ARKANSAS REGISTER



Transmittal Sheet

Use only for FINAL and EMERGENCY RULES

Secretary of State Mark Martin

500 Woodlane, Suite 026 Little Rock, Arkansas 72201-1094 (501) 682-5070 www.sos.arkansas.gov



For Office Use Only: Effective Date Code Number Name of Agency Department of Human Services Department Division of Medical Services Contact Cathy Coffman E-mail cathy.coffman@dhs.arkansas.gov Phone 501-5372188 Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201 Rule Title: Section 1-6-17 Intended Effective Date Date (Check One) 01/10/18 Emergency (ACA 25-15-204) 02/08/18 10 Days After Filing (ACA 25-15-204) Final Date for Public Comment Other 8-1-18 7/17/18 Reviewed by Legislative Council (Must be more than 10 days after filing date.) 08/01/2018 Adopted by State Agency Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218) Lisa Smith lisa.smith@dhs.dms@arkansas.gov Contact Person E-mail Address

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature
(501) 683-4997 tami.harlan.arkansas.gov

Phone Number E-mall Address
Interim Director

Title

Day



Division of Medical ServicesOffice of Policy Coordination & Promulgation

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437 501-320-6428 · Fax: 501-404-4619 TDD/TTY: 501-682-6789



TO:

Arkansas Medicaid Health Care Providers - Section I

EFFECTIVE DATE:

August 1, 2018

SUBJECT:

Provider Manual Update Transmittal Seci-6-17

REMOVE

INSERT

Section

Effective Date

Section

Effective Date

170.100

2-1-17

170,100

8-1-18

Explanation of Updates

Section 170.100 has been updated to allow four (4) visits to a hospital affiliated walk-in or emergent care clinic without a PCP referral.

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 Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Policy Coordination and Promulgation 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: https://medicaid.mmis.arkansas.gov/Provider/Docs/Docs.aspx.

Thank you for your participation in the Arkansas Medicaid Program.

Tami Harlan Interim Director

TOC not required

170.100 Introduction

8-1-18

Arkansas Medicaid's Primary Care Case Management (PCCM) Program operates statewide under the authority of the Medicaid State Plan.

- A. Most Medicaid beneficiaries and all ARKids First-B participants must enroll with a primary care physician (PCP), also known as a primary care case manager (PCCM).
 - 1. PCPs provide primary care services and health education.
 - 2. PCPs make referrals for medically necessary specialty physician's services, hospital care and other services.
 - 3. PCPs assist their enrollees with locating medical services.
 - PCPs coordinate and monitor their enrollees' prescribed medical and rehabilitation services.
- B. Medicaid enrollees may receive services only from their PCP unless their PCP refers them to another provider, or unless they access a service that does not require a PCP referral.
- C. If a beneficiary does not have a primary care provider, Arkansas Medicaid will allow up to four (4) visits per state fiscal year without a Primary Care Physician (PCP) referral to a hospital affiliated Walk-in Clinic or Emergent Clinic.
- D. These visits apply to all related benefit limits.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

| DE | PARTMENT | Department of Human Se | rvices | | |
|---|---|---|--|--------------------------|------------------|
| DI | VISION | Medical Services | | | - |
| PE | RSON COMPL | ETING THIS STATEME | | | |
| TE | LEPHONE 501 | -537-2064 FAX 501- | | n Jones hs.arkansas.g | ov |
| To Sta | comply with Aratement and file t | k. Code Ann. § 25-15-204(etwo copies with the question | e), please complete the follow nnaire and proposed rules. | ing Financial | Impact |
| SF | ORT TITLE O | F THIS RULE Emergen | t Care/Section I-6-17 | | |
| 1. | Does this propo | sed, amended, or repealed | rule have a financial impact? | Yes 🗌 | No 🛛 |
| 2. | economic, or ot | | tainable scientific, technical, on available concerning the s to the rule? | Yes 🔀 | No 🔲 |
| 3. | | n of the alternatives to this roo be the least costly rule co | rule, was this rule determined nsidered? | Yes 🖂 | No 🗌 |
| | If an agency is p | proposing a more costly rul | e, please state the following: | | |
| | (a) How the a | idditional benefits of the mo | ore costly rule justify its additi | onal cost; | |
| | (b) The reason | n for adoption of the more | costly rule; | | |
| | | the more costly rule is based se explain; and; | d on the interests of public hea | lth, safety, or | welfare, and |
| (d) Whether the reason is within the scope of the agency's statutory authority; and if so, explain. | | | | f so, please | |
| 4. | If the purpose of | f this rule is to implement a for | ederal rule or regulation, please | state the follo | wing: |
| | (a) What is th | ne cost to implement the fed | deral rule or regulation? | | |
| <u>Cı</u> | ırrent Fiscal Ye | <u>ar</u> | Next Fiscal Year | | |
| Fe Ca Sp | eneral Revenue deral Funds ash Funds ecial Revenue her (Identify) | 0 | Coch Funda | 0 | |
| То | otal | 0 | Total | 0 | |
| | | | | Revi | sed January 2017 |

