursed through the pharmacy program. The Federal Deficit Reduction Act of 2005 required a January 2008 implementation of the submission of payment codes to include a National Drug Code (NDC) number on professional and institutional outpatient provider claims. The NDC number is used for the capture and payment of rebates. CMS granted an extension for Arkansas Medicaid to allow implementation of institutional outpatient provider claims until June 30, 2008. Each quarter, eligible rebate drugs paid by Arkansas Medicaid are invoiced to the manufacturers. The manufacturers then submit payment to the state. Those payments are then shared with CMS as determined by the respective match rates.

Rebate Dollars Collected	
Total State Fiscal Year 2015	$173,940,239
State portion	$46,661,399
*Federal portion	$127,277,840

*Note: Federal includes Share at regular FMAP and 100% FMAP ACA Offset.

Economic Impact of Arkansas Medicaid

Program Costs			
State Fiscal Year (SFY)	Total (in mil)	Unduplicated Beneficiaries	Average Annual Cost per Beneficiary
2007	$3,299	742,965	$4,440
2008	$3,533	744,269	$4,747
2009	$3,716	747,851	$4,969
2010	$4,102	755,607	$5,429
2011	$4,379	770,792	$5,681
2012	$4,590	776,050	$5,915
2013	$4,658	777,922	$5,988
2014	$5,122	902,378	$5,678
*2015	$6,263	1,009,856	$6,202
**2016	$7,317	1,009,282	$7,250

Arkansas Budget and Medicaid percentage		
	SFY 2015	Medicaid Represents
State of Arkansas Budget	$27.6 billion	23%
State General Revenue Funded Budget	$5.0 billion	18%

Program costs only—does not include administration or other appropriations.

*2015 Unduplicated Count: Regular Medicaid-734,898, Private Option-274,958. The regular Medicaid count excludes all beneficiaries that ever had Private Option eligibility at any time during the SFY period.

** 2016 Estimated - Unduplicated Recipient count 12/15-758,565 Private Option-250,717 (Optumas) ESTIMATE only.

Arkansas Medicaid Providers

Number of Enrolled Providers

Arkansas Medicaid has approximately 44,517 enrolled providers.

Number of Participating Providers

Approximately 12,055 or 27% are participating providers.

Number of Claims Processed and Approximate Processing Time

More than 44 million provider-submitted claims were processed in State Fiscal Year 2015 with an average processing time of 2.6 days.

Sources: HMDR215J, HMGR526J

NOTE: The count for participating providers includes all providers and provider groups who have submitted claims. It does not include individual providers who may have actually performed services but are part of the provider group that submitted claims for those services.

(See Number of Providers by County in appendices.)

Top 10 Provider Types Enrolled

1	Physicians (8,770)
2	Individual Occupational, Physical and Speech Therapy Services Providers (2,869)
3	Physicians Groups (1,940)
4	Alternatives for Adults with Physical Disabilities Waiver Attendant Care (1,725)
5	Nurse Practitioner (1,473)
6	*Dental Services (1,132)
7	Pharmacy (905)
8	Prosthetic Services/Durable Medical Equipment (546)
9	Visual Care – Optometrist Optician (557)
10	Hospital (410)

*Includes orthodontists, oral surgeons and dental groups

Understanding the Division of Medical Services (Arkansas Medicaid)

The Department of Human Services (DHS) is the single state agency authorized and responsible for regulating and administering the Arkansas Medicaid program. This program and related areas are located within the Division of Medical Services (DMS).

Under DMS, Arkansas Medicaid Services is organized into seven major Divisions:

- Medicaid Programs
- Office of Long Term Care
- Medicaid Information Management
- Primary Care Initiatives
- Continuity of Care and Coordination of Coverage
- Health Care Innovation
- Program and Administrative Support

These seven Divisions include units that directly support Medicaid and provide support to DMS staff.

(See the DMS Organizational Chart in the appendices.)

Medicaid Programs

Electronic Health Records Unit (EHRU)

The EHRU coordinates oversight for providers statewide by addressing issues that arise for the EHR incentive payment program. The EHRU identifies areas of risk in the eligibility determination, meaningful use, and payment processes and reviews that will mitigate the risk of making an improper payment. The EHRU conducts audits of provider attestation forms for eligibility, validation of meaningful use, and conducting post- and pre-payment reviews.

Prescription Drug Program

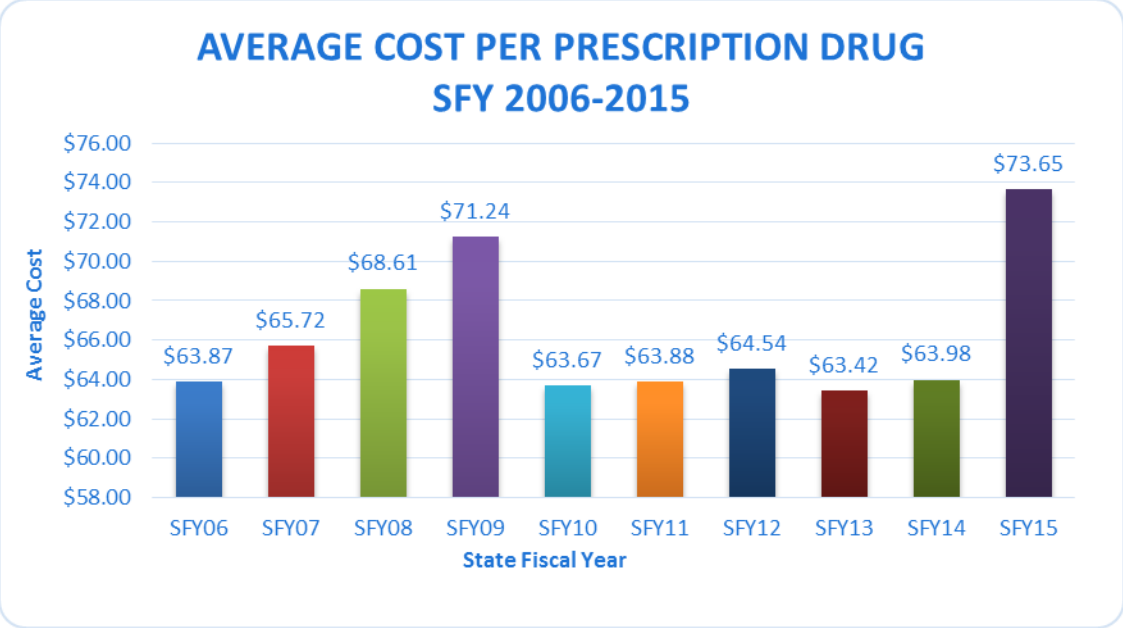
The Prescription Drug Program, an optional Arkansas Medicaid benefit, was implemented in Arkansas in 1973. Under this program, eligible beneficiaries may obtain prescription medication through any of the 903 enrolled pharmacies in the state. During State Fiscal Year (SFY) 2015, a total of 470,961 Arkansas Medicaid beneficiaries used their prescription drug benefits. A total of 5.4 million prescriptions were reimbursed by Arkansas Medicaid for a cost of $397.7 million dollars, making the average cost per prescription approximately $73.65. An average cost for a brand name prescription was $346 dollars, representing 15% of the claims and accounting for 71% of expenditures. The average cost for a generic prescription was $25 dollars, representing 85% of claims and accounting for 29% of expenditures.

The Prescription Drug Program restricts each beneficiary to a maximum of 3 prescriptions per month, with the capability of receiving up to 6 prescriptions by prior authorization. Beneficiaries under 21 years

of age and certified Long Term Care beneficiaries are not restricted to the amount of prescriptions received per month. Persons eligible under the Assisted Living Waiver are allowed up to 9 prescriptions per month.

Beginning January 1, 2006, full benefit, dual-eligible beneficiaries began to receive drug coverage through the Medicare Prescription Drug Benefit (Part D) of the Medicare Modernization Act of 2003, in lieu of coverage through Arkansas Medicaid. Arkansas Medicaid is required to pay the Centers for Medicare and Medicaid Services (CMS) the State Contribution for Prescription Drug Benefit, sometimes referred to as the Medicare Part D Clawback. This Medicare Part D payment for SFY 2015 was $42,021,754.94.

