

**DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES**

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**SUBJECT:** Urgent Care Clinics

**DESCRIPTION:**

**Statement of Necessity**

The Department of Human Services, Division of Medical Services, revises the Arkansas Medicaid Provider Manual to include Urgent Care Clinic visits for beneficiaries without a primary care provider (PCP). The revision clarifies that Urgent Care Centers are necessary to ensure beneficiaries who are not yet assigned a primary care provider can get non-emergency services for a brief time while the PCP selection process is completed. This revision will increase access to services, ensure healthcare is provided at the proper level, and avert unnecessary emergency room costs.

**Summary**

Section 171.100 of the Arkansas Medicaid Provider Manual is revised to include Urgent Care Clinics as an allowed provider type. Beneficiaries who do not have a PCP now will be allowed a total of four Urgent Care, hospital affiliated Walk-in, or Emergent Clinic visits, or a combination thereof, before a PCP referral is required.

Section 172.100 is updated to clarify that a beneficiary with an assigned PCP may access up to two (2) Urgent Care Clinic visits per state fiscal year without a PCP referral. Once two (2) non-referral Urgent Care Clinic visits occur a PCP referral will be required for the remainder of the fiscal year. These visits will apply to all related benefit limits.

**PUBLIC COMMENT:** A public hearing was held on this rule on December 4, 2024. The public comment period expired on December 14, 2024. After the public comment period expired, the agency amended the rule with additional language and opened a second public comment period. A second public hearing was held on March 26, 2025. The second public comment period expired on April 7, 2025.

The agency indicated that it received no public comments during either public comment period.

The proposed effective date is pending legislative review and approval.

**FINANCIAL IMPACT:** The agency indicated that this rule has no financial impact.

**LEGAL AUTHORIZATION:** The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code

Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).



**Office of Policy and Rules**

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

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November 13, 2024

Mrs. Rebecca Miller-Rice  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
#1 Capitol, 5<sup>th</sup> Floor  
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

**Re: Urgent Care Clinics**

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact me at 501-320-6383 or by emailing [Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov).

Sincerely,

*Mac Golden*

Mac Golden  
Deputy Chief

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH  
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT \_\_\_\_\_  
BOARD/COMMISSION \_\_\_\_\_  
BOARD/COMMISSION DIRECTOR \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_  
NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING \_\_\_\_\_  
PRESENTER EMAIL(S) \_\_\_\_\_

**INSTRUCTIONS**

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, [miller-ricer@blr.arkansas.gov](mailto:miller-ricer@blr.arkansas.gov), for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, [garritym@blr.arkansas.gov](mailto:garritym@blr.arkansas.gov), for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

\*\*\*\*\*

1. What is the official title of this rule?  
\_\_\_\_\_
2. What is the subject of the proposed rule? \_\_\_\_\_
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes      No

*If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).*

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes      No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? \_\_\_\_\_

On what date does the emergency rule expire? \_\_\_\_\_

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?  
Yes      No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes      No

If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

*Please be sure to advise Bureau Staff if this information changes for any reason.*

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. \_\_\_\_\_

15. What is the proposed effective date for this rule? \_\_\_\_\_

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes      No

If yes, please explain.

## NOTICE OF RULEMAKING

The Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 25-10-129, 20-76-201, and 20-77-107. The proposed effective date of the rule is June 1, 2025.

The Director of the Division of Medical Services (DMS) amends the Arkansas Medicaid Provider Manual section 171.100 to include Urgent Care Clinics as an allowed provider type. Beneficiaries who do not have a primary care physician will be allowed a total of four Urgent Care, hospital affiliated Walk-in, or Emergent Clinic visits, or a combination thereof, before a PCP referral is required. DMS updates section 172.100 to clarify that a beneficiary with an assigned PCP may access two Urgent Care Clinic visits per state fiscal year without a PCP referral, but that once two visits occur then a PCP referral will be required for the remainder of the fiscal year. These visits will apply to all related benefit limits. There is no fiscal impact.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at [ar.gov/dhs-proposed-rules](https://ar.gov/dhs-proposed-rules). Public comments can be submitted in writing at the above address or at the following email address: [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov). All public comments must be received by DHS no later than April 7, 2025. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing will be held by remote access through Zoom. Public comments may be submitted at the hearing. The details for attending the Zoom hearing appear at [ar.gov/dhszoom](https://ar.gov/dhszoom).

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed, and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color, or national origin. 4502201653

Elizabeth Pitman, Director  
Division of Medical Services



**From:** [Legal Ads](#)  
**To:** [Jack Tiner](#)  
**Cc:** [Mac Golden](#); [Lakeya Gipson](#); [Elaine Stafford](#)  
**Subject:** Re: Full Run AD (R297(  
**Date:** Thursday, March 6, 2025 3:53:00 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)

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[EXTERNAL SENDER]

Thanks. Will run Sun 3/9, Mon 3/10, and Tues 3/11.