| Current Fiscal Year | Next Fiscal Year |
|---|--|
| General Revenue Federal Funds Cash Funds Special Revenue Other (Identify) | Cash Funds Special Revenue |
| Total | Total |
| What is the total estimated cost by fisc the proposed, amended, or repealed rul explain how they are affected. | al year to any private individual, entity and business subject to e? Identify the entity(ies) subject to the proposed rule and |
| Current Fiscal Year | Next Fiscal Year |
| affected. Current Fiscal Year \$ 0 | Next Fiscal Year |
| | \$ 0 |
| . With respect to the agency's answers to or obligation of at least one hundred th | o Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, |
| . With respect to the agency's answers to or obligation of at least one hundred th | O Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, overnment, county government, municipal government, or to |
| . With respect to the agency's answers to or obligation of at least one hundred the private entity, private business, state go two (2) or more of those entities combined. | Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, overnment, county government, municipal government, or to ined? Yes \(\sumset \) No \(\sumset \) |
| . With respect to the agency's answers to or obligation of at least one hundred the private entity, private business, state go two (2) or more of those entities combined in the private agency is required by Ark. time of filing the financial impact state | Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, overnment, county government, municipal government, or to ined? |
| With respect to the agency's answers to or obligation of at least one hundred the private entity, private business, state go two (2) or more of those entities combined in the private agency is required by Ark. The time of filing the financial impact state | O Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, overnment, county government, municipal government, or to ined? Yes No Code Ann. § 25-15-204(e)(4) to file written findings at the ment. The written findings shall be filed simultaneously I shall include, without limitation, the following: |
| With respect to the agency's answers to or obligation of at least one hundred the private entity, private business, state go two (2) or more of those entities combined the state of filing the financial impact state with the financial impact statement and (1) a statement of the rule's basis and private or obligation. | O Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, overnment, county government, municipal government, or to ined? Yes No Code Ann. § 25-15-204(e)(4) to file written findings at the ment. The written findings shall be filed simultaneously I shall include, without limitation, the following: |
| . With respect to the agency's answers to or obligation of at least one hundred the private entity, private business, state go two (2) or more of those entities combined in two (2) or more of those entities combined in the financial impact state with the financial impact statement and (1) a statement of the rule's basis and process to ade a rule is required by statute; (3) a description of the factual evidence (a) justifies the agency's need for the rule's basis and process are the factual evidence. | Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, overnment, county government, municipal government, or to ined? Yes No Code Ann. § 25-15-204(e)(4) to file written findings at the ment. The written findings shall be filed simultaneously dishall include, without limitation, the following: ourpose; dress with the proposed rule, including a statement of whether that: |

- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

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Secretary of State Mark Martin

500 Woodlane, Suite 026 Little Rock, Arkansas 72201-1094 (501) 682-5070





| Name of Agency Department of Human Services Department Division of Medical Services Contact Cathy Coffman E-mail cathy.coffman@dhs.arkansas.gov Phone 501-537218 Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201 Rule Title: Section 1-6-17 Intended Effective Date (Check Open) Days After Filing (ACA 25-15-204) Legal Notice Published. 01/10/1 10 Days After Filing (ACA 25-15-204) Final Date for Public Comment 02/08/1 V Other 8-1-18 Reviewed by Legislative Council 7/17/18 More the more than 10 days after filing date.) Adopted by State Agency 08/01/2 Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218) Lisa Smith Isa.smith@dhs.dms @arkansas.gov Contact Person CERTIFICATION OF AUTHORIZED OFFICER Illereby Certify That The Attached Rules Were Adopted In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.) | | For Office Use Only: |
|--|--|---|
| Department Division of Medical Services Contact Cathy Coffman E-mail cathy.coffman@dhs.arkansas.gov Phone 501-537218 Statutory Authority for Promulgating Rules | Code Number | • |
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| Emergency (ACA 25-15-204) Legal Notice Published | | Rule Title: Section 1-6-17 |
| Emergency (ACA 25-15-204) Legal Notice Published | Date | |
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| Adopted by State Agency | viewed by Legislative Council | Other 8-1-18 |
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| In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.) | OF AUTHORIZED OFFICER | CERTIFICATI |
| Q: He | | |
| C ALL | 110 | |
| | The state of the s | |
| Signature Signature | | (ED4) 202 4007 |
| (501) 683-4997 tami.harlan.arkansas.gov Phone Number E-mail Address | | |
| Interim Director | | |
| Title / . C | Title / | |
| 1/18/14 | 1/18/14 | |



