



# Provider Relations Outreach Specialist

## 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.
  - 4. 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.

## 171.400 PCP Referrals

1-1-18

- A. Referrals may be only for medically necessary services, supplies or equipment.
- B. Enrollee free choice by naming two or more providers of the same type or specialty.
- C. PCPs are not required to make retroactive referrals.
- D. Since PCPs are responsible for coordinating and monitoring all medical and rehabilitative services received by their enrollees, they must accept co-responsibility for the ongoing care of patients they refer to other providers.
- E. PCP referrals expire on the date specified by the PCP, upon receipt of the number or amount of services specified by the PCP or in six months, whichever occurs first. (This requirement varies somewhat in some programs; applicable regulations are clearly set forth in the appropriate Arkansas Medicaid Provider Manuals.)
- F. There is no limit on the number of times a referral may be renewed, but renewals must be medically necessary and at least every six months (with exceptions as noted in part E, above).
- G. An enrollee's PCP determines whether it is necessary to see the enrollee before making or renewing a referral.
- H. Medicaid beneficiaries and ARKids First-B participants are responsible for any charges they incur for services obtained without PCP referrals except for the services listed in Section 172.100.
- I. Some services such as personal care require an Independent Assessment. Please refer to the Independent Assessment Guide for related information and referral processes.



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## 171.410 PCCM Referrals and Documentation

7-1-05

- A. Medicaid provides an optional referral form, form DMS-2610, to facilitate referrals. [View or print form DMS-2610.](#)
  - 1. Additionally, PCP referrals may be oral, by note or by letter.
  - 2. Referrals may be faxed.
- B. Regardless of the means by which the PCP makes the referral, Medicaid requires documentation of the referral in the enrollee's medical record.
  - 1. Medicaid also requires documentation in the patient's chart by the provider to whom the referral is made.
  - 2. Providers of referred services must correspond with the PCP to the extent necessary to coordinate patient care and as requested by the PCP.

## 171.510 Access Requirements for PCPs

7-1-05

- A. A PCP must have hours of operation that are reasonable and adequate to serve all of his or her patients.
  - 1. The PCP's office must be open to Medicaid enrollees during the same hours and for the same number of hours as it is for self-pay and insured patients.
  - 2. ConnectCare enrollees must have the same access as private pay and insured persons to emergency and non-emergency medical services.
- B. A PCP must make available 24-hour, 7 days per week telephone access to a live voice (an employee of the primary care physician or an answering service) or to an answering machine that will immediately page an on-call medical professional. The on-call professional will:
  - 1. Provide information and instructions for treating emergency and non-emergency conditions,
  - 2. Make appropriate referrals for non-emergency services, and
  - 3. Provide information regarding accessing other services and handling medical problems during hours the PCP's office is closed.
- C. Response to after-hours calls regarding non-emergencies must be within 30 minutes.
  - 1. PCPs must make the after-hours telephone number as widely available as possible to their patients.
  - 2. When employing an answering machine with recorded instructions for after-hours callers, PCPs should regularly check to ensure that the machine functions correctly and that the instructions are up to date.
- D. PCPs in underserved and sparsely populated areas may refer their patients to the nearest facility available, but enrollees must be able to obtain the necessary instructions by telephone.
- E. As regards access to services, PCPs are required to provide the same level of service for their ConnectCare enrollees as they provide for their insured and private-pay patients.
- F. Physicians and facilities treating a PCP's enrollees after hours must report diagnosis, treatment, significant findings, recommendations and any other pertinent information to the PCP for inclusion in the patient's medical record.
- G. A PCP may not refer ConnectCare enrollees to an emergency department for non-emergency conditions during the PCP's regular office hours.