Arkansas Medicaid reimbursement for prescription drugs is based on cost and a dispensing fee. Drug costs are established and based upon a pharmacy's Estimated Acquisition Cost (EAC) and the federally-established Generic Upper Limit or State Established Upper Limit. Arkansas Medicaid has a dispensing fee of $5.51 as established by the Division of Medical Services and approved by CMS. The EAC and dispensing fee are based upon surveys that determine an average cost for dispensing a prescription and the average ingredient cost. In March of 2002, a differential fee of $2.00 was established and applied to generic prescriptions for which there is not an upper limit. The following table shows the average cost per prescription drug in the Arkansas Medicaid Program.



Source: Payout Report

Program Development and Quality Assurance (PD/QA)

The PD/QA Unit develops and maintains the Arkansas Medicaid State Plan, leads the development and research of new programs, oversees contractor technical writing of provider policy manuals, coordinates the approval process through both state and federal requirements and coordinates efforts in finalizing covered program services. The PD/QA Unit also leads development of new waiver

programs and the resulting provider manuals. Because the Division of Medical Services has administrative and financial authority for all Arkansas Medicaid waiver programs, PD/QA is responsible for monitoring the operation of all Arkansas Medicaid waiver programs operated by other Divisions. PD/QA assures compliance with the Centers for Medicare and Medicaid Services (CMS) requirements for operating waiver programs and monitors for key quality requirements.

The PD/QA Unit also develops and maintains the Arkansas Child Health Insurance Program (CHIP) State Plan. PD/QA is responsible for coordinating the development and research of new 1115(a) demonstration waivers, for the oversight of contractor technical writing of any provider policy manuals that may be developed for demonstration waiver programs, for the completion of initial and renewal request applications for 1115(a) demonstration waiver programs and ensuring that they are completed within federal guidelines, and for coordination of the approval process through both state and federal requirements.

Quality Assurance (QA) Activities for waiver programs include:

- Leading development of new waiver programs;
- Communicating and coordinating with CMS regarding waiver program activities and requirements, including the required renewal process;
- Providing technical assistance and approval to operating agencies regarding waiver program policies, procedures, requirements and compliance;
- Performing case reviews, data analysis and oversight activities to help identify problems and assure remediation for compliance with CMS requirements;
- Developing QA strategies and interagency agreements for the operation and administration of waiver programs and
- Developing provider manuals for waiver programs.

Provider Management and Vision and Dental Programs

In addition to directly managing and administering the Medicaid and ARKids Vision and Dental programs, this unit is responsible for other administrative requirements of the Medicaid program such as: provider enrollment, provider screening, deferred compensation, and continuous program monitoring through Survey Utilization Review. The unit also directly responds to concerns and questions of providers and beneficiaries of Arkansas Medicaid and ARKids services.

Utilization Review and Medical Programs

The Utilization Review (UR) section administers multiple medical programs and services. UR monitors the contracted Quality Improvement Organizations' (QIO) performance for quality assurance. UR administers the following programs and activities:

- Pre- and post-payment reviews of medical services;
- Prior authorization for Private Duty Nursing, hearing aids, hearing aid repair and wheelchairs;

- Extension of benefits for Home Health and Personal Care for beneficiaries over the age of 21 and extension of benefits of incontinence products and medical supplies for eligible beneficiaries;
- Prior authorizations and extension of benefits for the following programs: Inpatient and Outpatient Hospitalization, Inpatient Psychiatric under the age of 21, Emergency room utilization, Personal Care for beneficiaries under the age of 21, Child Health Management Services, Therapy, Transplants, Rehabilitative Services for Persons with Mental Illness, Licensed Mental Health Practitioner, Substance Abuse Treatment Services, Durable Medical Equipment and Hyperalimentation services;
- Out-of-state transportation for beneficiaries for medically necessary services/treatment not available in-state;
- Assure compliance of health care coverage benefits as required by regulation, rules, laws and local policy coverage determinations;
- Review of documentation supporting the medical necessity of requested services;
- Analysis of suspended claims requiring manual pricing;
- Review of billing and coding;
- Assist interdepartmental units and other agency divisions regarding health care determinations related to specific rules, laws and policies affecting program coverage;
- Review of evolving medical technology information and contribute to policy changes and program coverage benefits related to specific program responsibility;
- Analysis of information concerning reimbursement issues and assist with resolutions;
- Represent the department in workgroups at the state and local level;
- Conduct continuing evaluations and assessments of performance and effectiveness of various programs;
- Interact with provider groups and levels of federal and state government, including the legislature and governor's office and
- Participate in both beneficiary and provider appeals and hearing processes.

Long Term Care

Along with the six major units of Arkansas Medicaid Services, the Division of Medical Services also houses the Office of Long Term Care (OLTC). Most people think of nursing facilities when they think of the OLTC. The OLTC professional surveyors conduct annual Medicare, Medicaid and State Licensure surveys of Arkansas' 226 Nursing Facilities and 42 Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), including five Human Development Centers. Annual and complaint surveys are also conducted in 38 Adult Day Care and Adult Day Health Care facilities and one Post-Acute Head Injury Facility throughout the state. Semi-annual surveys are conducted in the 61 Residential Care Facilities, 88 Assisted Living Facilities and 23 Alzheimer's Special Care Units. Additionally, annual Civil Rights surveys are conducted in 106 hospitals.

In addition to its role inspecting long-term care facilities, the OLTC provides training and educational opportunities to various health care providers to help ensure that facilities provide the highest level of care possible to long term care residents. OLTC staff provided approximately 56 hours of continuing education through 26 workshops/seminars to over 1,030 staff members in the nursing home and assisted living industry during SFY 2015. Furthermore, there were 243 agendas submitted from outside sources for review to determine 1,288 contact hours for nursing home administrators.

The Nursing Home Administrator Licensure Unit processed renewals for 651 licensed administrators and 78 license applications, and issued 46 new licenses and 5 temporary licenses. Additionally, OLTC administered the state nursing home administrator examination to 78 individuals.

The Criminal Record Check Program applies to all categories of licensed long-term care facilities consisting of over 516 affected facilities. During SFY 2015, there were 34,008 "state" record checks processed through OLTC and 20,064 "federal" record checks processed with a total of 1,040 disqualifications under both categories combined.

At the end of SFY 2015, the Registry for Certified Nursing Assistants (CNAs) contained 30,308 active and 80,789 inactive names. In addition to maintaining the Registry for CNAs, the OLTC also manages the certification renewal process for CNAs, approves and monitors nursing assistant training programs, manages the statewide competency testing services, and processes reciprocity transfers of CNAs coming into and leaving Arkansas.

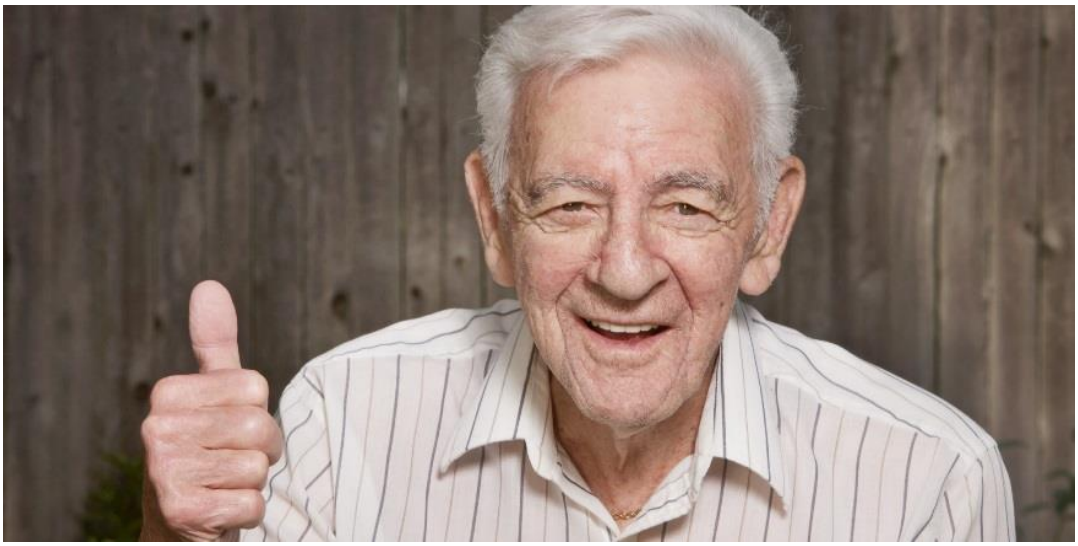
The Medical Need Determination Unit processed approximately 1,266 Arkansas Medicaid nursing facility applications per month while maintaining approximately 11,504 active cases. The unit also processed 10,384 assessments; 1,995 changes of condition requests; 502 transfers; 1,928 utilization review requests and 2,307 applications/reviews for ICF/IID, which includes 377 new assessments and 16 transfers during the year. The unit completed 3,570 TEFRA applications and 105 autism waiver applications. Additionally, the unit completed 15,308 applications/reviews/waivers for other medical programs within the Department of Human Services during SFY 2015.