Gregg Sterne, Legal Advertising  
Arkansas Democrat-Gazette  
[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)

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**From:** "Jack Tiner" <[jack.tiner@dhs.arkansas.gov](mailto:jack.tiner@dhs.arkansas.gov)>  
**To:** "legalads" <[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)>  
**Cc:** "Mac Golden" <[Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov)>, "Lakeya Gipson" <[Lakeya.Gipson@dhs.arkansas.gov](mailto:Lakeya.Gipson@dhs.arkansas.gov)>, "Elaine Stafford" <[elaine.stafford@dhs.arkansas.gov](mailto:elaine.stafford@dhs.arkansas.gov)>, "Jack Tiner" <[jack.tiner@dhs.arkansas.gov](mailto:jack.tiner@dhs.arkansas.gov)>  
**Sent:** Thursday, March 6, 2025 10:56:58 AM  
**Subject:** Full Run AD (R297(

Please Reply to this email using REPLY ALL.

Please run the attached ad in the Arkansas Democrat-Gazette on the following days:

- Sunday        March 9, 2025
- Monday       March 10, 2025
- Tuesday       March 11, 2025

A public hearing by remote access only will be held through a Zoom webinar. I am aware that the print version will only be provided to all counties on Sundays.

Invoice to: **AR Dept of Human Services**  
**OPR, ATTN: Lakeya Gipson**  
**P.O. Box 1437, Slot S295**  
**Little Rock, AR 72203-8068**

**([Lakeya.Gipson@dhs.arkansas.gov](mailto:Lakeya.Gipson@dhs.arkansas.gov))**

Thanks.

**From:** [Jack Tiner](#)  
**To:** [Kira Reed](#); [Arkansas Register](#)  
**Cc:** [Mac Golden](#); [JAMIE EWING](#); [Lakeya Gipson](#); [Jack Tiner](#)  
**Subject:** RE: DHS/DMS--Proposed Filing AMENDED---Urgent Care Clinics (R297)--016.29.24-013  
**Date:** Friday, March 7, 2025 8:01:17 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[Proposed Rule-Urgent Care Clinic \(R297\)-AMENDED.pdf](#)

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On November 13, 2025, we provided the proposed filing for this rule (see emails below). It was given the rule number of **016.29.24-013**. It has been amended again due to new language and will go through a second comment period March 9, 2025, through April 7, 2025. Please find attached the amended packet.

Please let me know if you have any questions.

Thanks.



[OFFICE OF POLICY AND RULES](#)

DHS/DMS MEDICAL ASSISTANCE MANAGER

P: 501.251.6535

F: 501.404.4619

700 Main St., Slot S295

Little Rock, AR 72203

[Jack.Tiner@dhs.arkansas.gov](mailto:Jack.Tiner@dhs.arkansas.gov)

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)



**This email may contain sensitive or confidential information.**

**CONFIDENTIALITY NOTICE:** The information contained in this email message and any attachment(s) is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It is intended solely for the use of the entity to which this email is addressed. If you are not the intended recipient, you are hereby notified that reading, copying, or distributing this transmission is **STRICTLY PROHIBITED**. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender by return and delete the message and attachment(s) from your system.

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**From:** Kira Reed <kira.reed@sos.arkansas.gov>  
**Sent:** Wednesday, November 13, 2024 11:34 AM  
**To:** Jack Tiner <jack.tiner@dhs.arkansas.gov>; Arkansas Register <ArkansasRegister@sos.arkansas.gov>  
**Cc:** Mac Golden <Mac.E.Golden@dhs.arkansas.gov>; JAMIE EWING <JAMIE.EWING@dhs.arkansas.gov>; Lakeya Gipson <Lakeya.Gipson@dhs.arkansas.gov>  
**Subject:** RE: DHS/DMS--Proposed Filing---Urgent Care Clinics (R297)

[EXTERNAL SENDER]

The attachment has a received stamp indicating that we have received the rule sent to our office. It is now uploaded on our website.

