



Division of Medical Services

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

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MEMORANDUM

TO: Interested Persons and Providers

FROM: Elizabeth Pitman, Director, Division of Medical Services

DATE: March 7, 2025

SUBJ: Second Notice: Urgent Care Clinics

As a part of the Arkansas Administrative Procedure Act process, attached for your review and comment are proposed rule revisions regarding Urgent Care Clinics. An initial public comment period for this rule ran in November 2024 and ended December 14, 2024. The revised rule will begin a second public comment period beginning March 9, 2025, and will end April 7, 2025.

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov 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. If you have any comments, please submit those comments no later than April 7, 2025.

All DHS proposed rules, public notices, and recently finalized rules may also be viewed at: [Proposed Rules & Public Notices](#).

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. Public comments can be submitted in writing at the above address or at the following email address: 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.

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

TOC not required**170.100 Introduction****8-4-486-1-
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**2-4-246-1-
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