The OLTC Complaint Unit staffs a registered nurse and licensed social worker who record the initial intake of complaints against long-term care facilities. When this occurs, the OLTC performs an on-site complaint investigation. They are often able to resolve the issues with the immediate satisfaction of the involved parties. The OLTC received 865 nursing home complaints during SFY 2015 regarding care or conditions in facilities.

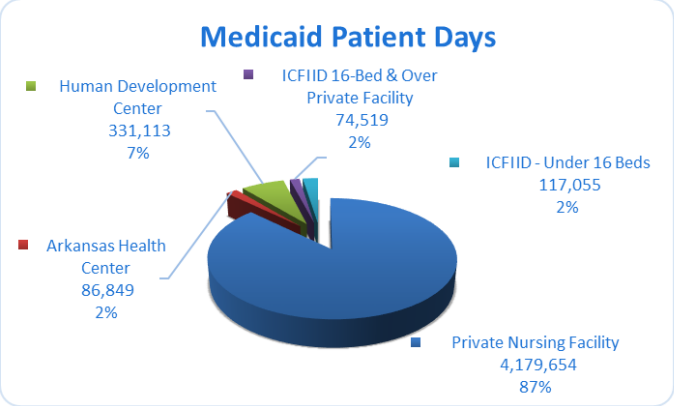
Since 1990, the federal long-term care program has had two levels of facility care under Medicaid. These levels of care are nursing facility services and intermediate care facility services for the intellectually disabled (ICF/IID). Arkansas classifies state-owned facilities as public and all others as private. Arkansas Health Center is a public nursing facility. The ICF/IID population is divided into the five state-owned Human Development Centers, four private pediatric facilities of which three are for profit, one private nonprofit pediatric facility, and 33 fifteen-bed or less facilities serving adults. The nursing facilities include one public and 224 private under Medicaid.

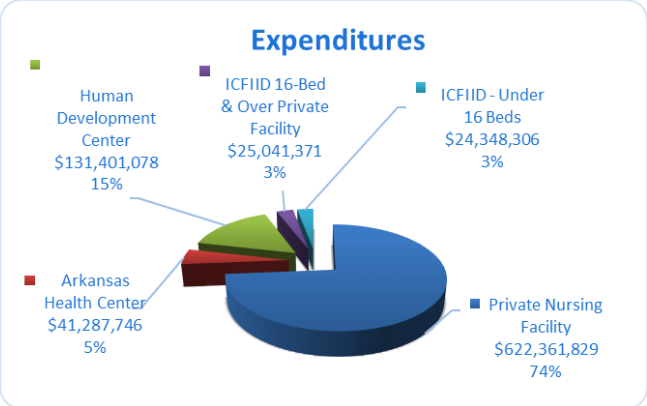
Note: There are two additional private facilities that do not receive Medicaid funding.

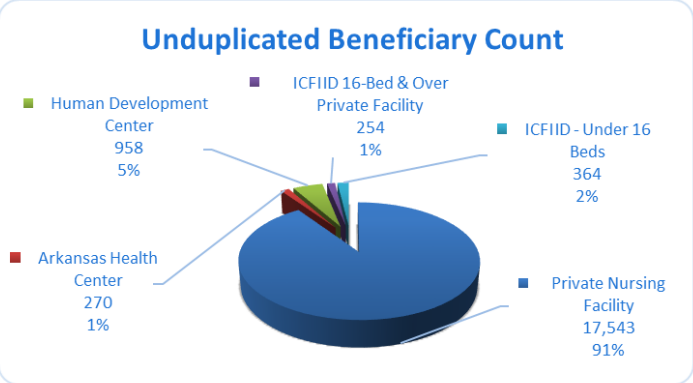
	Nursing Facilities	ICF/IID
Public	Arkansas Health Center Nursing Facility (formerly Benton Services Center)	Arkadelphia Human Development Center, Booneville Human Development Center, Conway Human Development Center, Jonesboro Human Development Center, Warren Human Development Center
Private	Private Nursing Homes (for profit and nonprofit)	Pediatric Facilities: Arkansas Pediatric, Brownwood, Millcreek Nonprofit Pediatric: Easter Seals Nonprofit: 15-Bed or Less Facilities for Adults – 31

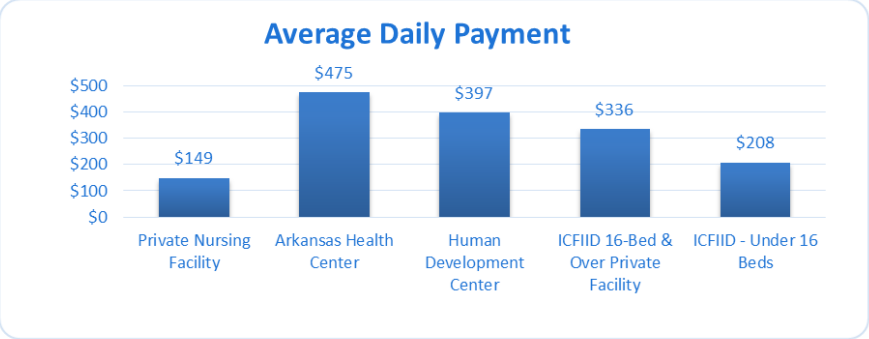


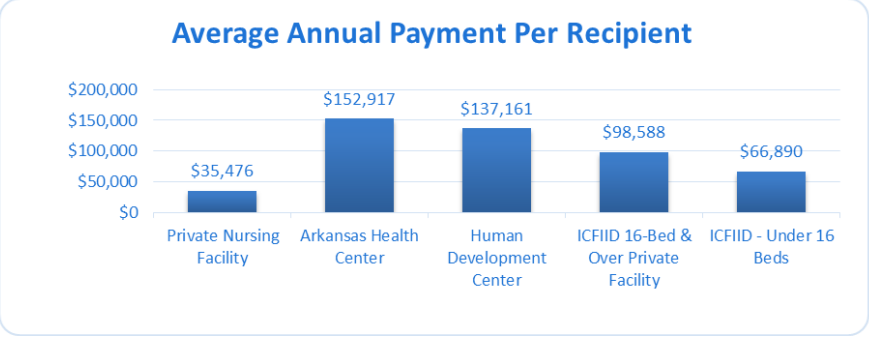
Long Term Care Statistics











Source: Department of Human Services Annual Statistical Report

Medicaid Information Management

The Medicaid Information Management (MIM) department of the Division of Medical Services is made up of four work units:

1. Arkansas Medicaid Enterprise Project Management Office
2. Data Analytics
3. Operations of the Medicaid Management Information System (MMIS)
4. Services and Support

Arkansas Medicaid Enterprise (AME) Project Management Office

The MMIS Replacement Project, chartered by the Division, is to implement a new core MMIS, pharmacy point of sale, and data warehouse and decision support system that will modernize existing system functions and significantly enhance the goals of the MMIS, ensuring that eligible individuals receive the health care benefits that are medically necessary and that providers are reimbursed promptly and efficiently.

The data warehouse and Fraud and Abuse Detection sub-system for Program Integrity were moved into production in February of 2015 under a contract with Optum Government Solutions.