Best Regards,

*Kira Reed*  
*Arkansas Secretary of State*  
*Elections Library Representative*

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**From:** Jack Tiner [<mailto:jack.tiner@dhs.arkansas.gov>]  
**Sent:** Wednesday, November 13, 2024 7:37 AM  
**To:** Arkansas Register <[ArkansasRegister@sos.arkansas.gov](mailto:ArkansasRegister@sos.arkansas.gov)>  
**Cc:** Mac Golden <[Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov)>; Jack Tiner <[jack.tiner@dhs.arkansas.gov](mailto:jack.tiner@dhs.arkansas.gov)>; JAMIE EWING <[JAMIE.EWING@dhs.arkansas.gov](mailto:JAMIE.EWING@dhs.arkansas.gov)>; Lakeya Gipson <[Lakeya.Gipson@dhs.arkansas.gov](mailto:Lakeya.Gipson@dhs.arkansas.gov)>  
**Subject:** DHS/DMS--Proposed Filing---Urgent Care Clinics (R297)

## External Message

Please find attached the proposed filing packet for rule titled: *Urgent Care Clinics*.

The public notice will be published in the Arkansas Democrat-Gazette on November 15 through 17, 2024. The 30-day comment period will end December 14, 2024.

Please let me know if you have any questions. Thank you.



**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY.**

**DEPARTMENT** \_\_\_\_\_  
**BOARD/COMMISSION** \_\_\_\_\_  
**PERSON COMPLETING THIS STATEMENT** \_\_\_\_\_  
**TELEPHONE NO.** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

**TITLE OF THIS RULE** \_\_\_\_\_

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes                      No
  
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  
Yes                      No
  
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes                      No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:  
(a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes      No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

## **Statement of Necessity and Rule Summary**

### **Urgent Care Clinics**

#### **Statement of Necessity**

The Department of Human Services, Division of Medical Services, revises the Arkansas Medicaid Provider Manual to include Urgent Care Clinic visits for beneficiaries. The revision clarifies that Urgent Care Centers are necessary to ensure beneficiaries who are not yet assigned a primary care provider can get non-emergency services for a brief time while the PCP selection process is completed. This revision will increase access to services, ensure healthcare is provided at the proper level, and avert unnecessary emergency room costs.

#### **Summary**

Section 171.100 of the Arkansas Medicaid Provider Manual is revised to include Urgent Care Clinics as an allowed provider type. Beneficiaries who do not have a PCP now will be allowed a total of four Urgent Care, hospital affiliated Walk-in, or Emergent Clinic visits, or a combination thereof, before a PCP referral is required.

And section 172.100 is updated to clarify that a beneficiary with an assigned PCP may access up to two (2) Urgent Care Clinic visits per state fiscal year without a PCP referral. Once two (2) non-referral Urgent Care Clinic visits occur a PCP referral will be required for the remainder of the fiscal year. These visits will apply to all related benefit limits.

**TOC not required****170.100 Introduction****8-4-487-1-  
25**

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-provider (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-provider (PCP) referral to an Urgent Care Clinic, hospital affiliated Walk-in Clinic, or Emergent Clinic.
- D. These visits apply to all related benefit limits.

**172.100 Services not Requiring a PCP Referral****2-4-247-1-  
25**

The services listed in this section do not require a PCP referral:

- A. Adult Developmental Day Treatment (ADDT) core services;
- B. ARChoices waiver services;
- C. Anesthesia services, excluding outpatient pain management;
- D. Assessment (including the physician's assessment) in the emergency department of an acute care hospital to determine whether an emergency condition exists. The physician and facility assessment services do not require a PCP referral (if the Medicaid beneficiary is enrolled with a PCP);
- E. Chiropractic services;
- F. Dental services;
- G. Developmental Disabilities Services Community and Employment Support;
- H. Disease control services for communicable diseases, including testing for and treating sexually transmitted diseases such as HIV/AIDS;
- I. Emergency services in an acute care hospital emergency department, including emergency physician services;
- J. Family Planning services;



- K. Gynecological care;
- L. Inpatient hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment;
- M. Mental health services, as follows:
  - 1. Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practicing as an individual practitioner
  - 2. Medication Assisted Treatment for Opioid Use Disorder
  - 3. Rehabilitative Services for Youth and Children (RSYC) Program
  - 4. Outpatient counseling services
- N. Obstetric (antepartum, delivery, and postpartum) services
  - 1. Only obstetric-gynecologic services are exempt from the PCP referral requirement
  - 2. The obstetrician or the PCP may order home health care for antepartum or postpartum complications
  - 3. The PCP must perform non-obstetric, non-gynecologic medical services for a pregnant woman or refer her to an appropriate provider
- O. Nursing facility services and intermediate care facility for individuals with intellectual disabilities (ICF/IID) services;
- P. Ophthalmology services, including eye examinations, eyeglasses, and the treatment of diseases and conditions of the eye;
- Q. Optometry services;
- R. Pharmacy services;
- S. Physician services for inpatients in an acute care hospital, including direct patient care (initial and subsequent evaluation and management services, surgery, etc.), and indirect care (pathology, interpretation of X-rays, etc.);
- T. Hospital non-emergency or outpatient clinic services on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment;
- U. Physician visits (except consultations, which do require PCP referral) in the outpatient departments of acute care hospitals but only if the Medicaid beneficiary is enrolled with a PCP and the services are within applicable benefit limitations;
- V. Professional components of diagnostic laboratory, radiology, and machine tests in the outpatient departments of acute care hospitals, but only if the Medicaid beneficiary is enrolled with a PCP and the services are within applicable benefit limitations;
- W. Targeted Case Management services provided by the Division of Youth Services or the Division of Children and Family Services under an inter-agency agreement with the Division of Medical Services;
- X. Transportation (emergency and non-emergency) to Medicaid-covered services; and
- Y. Other services, such as sexual abuse examinations, when the Medicaid Program determines that restricting access to care would be detrimental to the patient's welfare or to program integrity or would create unnecessary hardship.

