



Arkansas Department of Human Services

Division of Medical Services

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TO: Health Care Provider – All Providers

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REMOVE

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Explanation of Updates

Page I-9, section 105, has been revised to include information regarding the process and time frames involved in implementing a recipient “lock-in” to one pharmacy provider. The section heading has also been revised.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or (501) 682-6789 and 1-877-708-8191 (TDD).

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

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director
Division of Medical Services

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.

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Recipient Lock-In

The purposes of the recipient lock-in rule are to better enable physicians and pharmacists to provide quality care and to assure that the Medicaid Program does not unintentionally facilitate recipient drug abuse or injury from overmedication or drug interaction. An eligible recipient, when correctly identified by application of a utilization algorithm and clinical review to have utilized Medicaid pharmacy services at a frequency or amount not medically necessary, will be required to select one provider of pharmacy services and will be informed that Medicaid will deny claims for pharmacy services submitted by any provider other than the provider selected by the recipient.

At least 30 days before implementing a recipient lock-in, the Division of Medical Services (DMS) or its agents will mail a notice to the recipient at the address listed on the recipient's eligibility records stating the reasons for the intended action. This notice will state the process for reconsideration by the recipient. If, upon reconsideration by DMS or its agent, the recipient is not satisfied with the decision to be locked in to one pharmacy provider, the recipient will be notified by the State of the process to appeal in accordance with the Department of Human Services Appeal Procedures.

Within 10 days of receiving the notice of the decision to be locked in, the recipient must select one pharmacy provider.

In cases of provider restriction, the provider selected will be notified prior to the actual "lock-in," so adequate time is allowed for selection of another provider should the first provider find he cannot provide the needed services. If a recipient fails or refuses to choose one provider, a list of providers used by the recipient will be reviewed and a provider will be chosen.

When a recipient is involved in restriction, the eligibility verification transaction will reflect "lock-in to other provider." The restriction will be removed after demonstration by the recipient that the abusive situation has been corrected.

Application of this rule will not result in the denial, suspension, termination, reduction or delay of medical assistance to any recipient.

The cooperation of all providers is necessary to assure that recipients receive notice upon the implementation of any provider restriction. Any provider who believes a particular recipient should be considered for recipient lock-in should notify the Pharmacy Unit/Utilization Review Section, Division of Medical Services, by calling (501) 683-4120/(501) 682-8334.

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110 SOURCES OF INFORMATION

111 Provider Enrollment Unit

Any questions regarding provider enrollment, participation requirements and/or contracts should be directed to this unit. Their office may be contacted at (501) 682-8502 or 1-800-482-1141 (In-State WATS).

112 Provider Relations and Claims Processing Contractor

EDS, a contractor, performs provider relations and the processing of Medicaid claims. EDS Provider Representatives are available to assist providers with detailed billing or policy questions and to schedule on-site technical assistance with AEVCS and NECS software. To contact a representative, providers may call the Provider Assistance Center at 1-800-457-4454 (In-State WATS) or (501) 376-2211 (local or out-of-state). Representatives can be reached directly by calling (501) 374-6609.

113 Children's Medical Services (CMS)

Children's Medical Services (CMS) assists providers with questions regarding prior authorization of services for individuals under age 21 in several programs. The programs involved are Targeted Case Management, Personal Care, Private Duty Nursing and Occupational, Physical and Speech Therapy and for certain prosthetic items in the Prosthetics program. They assist providers with questions regarding extension of benefits for the Prosthetics program, the Personal Care and Private Duty Nursing programs and with supplies in the Home Health program. The community based CMS nurse is responsible for prior authorizations. Providers may call (501) 682-2277, (501) 682-2270 or 1-800-482-5850, extension 22277. Extension 22270 may be utilized to obtain the telephone number for the community based organization for a specific child. CMS Central Office may be contacted by FAX at (501) 682-8247 or (501) 682-1779.