The Pharmacy system under Magellan Health moved in to production in March of 2015. The system has paid 2,273,065 claims since it went live totaling approximately $180 million.

The new Core MMIS design, development, and implementation contract went into effect in December of 2014 with Hewlett Packard Enterprise. The project is expected to be completed in May of 2017.

Data Analytics

The Medicaid Statistical Analytics and Management Unit is responsible for developing and managing workflow processes and projects related to Medicaid data. The unit evaluates new technologies to introduce to the Division in an effort to create efficiencies in time and effort as well as developing and overseeing the Department of Human Services Enterprise Change Control Management.

Operations of the MMIS

The MIM is responsible for the operations and support of the Medicaid Management Information System (MMIS) which processes all Medicaid claims and provides Medicaid data for program management, research and care planning activities. The unit serves as the customer support center in maintaining and operating the IT infrastructure for the Division such as the Medicaid websites.

For State Fiscal Year 2015, MIM received 73 Security Advisory Committee data requests and the Decision Support Lab output 1431 reports. The reports produced include information requested by the Arkansas Legislature, Governor's office, press and other private entities seeking Medicaid performance and participation metrics. MIM works diligently to fulfill these requests while respectfully protecting the privacy of our members.

Services and Support

The Services and Support unit serves as the Division liaison with our Federal partner, the Centers for Medicare and Medicaid Services (CMS). The unit creates and provides the Federal documentation necessary for Medicaid to receive Federal funding for all IT projects.

Federal funding provided by CMS is approved, allocated and tracked based on the Federal Fiscal Year (FFY) (October 1 – September 30). For FFY-2015 (Oct. 2014 – Sept. 2015), CMS approved over $157,873,700.00 towards the costs of various DHS Medicaid IT projects.

Primary Care Initiatives

Patient-Centered Medical Home and Transportation Programs

This unit manages multiple programs and services, primarily the Primary Care Case Management Program known as ConnectCare. Building on the ConnectCare program, the unit has focused on the development and implementation of the Comprehensive Primary Care Initiative and the Patient-Centered Medical Home program. The unit also manages several quality improvement projects such as the Centers for Medicare and Medicaid Services Adult Quality Grant and the Inpatient Quality Incentive program. The unit administers the Early and Periodic Screening, Diagnosis and Treatment; ARKids First-A (Medicaid); ARKids First-B (CHIP); TEFRA; Unborn Child Program (CHIP) and Non-Emergency Transportation programs. Additionally, the unit is responsible for Delta Pilot program implementation and administration of D-SNPs in Arkansas.

Surveillance Utilization Review (SUR)

The SUR unit is responsible for monitoring claims processes for Medicaid to seek indicators of fraud, waste or abuse. SUR employs an analytical tool to develop comprehensive reports and works closely with departmental staff to make recommendations on probable abuses of the Medicaid program. SUR works closely with the Arkansas Office of the Medicaid Inspector General and refers all cases to them when fraud, waste or abuse is suspected.

Continuity of Care and Coordination of Coverage

The Continuity of Care and Coordination of Coverage unit is responsible for coordinating DMS efforts in the implementation of the Health Care Independence Program. The unit assists with coordination of coverage for enrollees as they move in and out of Medicaid and transition to private health insurance programs. The unit is also responsible for the administration and oversight of the Balancing Incentive Program, which implements required structural changes to enhance Medicaid-funded Home and Community Based Services. Additionally, this unit supports other Medicaid initiatives and coordinates with all areas within DMS, several other DHS Divisions and other State agencies.

Health Care Innovation

The Health Care Innovation (HCI) Unit is responsible for coordinating the operations and activities to design the Arkansas Payment Improvement Initiative (APII) and service delivery systems. The unit

works with multi-payers, staff and contractors to design and deliver episodes of care for acute conditions; implement new models of population-based health care for chronic conditions (e.g., patient-centered medical and health homes); develop and coordinate improved payment systems infrastructure requirements; and facilitate stakeholder, provider and beneficiary engagement through the APII.

Now in its third year of work, HCI continues its mission to improve the health of the population, enhance the patient care experience and reduce the cost of health care. The goal is to move Arkansas's health system from a fee-for-service model that rewards volume to an alternative payment model that rewards high-quality, effective outcomes for patients by aligning financial incentives for how care is delivered.

Patient-Centered Medical Homes (PCMH), while not physical locations, embody the prevention and wellness efforts of patient-centered and coordinated care across all provider disciplines. With the goal of promoting and rewarding prevention and early intervention, this coordinated team-based care and clinical innovation results in a more efficient delivery system of high-quality care.

Nationally, our health system's support for primary care is weak, and it frustrates the general public and Primary Care Providers (PCPs) alike. An individual patient doesn't have a single provider who is accountable for his or her care. The complexity of the system can be overwhelming. PCPs are underpaid and not well integrated into other stakeholders in the system. The notion of a PCMH has a long history in primary care, and there is an emerging trend to implement PCMH to address these frustrations with the current medical system.

PCMH helps achieve Arkansas's triple aim: improving population health, enhancing the patient experience and controlling the cost of care. PCMH seeks to do this by investing *more* in primary care. This means higher take-home pay for PCPs, as well as smoother practice processes and workflows.

Since its inception, 849 PCPs have enrolled in PCMHs (includes those enrolled in both PCMH and the Comprehensive Primary Care Initiative (CPCi). To date, there are 337,000 Medicaid beneficiaries enrolled in PCMHs and/or CPCi. Enrollment is twice the anticipated volume and speaks to the success of the programs.

Another segment of Health Care Innovation that has already been implemented is the Retrospective Episodes of Care. To date, fourteen (14) Episodes have gone live, which include Perinatal, Heart Failure, Total Joint Replacement, Colonoscopy, Cholecystectomy, Attention Deficit/Hyperactivity Disorder and three types of Upper Respiratory Infections.

With Episodes of Care, providers are rewarded for providing high quality, cost efficient care. However, providers whose costs exceed the performance of their peers must make payments back to the Medicaid program.

Through July 2015, Retrospective Episodes of Care produced over 23,331 reports for 2,213 individual providers responsible for a patient's care. In order to create these detailed reports, approximately 454.9 million Medicaid claims have been processed to format just under 3.7 million individual episodes (before exclusions).

Arkansas Blue Cross Blue Shield (BCBS) and QualChoice continue to participate and launch selected episodes of care and are currently developing their own set of PCMHs.

The multi-payer provider portal allows providers to enter quality metric data online and access historical and performance measurement reports. The portal's implementation centers around quality metric portal design for future episodes and a provider report format based on feedback and lessons learned.

In an effort to improve population-based care for targeted populations, integrated care models are being developed to address specific needs for Development Disabilities, Behavioral Health and Long Term Services and Supports populations.

Program and Administrative Support

Contract Oversight

The Contract Monitoring Unit oversees all contracts involving the Division of Medical Services and Arkansas Medicaid. The unit reviews both the Request for Proposals and the resulting contracts to ensure the requirements for each contract are capable of being met and measured. The unit makes on-site visits to contractors to establish relationships with the contractors, to review required documentation and to ensure the contractor is providing the services directed under the contract.

Financial Activities

The Financial Activities Unit of the Division of Medical Services (DMS) is responsible for the Division's budgeting and financial reporting, including the preparation of internal management reports and reports to federal and state agencies. This unit also handles division-level activities related to accounts payable, accounts receivable and purchasing, as well as activities to secure and renew administrative and professional services contracts. The Financial Activities unit is also responsible for Human Resource functions in DMS.

Program Budgeting and Analysis

Program Budgeting and Analysis develops the budgets for all of Arkansas' Medicaid waiver renewals and newly proposed Arkansas Medicaid waiver programs. Depending on the type of waiver that is being renewed or proposed, budget neutrality, cost effectiveness or cost neutrality is determined.

In addition to waiver budgeting, Program Budgeting and Analysis analyzes Arkansas Medicaid programs to determine whether each program is operating within their budget and if program changes should be considered. This unit also performs trend and other financial analysis by type of service, provider, aid category, age of beneficiary, etc.

