



Arkansas Department of Health and Human Services



Division of Medical Services

P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers

DATE: October 1, 2006

SUBJECT: Section I Provider Manual Update Transmittal

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REMOVE

Section	Date
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162.000	4-1-06
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INSERT

Section	Date
161.300	10-1-06
161.400	10-1-06
162.000	10-1-06
162.400	10-1-06

Explanation of Updates

Section 161.300 is added to clarify the providers’ rights in connection with non-sanction appeals. Section 161.400, previously 161.300, is included to change the address for appeals to the Director, Division of Medical Services.

Section 162.000 is included to identify the policy source and the decision of the Office of Appeals and Hearings as the final agency determination.

Section 162.400 is included to clarify that the Division of Medical Services will notify the provider of its representative.

Paper versions of this update transmittal have updated pages attached to file 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 need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

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.

Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

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161.300 Administrative Appeals of Adverse Actions that are not Sanctions 10-1-06

In addition to sanction reconsiderations and appeal as provided in sections 160.000-169.000, providers may appeal any other decision by the Department of Health and Human Services or its reviewers or contractors that adversely affects a Medicaid provider or beneficiary in regard to receipt of and payment of Medicaid claims and services, referred to as “non-sanction adverse action.”

Within 30 calendar days of receiving notice of non-sanction adverse action the provider may appeal. A notice of appeal must be in writing and state with particularity all findings, determinations, and adverse decisions/actions that the provider alleges are not supported by applicable laws (including state and federal laws and rules and applicable professional standards) or both. The appeal should be mailed or delivered to the Office of Appeals and Hearings, Arkansas Department of Health and Human Services, P.O. Box 1437, Slot N401, Little Rock, AR 72203-1437.

161.400 Sanction Appeals 10-1-06

Within 30 calendar days of receiving notice of adverse decision/action, or 10 calendar days of receiving an administrative reconsideration decision that upholds all or part of any adverse decision/action, whichever is later, the provider may appeal.

A notice of appeal must be in writing and state with particularity all findings, determinations, and adverse decisions/actions that the provider alleges are not supported by applicable laws (including state and federal laws and rules and applicable professional standards) or both. The appeal should be mailed or delivered to the **Director, Division of Medical Services**, P.O. Box 1437, Slot **S401**, Little Rock, AR 72203-1437. No appeal is allowed if the adverse decision/action is due to loss of licensure, accreditation or certification.

162.000 Notice of the Appeal Hearing 10-1-06

When an appeal hearing is scheduled, the Office of Hearings and Appeals shall notify the provider or; if the provider is represented by an attorney, the provider’s attorney, in writing, of the date, time and place of the hearing. Notice shall be mailed not less than 10 calendar days before the scheduled date of the hearing. **Hearings shall be conducted in accordance with DHHS Policy 1098. The decision of the Office of Appeals and Hearings is the final agency determination.**

162.400 Appearance in Representative Capacity 10-1-06

A person appearing in a representative capacity shall file a written notice of appearance on behalf of a provider identifying himself by name, address and telephone number; identifying the party represented and shall have a written authorization to appear on behalf of the provider. The **Division of Medical Services** shall notify the provider in writing of the name and telephone number of **the Division’s** representative.