Z. A beneficiary with an assigned PCP may access up to two (2) Urgent Care Clinic visits per state fiscal year without a PCP referral. Once two (2) non-referral Urgent Care Clinic visits

occur a PCP referral will be required for the remainder of the fiscal year. These visits will apply to all related benefit limits.

MARK-UP

**TOC not required****170.100 Introduction****7-1-25**

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 provider (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 provider (PCP) referral to an Urgent Care Clinic, hospital affiliated Walk-in Clinic, or Emergent Clinic.
- D. These visits apply to all related benefit limits.

**172.100 Services not Requiring a PCP Referral****7-1-25**

The services listed in this section do not require a PCP referral:

- A. Adult Developmental Day Treatment (ADDT) core services;
- B. ARChoices waiver services;
- C. Anesthesia services, excluding outpatient pain management;
- D. Assessment (including the physician's assessment) in the emergency department of an acute care hospital to determine whether an emergency condition exists. The physician and facility assessment services do not require a PCP referral (if the Medicaid beneficiary is enrolled with a PCP);
- E. Chiropractic services;
- F. Dental services;
- G. Developmental Disabilities Services Community and Employment Support;
- H. Disease control services for communicable diseases, including testing for and treating sexually transmitted diseases such as HIV/AIDS;
- I. Emergency services in an acute care hospital emergency department, including emergency physician services;
- J. Family Planning services;
- K. Gynecological care;

- L. Inpatient hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment;
- M. Mental health services, as follows:
  - 1. Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practicing as an individual practitioner
  - 2. Medication Assisted Treatment for Opioid Use Disorder
  - 3. Rehabilitative Services for Youth and Children (RSYC) Program
  - 4. Outpatient counseling services
- N. Obstetric (antepartum, delivery, and postpartum) services
  - 1. Only obstetric-gynecologic services are exempt from the PCP referral requirement
  - 2. The obstetrician or the PCP may order home health care for antepartum or postpartum complications
  - 3. The PCP must perform non-obstetric, non-gynecologic medical services for a pregnant woman or refer her to an appropriate provider
- O. Nursing facility services and intermediate care facility for individuals with intellectual disabilities (ICF/IID) services;
- P. Ophthalmology services, including eye examinations, eyeglasses, and the treatment of diseases and conditions of the eye;
- Q. Optometry services;
- R. Pharmacy services;
- S. Physician services for inpatients in an acute care hospital, including direct patient care (initial and subsequent evaluation and management services, surgery, etc.), and indirect care (pathology, interpretation of X-rays, etc.);
- T. Hospital non-emergency or outpatient clinic services on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment;
- U. Physician visits (except consultations, which do require PCP referral) in the outpatient departments of acute care hospitals but only if the Medicaid beneficiary is enrolled with a PCP and the services are within applicable benefit limitations;
- V. Professional components of diagnostic laboratory, radiology, and machine tests in the outpatient departments of acute care hospitals, but only if the Medicaid beneficiary is enrolled with a PCP and the services are within applicable benefit limitations;
- W. Targeted Case Management services provided by the Division of Youth Services or the Division of Children and Family Services under an inter-agency agreement with the Division of Medical Services;
- X. Transportation (emergency and non-emergency) to Medicaid-covered services; and
- Y. Other services, such as sexual abuse examinations, when the Medicaid Program determines that restricting access to care would be detrimental to the patient's welfare or to program integrity or would create unnecessary hardship.
- Z. A beneficiary with an assigned PCP may access up to two (2) Urgent Care Clinic visits per state fiscal year without a PCP referral. Once two (2) non-referral Urgent Care Clinic visits occur a PCP referral will be required for the remainder of the fiscal year. These visits will apply to all related benefit limits.