Provider Reimbursement

Provider Reimbursement develops reimbursement methodologies and rates, identifies budget impacts for changes in reimbursement methodologies, coordinates payments with the Arkansas Medicaid Fiscal Agent and provides reimbursement technical assistance for the following Arkansas Medicaid providers:

- Institutional – The Institutional Section is responsible for processing: all necessary cost settlements for in-state and border city Hospitals, Residential Treatment Units and Federally Qualified Health Clinics; calculating and reimbursing annual hospital Upper Payment Limit amounts, hospital quality incentive payments and hospital Disproportionate Share payments; calculating per diem reimbursement rates for Residential Treatment Centers; processing and implementing all necessary rate changes within Medicaid Management Information System for the above named providers and processing all necessary retroactive reimbursement rate change mass adjustments for these providers.
- Non-Institutional –The Non-Institutional Section is responsible for the maintenance of reimbursement rates and assignment of all billing codes for both institutional and non-institutional per diems, services, supplies, equipment purchases and equipment rental for the following providers: Physician, Dental, Durable Medical Equipment, ARKids, Nurse Practitioner, Certified Nurse-Midwife, Child Health Management Services, Developmental Day Treatment Clinic Services, Other.
- Long Term Care (LTC) – The LTC Section reviews annual and semi-annual cost reports submitted by Nursing Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities. The cost reports are reviewed for compliance with applicable state and federal requirements and regulations, including desk and on-site reviews. The LTC Section maintains a database of the cost report information, which is used to evaluate cost and develop reimbursement methodologies and rates. The LTC Section is also responsible for processing all necessary retroactive reimbursement rate change mass adjustments for these providers.

Third Party Liability and Estate Recovery

As the payer of last resort, federal and state statutes require Medicaid agencies to pursue third party resources to reduce Medicaid payments. One aspect of Arkansas Medicaid cost containment is the Third Party Liability Unit of Administrative Support. This unit pursues third party resources (other than Arkansas Medicaid) responsible for health care payments to Arkansas Medicaid beneficiaries. These

sources include health and liability insurance, court settlements, absent parents and estate recovery. The savings for State Fiscal Year 2015 were as follows:

	SFY 2015
Other Collections (Health, Casualty Insurance and Estate Recovery)	$28,773,215.40
Cost Avoidance (Health Insurance)	$30,110,825.73
Total Savings	$58,884,041.13

Source: Division of Medical Services Statistical Report

Appendices

Glossary of Acronyms

Department of Human Services (DHS) – Division of Medical Services (DMS) Organizational Chart

Maps

- Enrollees by County State Fiscal Year (SFY) 2015
- Expenditures by County SFY 2015
- Waiver Expenditures and Waiver Beneficiaries by County SFY 2015
- Providers by County SFY 2015

DMS Contacts

Glossary of Acronyms

ACA
Affordable Care Act

AFMC
Arkansas Foundation for Medical Care

AME
Arkansas Medicaid Enterprise

APII
Arkansas Health Care Payment Improvement Initiative

CHIP
Child Health Insurance Program

CMS
Centers for Medicare and Medicaid Services

CNA
Certified Nursing Assistant

CPCI
Comprehensive Primary Care Initiative

DHS
Department of Human Services

DMS
Division of Medical Services (Medicaid)

DSS
Decision Support System/Data Warehouse

EAC
Estimated Acquisition Cost

EHRU
Electronic Health Records Unit

EPSDT
Early and Periodic Screening, Diagnosis and Treatment

HCI
Health Care Innovation

HCIP
Heath Care Independence Program

ICF/IID
Intermediate Care Facilities for Individuals with Intellectual Disabilities

