



**Division of Medical Services
Program Planning & Development**

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

DMS-2008-C-3	DMS-2008-CA-5	DMS-2008-HH-5	DMS-2008-F-2
DMS-2008-Z-5	DMS-2008-I-6	DMS-2008-L-7	DMS-2008-SS-3
DMS-2008-IC-1	DMS-2008-FF-2	DMS-2008-P-2	DMS-2008-R-7
DMS-2008-QQ-3	DMS-2008-Y-6		

TO: Health Care Provider – Child Health Management Services; Critical Access Hospital (CAH); CRNA; Developmental Day Treatment Clinic Services (DDTCS); End Stage Renal Disease (ESRD); Home Health; Hospital; Independent Lab; Independent Choices; Occupational, Physical, Speech Therapy; Personal Care; Physician; Radiation Therapy Center; Rehabilitative Hospital

DATE: July 1, 2008

SUBJECT: Transition of the Retrospective Therapy Reviews and Prior Authorizations for Personal Care under 21

QSource of Arkansas has been awarded the Medicaid contract for Retrospective therapy review and Prior Authorization for Personal Care for beneficiaries under 21.

In order to accomplish the transition from AFMC to QSource of Arkansas, the following information is provided.

AFMC will continue to receive and process requests for prior authorization for Personal Care for beneficiaries under 21 years of age through close of business June 30, 2008.

Beginning July 1, 2008 requests for prior authorization for Personal Care for beneficiaries under 21 years of age should be mailed to QSource of Arkansas (See contact information below). All forms, processes, policies and procedures will remain the same.

Beginning July 1, 2008 retrospective therapy reviews for beneficiaries under 21 will be performed by QSource of Arkansas. QSource will notify providers of the selections for the second quarter (See contact information below). All forms, processes, policies and procedures will remain the same.

Beginning July 1, 2008 requests and correspondence may be mailed to QSource at the following address:

QSource of Arkansas
124 W Capitol, Suite 900
Little Rock, AR 72201
1-501-801-6910

Official Notice

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DMS-2008-QQ-3	DMS-2008-Y-6		

Page 2

You may contact Nancy Archer, Executive Director of QSource at 501-801-6910.

All reviews, retrospective therapy, and prior authorization for personal care under 21 initiated by AFMC will be completed by AFMC.

AFMC contact information for retrospective therapy reviews or personal care under the age of 21:

Arkansas Foundation for Medical Care (AFMC)
ATTN: Jarrod McClain
PO Box 180001
Fort Smith, AR 72918-0001
Phone 479-573-7780

Thank you for your participation in the Arkansas Medicaid Program.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Roy Jeffus, Director