ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
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TO: **Arkansas Medicaid Health Care Providers**

DATE: **November 1, 2007**

SUBJECT: **Section I Provider Manual Update Transmittal**

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REMOVE		INSERT	
Section	**Date**	**Section**	**Date**
171.210	7-01-05	171.210	11-01-07

Explanation of Updates

Section 171.210 is revised to inform providers that the Arkansas Foundation for Medical Care Medicaid Managed Care Services provider representative will authorize requests to increase or decrease a PCP's maximum desired caseload. This section is also revised to provide clarification around the ability to see new patients while meeting the 30-day notice requirement.

Paper versions of this update transmittal have updated pages attached to file 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 need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

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.

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.

Roy Jeffus, Director

TOC not required

171.210 Caseload Maximum and PCP Caseload Limits 11-1-07

A. Each PCP may establish an upper limit to his or her Medicaid caseload, up to the default maximum of 1000.

1. The state may permit higher maximum caseloads in areas the federal government has designated as medically underserved.
2. The state may permit higher maximum caseloads for PCPs who state in writing that a caseload limit of 1000 will create a hardship for them, their patients and/or the community they serve.

B. The state will not require any PCP to accept a caseload greater than the PCP's requested caseload maximum.

C. A PCP may increase or decrease his or her maximum desired caseload by any amount, at any time, by submitting a signed request to their Arkansas Foundation for Medical Care (AFMC) Medicaid Managed Care Services (MMCS) Provider Relations Representative. Prior to making the request for an increase of a caseload that is already at it's maximum, the PCP is encouraged to review their caseload using the AFMC AMII (Arkansas Medicaid Information Interchange) web portal for inactive patients to determine if those patients should be removed from their caseload. If it is determined that the inactive patients should be removed from their caseload, the PCP must:

1. Contact the patient in writing at least 30 days in advance of the effective date of the termination to give the patient the option of making a visit to the PCP to remain an active patient. If the patient does not choose to make a visit to the PCP, the termination can be effective at the end of 30 calendar days.
2. The PCP may see new patients with approval from AFMC Medicaid Managed Care Services during the 30 calendar day notification process.
3. The notice must state that the enrollee has 30 calendar days in which to enroll with a different PCP.
4. The PCP must forward a copy to the enrollee to the local DHS office in the enrollee's county of residence.