LTC
Long Term Care

MIM
Medicaid Information Management

MMIS
Medicaid Management Information System

NDC
National Drug Code

OLTC
Office of Long Term Care

PCMH
Patient-Centered Medical Home

PCP
Primary Care Provider

PD/QA
Program Development and Quality Assurance

QA
Quality Assurance

QIO
Quality Improvement Organization

SFY
State Fiscal Year – July 1 to June 30

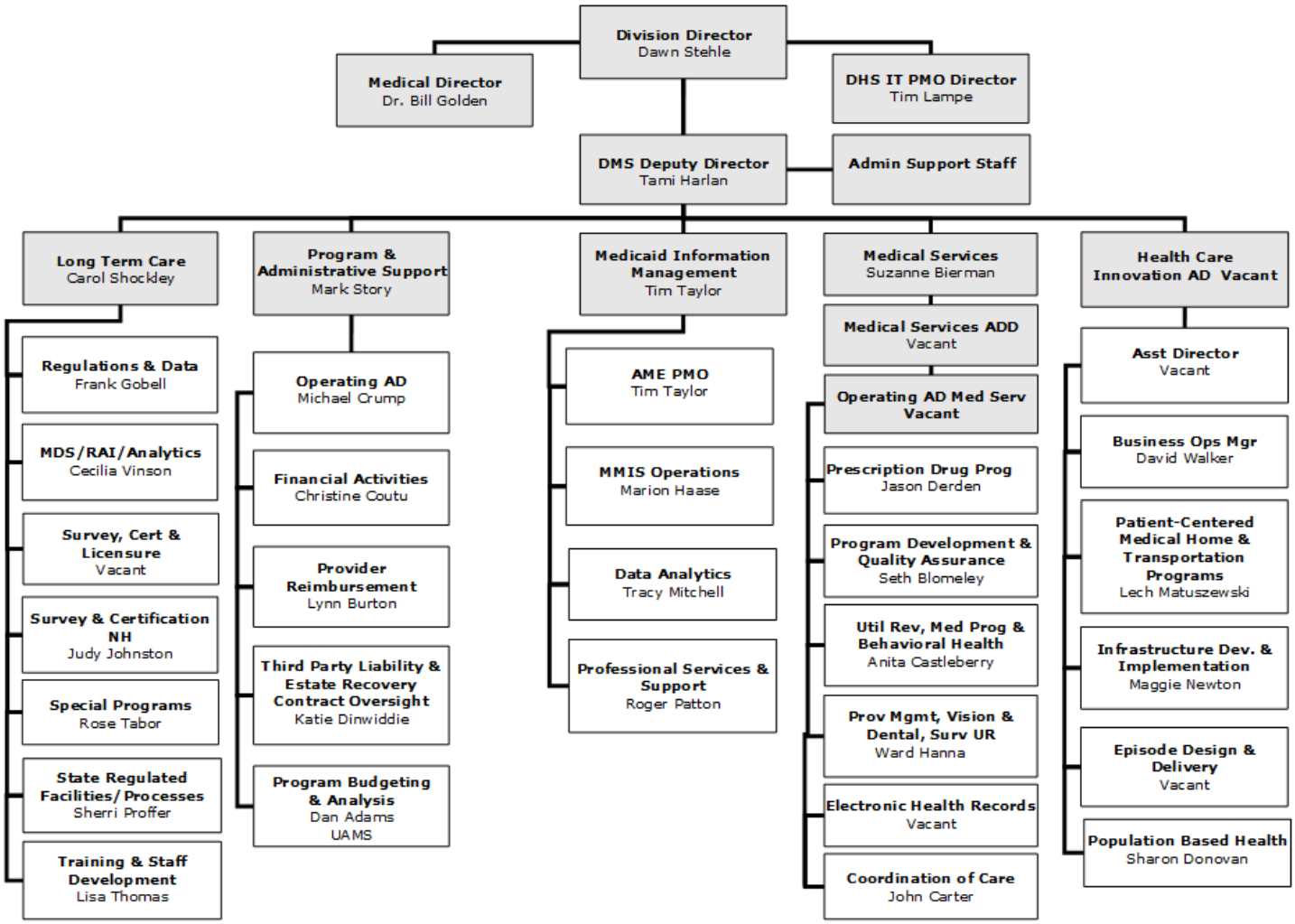
SPA
State Plan Amendment

SURS
Surveillance and Utilization Review Subsystem

TEFRA
Tax Equity and Financial Responsibility Act

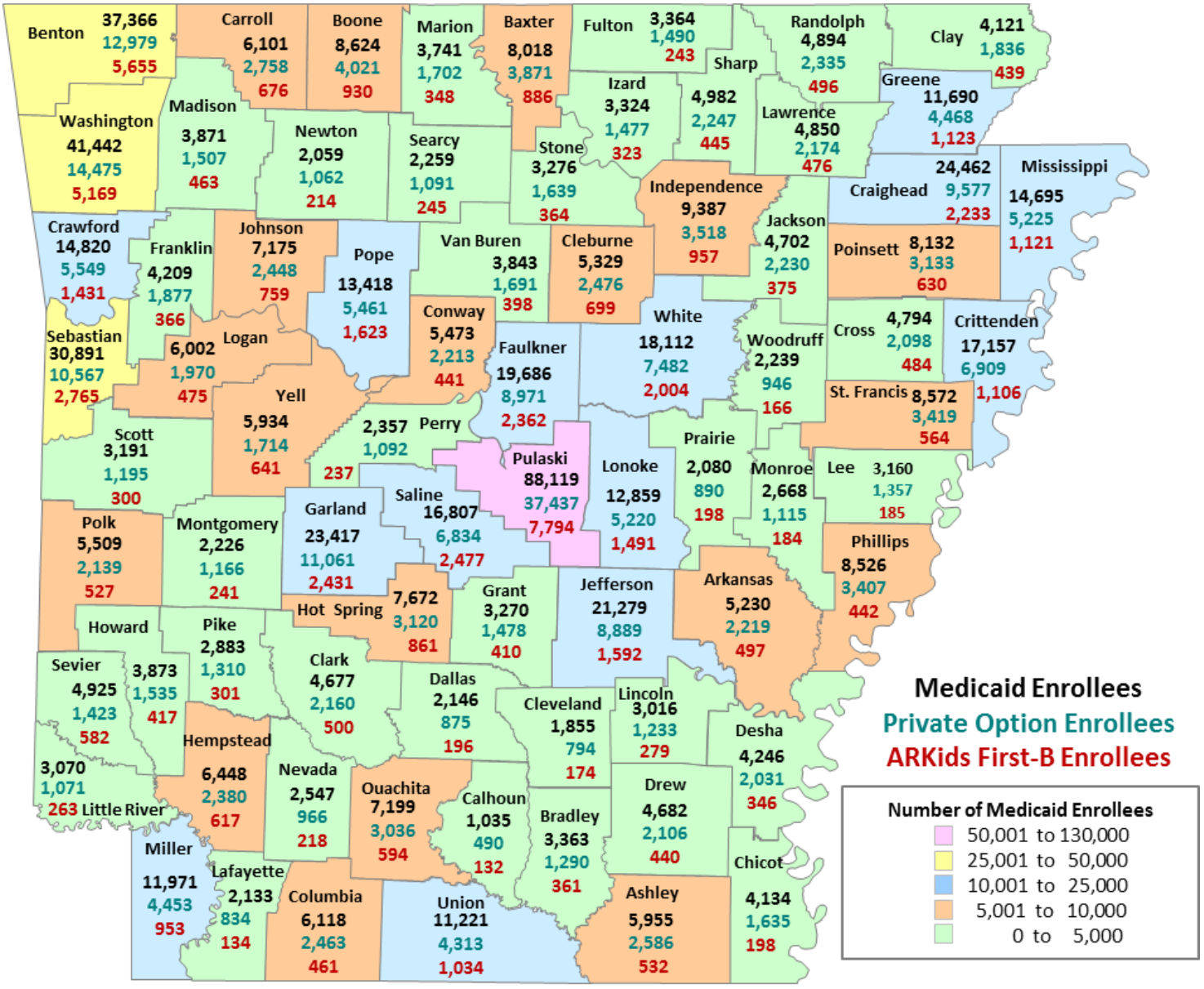
UR
Utilization Review

Department of Human Services (DHS) – Division of Medical Services (DMS) Organizational Chart



February 4, 2016

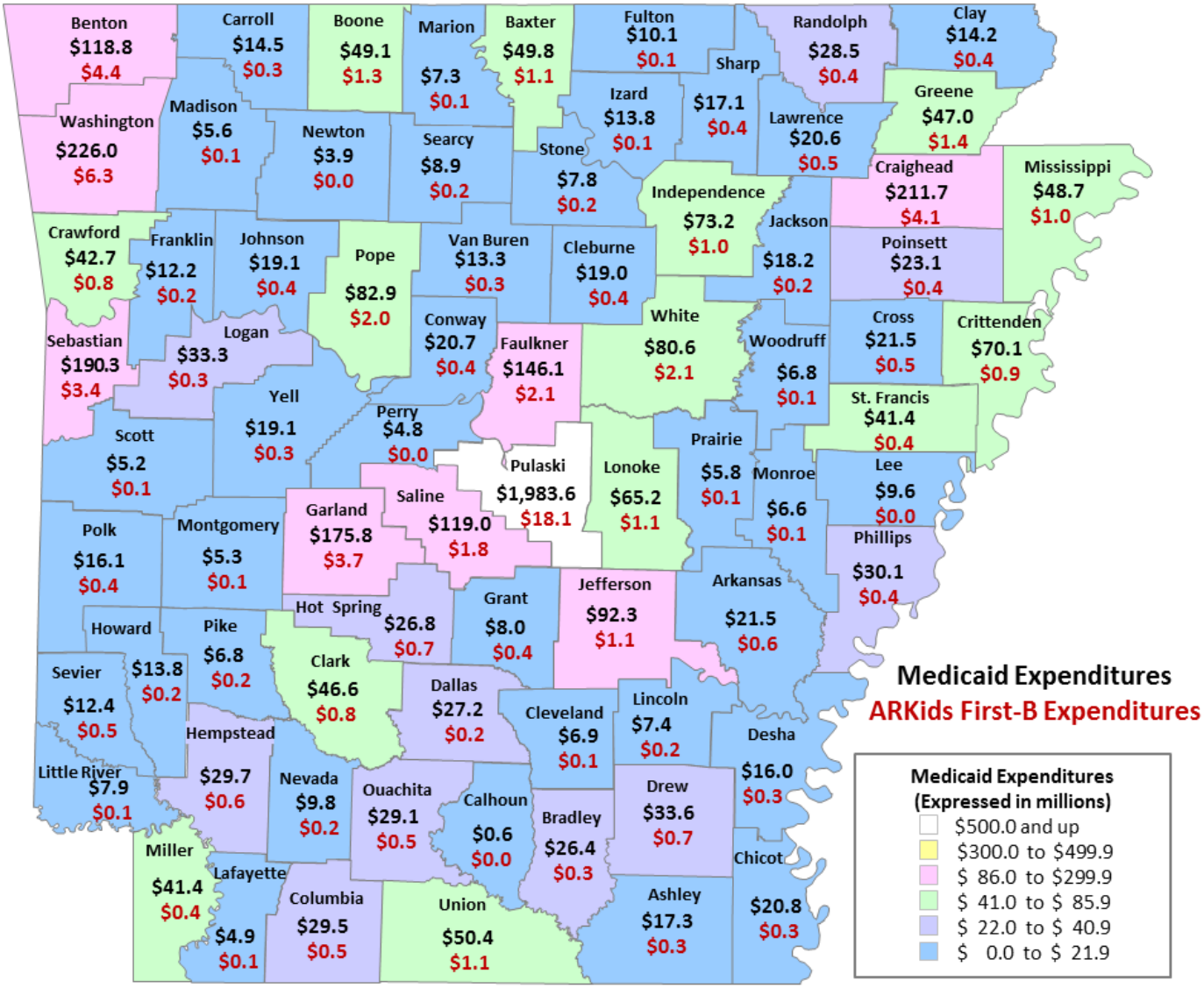
Map – Enrollees by County



Source: Department of Human Services, Division of Medical Services
Medicaid Decision Support System

NOTE: These are individuals who have enrolled in the program, and may or may not have received services.

