ARKANSAS DEPARTMENT OF HUMAN SERVICES

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TO: **Arkansas Medicaid Health Care Providers – All Providers**

EFFECTIVE DATE: **August 1, 2018**

SUBJECT: **Provider Manual Update Transmittal Secl-2-18**

REMOVE		INSERT	
Section	**Effective Date**	**Section**	**Effective Date**
171.230	2-1-10	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.

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 Program Development and Quality Assurance Unit 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: medicaid.mmis.arkansas.gov.

Thank you for your participation in the Arkansas Medicaid Program.

Rose M. Naff
Director

SECTION I – GENERAL POLICY

CONTENTS

TOC not required

171.230   Primary Care Case Management Fee   ~~2-1-10~~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 ~~on the last day of the month~~.

1.   Medicaid pays case management fees quarterly ~~in October, January, April and July~~.

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 care management fees will occur annually in June.

SUMMARY FOR SECTION 1 2-18

New Medicaid billing software is designed to make capitation payments prospectively with an annual reconciliation feature. This is different than how providers were paid in the old Medicaid billing system which paid retrospectively. Payments will remain the same but the scheduled payment dates have changed.