Division of Medical ServicesOffice of Policy Coordination & Promulgation

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437

501-320-6428 · Fax: 501-404-4619 TDD/TTY: 501-682-6789



TO:

Arkansas Medicaid Health Care Providers - Section I

EFFECTIVE DATE:

August 1, 2018

SUBJECT:

Provider Manual Update Transmittal Seci-6-17

REMOVE

INSERT

Section

Effective Date

Section

Effective Date

170.100

2-1-17

170,100

8-1-18

Explanation of Updates

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Tami Harlan Interim Director

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- D. These visits apply to all related benefit limits.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

| DE | PARTMEN | T Department of | f Human Services | in and the same | | Vende | |
|--|---|--|---|---|---------------------------|------------------|--|
| DIVISION | | Medical Serv | Medical Services | | | | |
| PE | RSON CON | IPLETING THIS | STATEMENT | Brian Jones | | | |
| TE | LEPHONE | 501-537-2064 | _FAX 501-404-4 | | nn Jones hs.arkansas.g | ov | |
| To Sta | comply with | n Ark. Code Ann. § file two copies with | 25-15-204(e), ple the questionnaire | ease complete the following and proposed rules. | ing Financial | Impact | |
| SF | IORT TITL | E OF THIS RULI | E Emergent Care | e/Section I-6-17 | | | |
| 1. | Does this p | roposed, amended, | or repealed rule h | ave a financial impact? | Yes 🗌 | No 🖂 | |
| 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the | | | | | | | |
| | | nsequences of, and | | | Yes 🗵 | No 🗌 | |
| 3. | In consider by the agen | ation of the alternat cy to be the least co | ives to this rule, vostly rule consider | vas this rule determined ed? | Yes 🔀 | No 🔲 | |
| | If an agenc | is proposing a mo | re costly rule, ple | ase state the following: | | | |
| | (a) How | he additional benef | fits of the more co | stly rule justify its additi | onal cost; | | |
| | (b) The re | eason for adoption | of the more costly | rule; | | | |
| | (c) Wheth | ner the more costly please explain; and | rule is based on tl | ne interests of public hea | lth, safety, or | welfare, and | |
| | (d) Whet expla | ner the reason is wi n. | thin the scope of t | he agency's statutory au | thority; and i | f so, please | |
| 4. | If the purpo | se of this rule is to ir | mplement a federal | rule or regulation, please | state the follo | wing: | |
| | (a) What | is the cost to imple | ment the federal r | ule or regulation? | | | |
| <u>C</u> ı | rrent Fisca | Year | | Next Fiscal Year | (4) | | |
| Fe Ca Sp | neral Reven deral Funds sh Funds ecial Revent her (Identify | 0 | | General Revenue Federal Funds Cash Funds Special Revenue Other (Identify) | 0 | | |
| То | tal | 0 | | Total | 0 Pavi | sed January 2017 | |
| | | | | | Kevi | seu January 2017 | |

| Current Fiscal Year | Next Fiscal Year |
|---|--|
| General Revenue Federal Funds Cash Funds Special Revenue Other (Identify) | Cash Funds Special Revenue |
| Total | Total |
| 5. What is the total estimated cost by fiscal year the proposed, amended, or repealed rule? Idea explain how they are affected. | to any private individual, entity and business subject to the proposed rule and |
| Current Fiscal Year | Next Fiscal Year |
| | |
| or obligation of at least one hundred thousand private entity, private business, state governm | Next Fiscal Year \$ 0 tions #5 and #6 above, is there a new or increased cost dollars (\$100,000) per year to a private individual, tent, county government, municipal government, or to |
| two (2) or more of those entities combined? | V N |
| | Yes I No IXI |
| If YES, the agency is required by Ark. Code Atime of filing the financial impact statement. with the financial impact statement and shall i | Yes No |
| time of filing the financial impact statement. | Ann. § 25-15-204(e)(4) to file written findings at the The written findings shall be filed simultaneously include, without limitation, the following: |
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