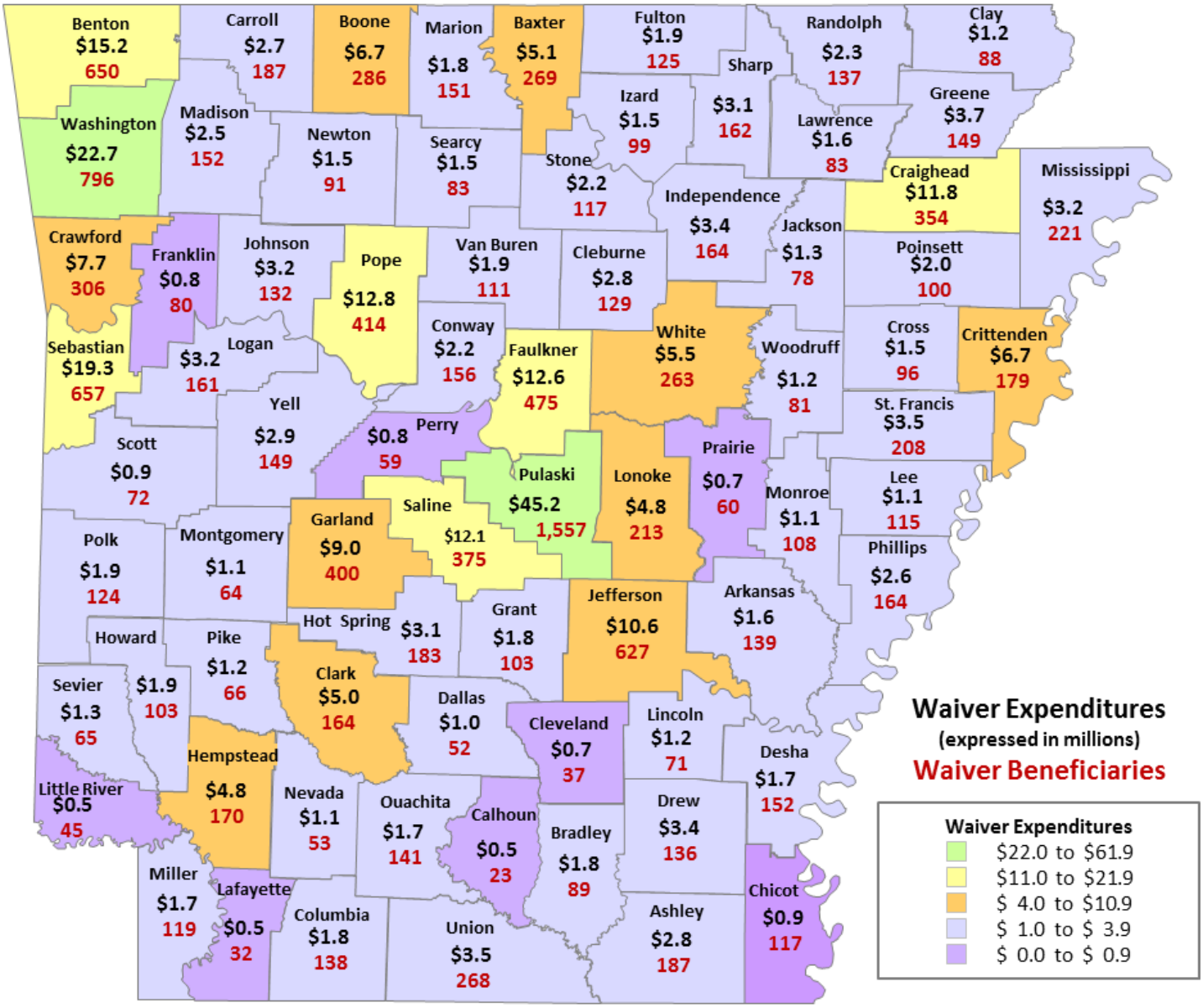
Map – Expenditures by County



Source: Department of Human Services; Division of Medical Services
Medicaid Decision Support System
(Medicaid Expenditures includes ARKids and Private Option.)

NOTE: Does not include managed care or Non-Emergency Transportation claims.

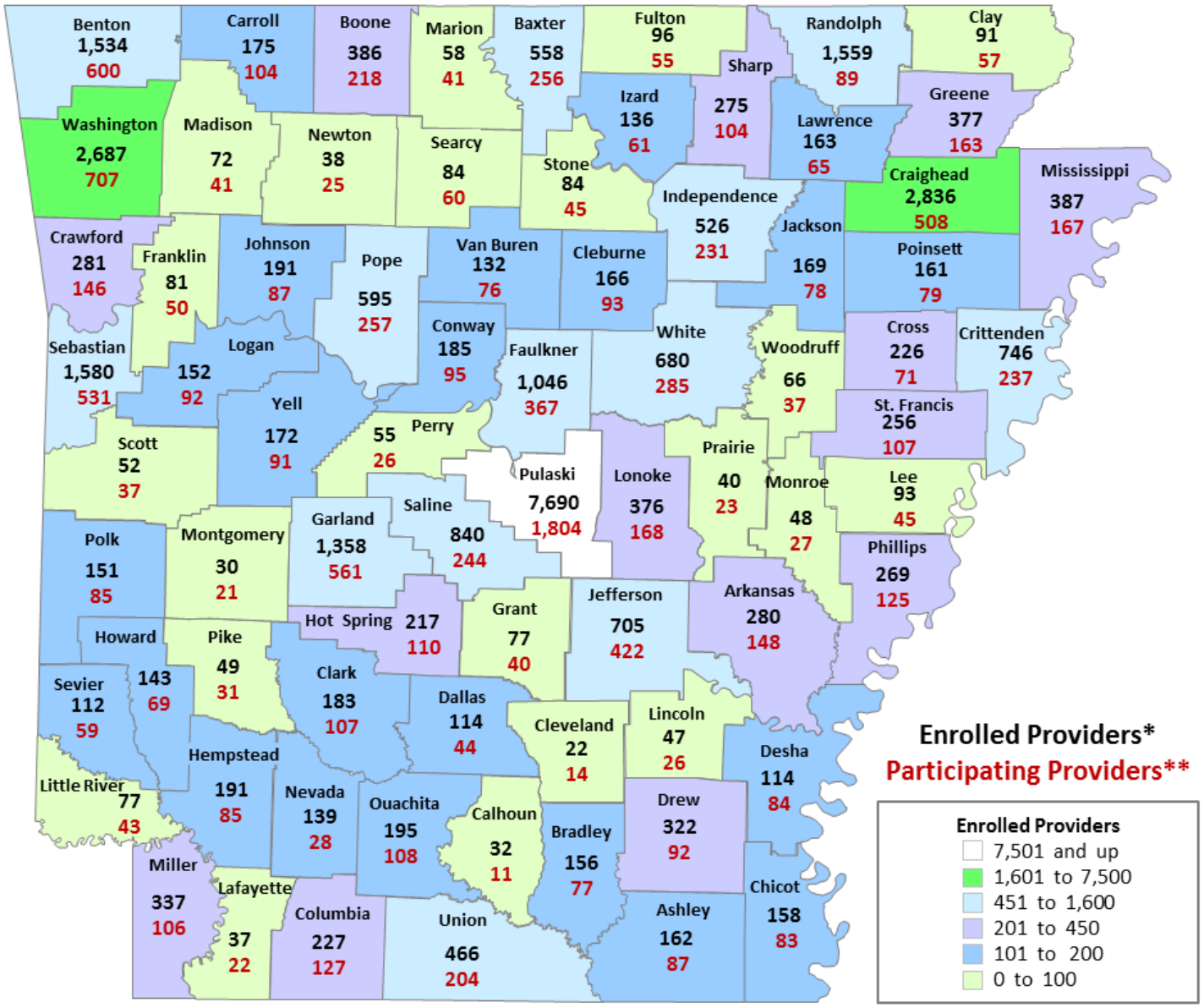
Map – Waiver Expenditures and Waiver Beneficiaries by County



Source: Department of Human Services; Division of Medical Services
Medicaid Decision Support System

Waivers included:
Alternatives for Persons with Disabilities
Autism
Developmental Disabilities Services – Alternative Community Services
ElderChoices
Living Choices Assisted Living

Map – Providers by County



Source: Department of Human Services; Division of Medical Services
Medicaid Decision Support System

*Enrolled Providers – Providers who have been approved by Medicaid to provide services to Medicaid beneficiaries
**Participating Providers – Providers who billed at least one claim in State Fiscal Year 2015

Division of Medical Services Contacts

All telephone and fax numbers are in area code (501).

