



A copy of the application package is available on Medicaid's website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us) or by calling the Provider Assistance Center at 1-800-688-7989.

The following provider types are eligible to participate as a PMP for the Patient 1<sup>st</sup> Program:

- Family Practitioners
- General Practitioners
- Pediatricians
- Internists
- OB/GYN
- Federally Qualified Health Centers
- Rural Health Clinics

**NOTE:**

When in the best interest of a patient, a nontraditional PMP may be chosen (e.g., children with special health care needs). Other physicians may be considered for PMP participation if willing to meet all contractual requirements.

A participating physician in a clinic or health center can not work at more than three sites and must provide Medicaid with information regarding percentages of time spent at each site and the number of Patient 1<sup>st</sup> enrollees per site.

The Patient 1<sup>st</sup> enrollee must be given information regarding the usual days and hours the physician is available for scheduled appointments. If a certified nurse practitioner or physician assistant cares for an enrollee, the enrollee must know the Patient 1<sup>st</sup> physician responsible for supervision. These obligations can be fulfilled through office signs, verbal instructions or written information.

The PMP has the option of being placed on the published or non-published PMP list. The PMP must indicate their preference when completing the Patient 1<sup>st</sup> Enrollment Form. The PMP list includes the PMP's county (ies) of participation, the PMP's name, specialty, physician extenders, physical address, and phone numbers (regular and 24 hour). This PMP list is sent to all Medicaid recipients to assist them in selecting physicians/clinics serving their county. The PMP list may also be accessed via the Medicaid web site at [www.medicaid.state.al.us](http://www.medicaid.state.al.us).

Regardless of publication, the PMP is included in the assignment process if caseload is available and criteria can be met.

### 39.2.2 Caseload

The following standards apply to PMP caseloads:

PMPs may serve multiple counties and/or sites; however, the maximum panel a PMP can serve collectively is 1200, with the minimum of 25. PMPs may specify the number of **Patient 1st** enrollees they will accept per county and/or site.

Physician Extenders (Nurse Practitioners and Physician Assistants) will allow the caseload to be extended by 400 additional patients per extender. Only two Physician Extenders per physician will be allowed and may only be counted once in a caseload extension.

The PMPs practice must be opened a minimum of 32 hours per week and the PMP must practice at that location a minimum of 32 hours per week to be considered a Full Time Equivalent (FTE).

If less than an FTE, a percentage of a total patient caseload will be allowed, based on availability.

Caseloads for group/clinic enrolled providers will be determined by the number of FTEs and physician extenders associated with the group.

#### **NOTE:**

If a nontraditional PMP has been assigned based on a case need, the minimum enrollee or full time requirement will not apply.

If the PMP wishes to extend the caseload above 1200 or 2000 (with extenders), a written request from the PMP for an extension of the PMP enrollee cap should be submitted in writing and must address the following:

- The PMP's name and Medicaid number;
- The total number of enrollees over the cap that the PMP is requesting;
- The reason for the request to extend the PMP enrollee cap;
- The total number of patients the PMP is seeing who are not Medicaid (PMP may provide the actual total of patients broken down by payer source, and/or PMP's percentage of Medicaid enrollees to total patients and/or the percentage of Medicaid income to total income);
- The length of time the PMP has been in practice in the area;
- Description of PMP's practice, such as, is the PMP in private or group practice;
- Other extenuating documentation and explanations that would justify the request for an extension of the cap.
- The request can be submitted at the time the Provider Agreement is signed or at a later date by contacting EDS Provider Enrollment.

\*\* A PMP's caseload may be exceeded to accommodate sibling assignment, newborn assignment, or assignments for previously established patients (last PMP on file).

If the PMP wishes to decrease the number of enrollees, he/she must notify EDS Provider Enrollment in writing, at least thirty (30) days in advance of the planned decrease in enrollees to allow for enrollee reassignment. If the PMP wishes to increase the maximum number of enrollees within the caseload specifications, he/she must notify EDS Provider Enrollment in writing. Such changes should be faxed to (334) 215-4298.

Added: submitted in writing

Deleted: ~~made in writing, the Patient 1<sup>st</sup> Program~~

Added: EDS

Deleted: ~~353-3856~~

Added: 215-4140

Individual or specific recipient additions or dismissals must be submitted in writing on the requesting provider's letterhead and include the following information; the provider's name and provider number as enrolled in the Patient 1<sup>st</sup> Program, the recipient's name, Medicaid number and the county in which the recipient lives. These changes can be faxed to EDS at (334) 215-4140.

Any changes made to the PMP's panel should be with the understanding that no individuals eligible to enroll in Patient 1<sup>st</sup> will be discriminated against on the basis of health status or the need for health care services. Further, the PMP must accept individuals in the order in which they apply without restriction up to the limits set by the PMP and the Agency.

### **39.2.3 Disenrollment**

The PMP's agreement to participate in the Patient 1<sup>st</sup> program may be terminated by either the PMP or Agency, with cause or by mutual consent; upon at least 30 days written notice and will be effective on the first day of the month, pursuant to processing deadlines. (NOTE: Failure to provide a 30-day notice may preclude future participation opportunities and/or recoupment of case management fees.)

A written request must be submitted by the PMP to Provider Enrollment at EDS with the effective date given. Patients will automatically be reassigned based on the following:

- If a PMP is leaving a group practice, then patients will be reassigned to a practitioner within the group; or
- If the remaining group practitioner does not want to assume the caseload, then patients will be assigned through the automated assignment process. For a short period of time, these patients will not be enrolled in the **Patient 1st** Program; or
- If the PMP has made arrangements with another practitioner to assume his/her caseload, then these specifics will be taken into consideration. The disenrollment notification must specify such arrangements.



































































