



# Arkansas Department of Human Services

## Division of Medical Services

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### OFFICIAL NOTICE

**DMS-2003-CA-1**  
**DMS-2003-L-1**  
**DMS-2003-Y-1**

**TO: Health Care Provider – Critical Access Hospital, Hospital and Rehabilitative Hospital**

**DATE:**

**SUBJECT: Primary Care Physician (PCP) Referral Requirement for Mental Health Admissions**

#### I. General Information

- A. Effective for dates of service on or after May 1, 2003, Arkansas Medicaid will require a primary care physician (PCP) referral for non-emergency inpatient and outpatient admissions to critical access hospitals, acute care hospitals and rehabilitative hospitals for Medicaid recipients of all ages who are not exempt from the PCP referral requirements and for whom a psychiatric diagnosis is submitted on a service claim for reimbursement from Arkansas Medicaid.
1. No hospital emergency services require PCP referral, including emergency inpatient admissions.
  2. Section 182.40 explains the PCP verification procedures. If a PCP is required but not listed, the recipient must choose a PCP.
  3. Section 185.40 explains how a PCP referral may be made.

- B. Section 181 of any Arkansas Medicaid provider manual contains a list of the types of Medicaid recipients that are exempt from the PCP requirement with one exception. Children's Medical Services (CMS) clients **must** choose a PCP (see Official Notice DMS-2000-W-1, dated May 5, 2000).
- C. Upon implementation of this requirement, PCP enrollment and referral requirements for non-emergency inpatient and outpatient mental health services will be the same as for all other non-emergency services with one exception as described in part II of this notice.

II. Patient is Ineligible for Medicaid at Admission

When an individual under the age of 21 who is not eligible for Medicaid or ARKids First-B is admitted with a mental health diagnosis, whether voluntarily or by court order, an application for Medicaid eligibility may be filed on behalf of the child. The applicant must complete a PCP choice form as part of the application process.

- A. Providers may obtain an individual's Medicaid eligibility status via the Automated Eligibility Verification and Claims Submission System (AEVCS), which is updated nightly. When the application for Medicaid is approved, the AEVCS will reflect the eligibility.
  - 1. AEVCS eligibility verification transaction responses do not include Medicaid eligibility authorization dates.
  - 2. Medicaid eligibility authorization dates can be obtained by calling the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.
- B. A PCP referral is not required for the period from the date of admission to the authorization date for Medicaid.
- C. If the individual is discharged on or before the Medicaid authorization date, a PCP referral is not required for the stay.
- D. If the individual is still hospitalized on the Medicaid eligibility authorization date, and the services otherwise meet coverage criteria, a PCP assignment is required no later than five (5) calendar days after the authorization date in order for reimbursement to occur for care provided beginning the date of the authorization.

- E. The hospital may file claims for the periods covered by Medicaid for which the hospital has a PCP referral. No claims should be filed for Medicaid non-covered days or days not covered by the PCP referral. Medicaid will recoup any overpayments made to hospitals that bill in violation of the PCP referral requirement.

III. Renewal of PCP Referral

If a recipient continues to require mental health services for six months or more, the PCP referral must be renewed every 6 months or at the time the referral expires, if the referral is for less than 6 months.

IV. Disclaimers

- A. The Medicaid Utilization Management Program (MUMP) policy remains in effect for all inpatient admissions. Inpatient stays longer than 4 days and inpatient transfers must be certified in accordance with MUMP policy.
- B. A court order requiring admission of a child does not guarantee payment by Medicaid. All other requirements (PCP referral, MUMP, Medicaid eligibility of both the patient and the provider, etc.) must be met.
- C. Prior authorization does not guarantee payment by Medicaid. All other requirements (PCP referral, MUMP, Medicaid eligibility of both the patient and the provider, etc.) must be met.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 and 1-877-708-8191. Both telephone numbers are voice and TDD.

**If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.**

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Interim Director

*Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).*