Name / e-mail	Title	Voice / Fax	Mail Slot
Dawn Stehle Dawn.Stehle@dhs.arkansas.gov	Director, Division of Medical Services	V: 683-4997 F: 682-1197	S-401
Suzanne Bierman Suzanne.Bierman@dhs.arkansas.gov	Assistant Director, Medical Services	V: 320-6003 F: 682-8873	S-401
Seth Blomeley Seth.Blomeley@dhs.arkansas.gov	Business Operations Manager, Program Development and Quality Assurance	V: 320-6425 F: 682-2480	S-295
Lynn Burton Lynn.Burton@dhs.arkansas.gov	Business Operations Manager, Provider Reimbursement	V: 682-1857 F: 682-3889	S-416
Anita Castleberry Anita.Castleberry@dhs.arkansas.gov	Business Operations Manager, Utilization Review and Behavioral Health Programs	V: 682-8154 F: 682-8013	S-413
Cathy Coffman Cathy.Coffman@dhs.arkansas.gov	Nurse Manager Utilization Review and Medical Programs	V: 537-1670 F: 682-8013	S-413
Tina Coutu Christine.Coutu@dhs.arkansas.gov	Business Operations Manager, Financial Activities	V: 537-2195 F: 682-2263	S-416
Michael Crump Michael.Crump@dhs.arkansas.gov	Assistant Director of Operations Administrative Support	V: 537-3430 F: 682-2263	S-416
Jason Derden Jason.Derden@dhs.arkansas.gov	Pharmacy Administrator, Arkansas Medicaid Pharmacy Program	V: 683-4120 F: 683-4124	S-415
Sharon Donovan Sharon.Donovan@dhs.arkansas.gov	Business Operations Manager, Health Care Innovation	V: 396-6003 F: 682-6706	S-416
Frank Gobell Frank.Gobell@dhs.arkansas.gov	Business Operations Manager, Long Term Care (LTC) – Regulations and Data	V: 320-6017 F: 682-1197	S-409
William Golden William.Golden@dhs.arkansas.gov	Medical Director, Division of Medical Services	V: 320-6490 F: 682-1197	S-401
Ward Hanna Ward.Hanna@dhs.arkansas.gov	Business Operations Manager, Provider Management and Vision and Dental Programs	V: 320-6201 F: 682-1197	S-410
Tami Harlan Tami.Harlan@dhs.arkansas.gov	Deputy Director, Division of Medical Services	V: 682-8330 F: 682-1197	S-401
Judy Johnston Judy.Johnston@dhs.arkansas.gov	Nurse Manager, Survey and Certification Enforcement	V: 320-6249 F: 682-6171	S-404
Brian Jones Brian.Jones@dhs.arkansas.gov	Medical Assistance Manager, Institutional and Non-Institutional Provider Reimbursement	V: 537-2064 F: 682-3889	S-416

Tracy Mitchell Tracy.T.Mitchell@dhs.arkansas.gov	Medicaid Data Security Administrator Medicaid Information Management	V: 396-6171 F: 682-5318	S-417
Lech Matuszewski Lech.Matuszewski@dhs.arkansas.gov	Policy Research Director, Patient-Centered Medical Home and Transportation Programs	V: 320-6220 F: 682-1197	S-410
Laurence Miller Laurence.Miller@dhs.arkansas.gov	Senior Psychiatrist, Division of Medical Services	V: 683-4120 F: 683-4124	S-415
Doug Nelson Douglas.Nelson@dhs.arkansas.gov	Medical Assistance Manager, Provider Management and Dental and Vision Programs	V: 320-6493 F: 682-8304	S-410
Maggie Newton Margaret.Newton@dhs.arkansas.gov	Business Operations Manager, Health Care Innovation	V: 320-6488 F: 682-6706	S-416
Tom Parsons Tom.Parsons@dhs.arkansas.gov	Medical Assistance Manager, LTC Provider Reimbursement	V: 537-2066 F: 682-3889	S-416
Roger Patton Roger.Patton@dhs.arkansas.gov	Professional Services Manager, Health Care Innovation	V: 320-6540 F: 683-5318	S-417
Sherri Proffer Sherri.Proffer@dhs.arkansas.gov	Nurse Manager, Assisted Living Facilities/Residential Care Facilities and Eligibility Determinations	V: 320-6192 F: 682-8551	S-406
Carol Shockley Carol.Shockley@dhs.arkansas.gov	Assistant Director, Long Term Care	V: 682-8487 F: 682-1197	S-409
Brenda Sliger Brenda.Sliger@dhs.arkansas.gov	DMS Program Manager and Assistant to Deputy Director, Division of Medical Services	V: 682-8329 F: 682-1197	S-401
Mary Beth Sparks Mary.Sparks@dhs.arkansas.gov	Administrative Assistant, Division of Medical Services	V: 683-4997 F: 682-1197	S-401
Mark Story Mark.Story@dhs.arkansas.gov	Assistant Director, Administrative Services and Chief Financial Officer	V: 320-8955 F: 682-5318	S-416
Tim Taylor Tim.Taylor@dhs.arkansas.gov	Assistant Director and AME PMO Director, Medicaid Information Management	V: 320-6538 F: 682-8873	S-416
Shelley Tounzen Shelley.Tounzen@dhs.arkansas.gov	Public Information Coordinator, Health Care Innovation	V: 320-6419 F: 682-6706	S-416
Cecilia Vinson Cecilia.Vinson@dhs.arkansas.gov	Nurse Manager, Minimum Data Set	V: 320-6438 F: 682-6171	S-409
David Walker David.Walker@dhs.arkansas.gov	Business Operations Manager, Health Care Innovation	V: 320-6335 F: 682-6706	S-416

Phone Numbers and Internet Resources

Quick Reference Guide

Adoptions	501-682-8462
ARKids First	501-682-8310
Child Care Licensing	501-682-8590
Child Welfare Licensing	501-321-2583
Children's Medical Services	501-682-2277
Client Advocate	501-682-7953
ConnectCare (Primary Care Physicians)	501-614-4689
Director's Office	501-682-8650
Food Stamps	501-682-8993
Foster Care	501-682-1569
Juvenile Justice Delinquency Prevention	501-682-1708
Medicaid	501-682-8340
Nursing Home Complaints	501-682-8430
Press Inquiries	501-682-8650
Services for the Blind	501-682-5463
State Long Term Care Ombudsman	501-682-8952
Transitional Employment Assistance	501-682-8233
Volunteer Information	501-682-7540

Hotlines

Adoptions	1-888-736-2820
Adult Protective Services	1-800-482-8049
ARKids First	1-888-474-8275
Child Abuse	1-800-482-5964
Child Abuse Telecommunications Device for the Deaf (TDD)	1-800-843-6349
Child Care Assistance	1-800-322-8176
Child Care Resource and Referral	1-800-455-3316
Child Support Information	1-877-731-3071
ConnectCare (Primary Care Physicians)	1-800-275-1131
Choices in Living Resource Center	1-866-801-3435
General Customer Assistance	1-800-482-8988
General Customer Assistance TDD	1-501-682-8820
Fraud and Abuse Hotline	1-800-422-6641
Medicaid Transportation Questions	1-888-987-1200
Senior Medicare Fraud Patrol	1-866-726-2916
Employee Assistance Program	1-866-378-1645

Internet Resources

Access Arkansas	https://access.arkansas.gov
Arkansas Foundation for Medical Care	http://www.afmc.org
Arkansas Medicaid	https://www.medicaid.state.ar.us
Arkansas Payment Improvement Initiative	http://www.paymentinitiative.org/Pages/default.aspx
ARKids First	http://www.arkidsfirst.com/home.htm
Connect Care (Primary Care Physicians)	http://www.seeyourdoc.org
Department of Human Services (DHS)	http://www.arkansas.gov/dhs
DHS County Offices	http://www.medicaid.state.ar.us/general/units/cooff.aspx