

ARKANSAS REGISTER



Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**

Secretary of State

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For Office

Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Anne Santifer E-mail anne.santifer@dhs.arkansas.gov Phone 501-320-6177

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

Rule Title: Section I-2-18

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other August 1, 2018
(Must be more than 10 days after filing date.)

Legal Notice Published 05/17/2018

Final Date for Public Comment 06/15/2018

Reviewed by Legislative Council _____

Adopted by State Agency 08/01/2018

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Becky Murphy becky.murphy@dhs.arkansas.gov

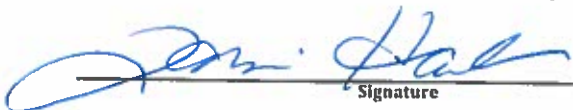
Contact Person

E-mail Address

Date

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

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Phone Number

E-mail Address

Interim Director

Title

7/17/18

Date



Division of Medical Services
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TO: Arkansas Medicaid Health Care Providers – All Providers
EFFECTIVE DATE: August 1, 2018
SUBJECT: Provider Manual Update Transmittal Sect-2-18

REMOVE

Section	Effective Date
171.230	2-1-10

INSERT

Section	Effective Date
171.230	8-1-18

Explanation of Updates

Section 171.230, Primary Care Case Management Fee, is updated to modify the schedule for reconciliation of care management fees.

This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual.

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/>.

Thank you for your participation in the Arkansas Medicaid Program.

A handwritten signature in blue ink, appearing to read "Tami Harlan".

Tami Harlan
Interim Director

SECTION I – GENERAL POLICY

CONTENTS

TOC not required

171.230 Primary Care Case Management Fee 8-1-18

- A. In addition to reimbursing PCPs on a fee for service basis for physician services, Arkansas Medicaid pays them a monthly case management fee for each enrollee on their caseloads.
- B. The amount due for each month is determined by multiplying the established case management fee by the number of enrollees on the PCP's caseload.
 - 1. Medicaid pays case management fees quarterly.
 - 2. The accompanying Medicaid Remittance and Status Report (RA) itemizes the payments and lists the number of enrollees and each enrollment month.
 - 3. Enrollees are listed alphabetically by name, with their Medicaid identification numbers and addresses also displayed.
- C. PCP case management fees are paid according to the PCP's direction. The PCP may choose to have the case management fee paid to his or her individual provider ID number or to the group provider ID number with whom the PCP is affiliated.
- D. If the PCP's case management fees are paid to a group and the PCP changes his or her affiliation, the PCP must submit a new PCP Agreement Form to Provider Enrollment within thirty (30) calendar days of changing affiliation. The PCP must also notify the beneficiaries on his or her caseload of the change.
- E. If a PCP fails to submit a new PCP Agreement Form, the case management fees will pay to the provider of record until a new PCP Agreement Form is received by Provider Enrollment.
- F. If a Group Affiliation Form is received by Provider Enrollment to disassociate a PCP from a group but the PCP Agreement Form is not received, the case management fees will be paid to the individual PCP's provider ID number.
- G. If a PCP's case management fees were paid to a group in which the PCP is no longer affiliated, it is the responsibility of that group to reimburse Medicaid the fees they were not entitled to receive.
- H. **No case management fees will be back paid to a PCP who has failed to follow the process described in Paragraph D of this Section.**
- I. Reconciliation of case management fees will occur annually in June.