

PCP Caseloads

ConnectCare Caseload Maximum and PCP Caseload Limits: All Medicaid Manuals, Section 171.210

171.210 **ConnectCare Caseload Maximum and PCP Caseload Limits** 10-8-10

- A. Each PCP may establish an upper limit to his or her Medicaid caseload, up to the default maximum of 2500.
 - 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 the default maximum 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. At any time, a PCP may increase or decrease his or her maximum desired caseload by any amount, up to the default maximum by submitting a written request to the Provider Enrollment Unit, or on-line through the Medicaid website (<https://medicaid.mmis.arkansas.gov/>), Provider Enrollment Information, and Access to the Provider Information Portal.
- D. To request an increase in a PCP caseload above the default maximum, the PCP must submit a written request to the Provider Enrollment Unit. [View or print Provider Enrollment Unit contact information.](#)
- E. Prior to making the request for an increase of a caseload that is already at the default maximum, PCPs are encouraged to review their caseload for inactive patients to determine if those patients should be removed from their caseload. To do so, PCPs may use the Arkansas Medicaid Information Interchange (AMII) web portal. If it is determined that the inactive patients should be removed from his or her 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. With approval from his or her Provider Relations Representative, the PCP may add and see new patients during the 30 calendar day notification process of inactive patients.
 - 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 of the notice to the enrollee and to the local DHS office in the enrollee's county of residence.