Program Overview

In support of Arkansas Act 575 of 2023, which amended Arkansas Administrative Code, Title 23, Subtitle 3, Chapter 99, Subchapter 11, Arkansas Total Care (ARTC) implemented its Gold Card Program effective January 1, 2025. The program was designed to reduce administrative burden for high-performing providers while maintaining appropriate oversight for services that support Arkansas's most medically complex and vulnerable Medicaid populations.

ARTC's Gold Card strategy reflects a broader commitment to improving provider experience, reducing unnecessary utilization management requirements, and ensuring timely access to care while maintaining fiscal stewardship of Medicaid resources.

Longstanding Provider Access Initiatives

Prior to implementation of the Gold Card Program, Arkansas Total Care had already established policies that significantly reduced administrative burden and promoted member access to care.

Open Access to Care

ARTC does not require prior authorization or referrals for:

- Primary care services
- Specialty care services
- Physical therapy services
- Occupational therapy services
- Speech therapy services
- Behavioral health therapy services

Removal of Traditional Medicaid Utilization Restrictions

To ensure members have access to necessary care and services, ARTC has eliminated several limitations commonly found in fee-for-service Medicaid, including:

- Physician visit limits
- Imaging service dollar caps
- Durable Medical Equipment (DME) dollar caps
- Pharmacy prescription limits

Enhanced Member Benefits

ARTC expanded wellness and value-added benefits for adult members to support preventive care, health outcomes, and community-based living.

Program Stewardship

Since 2019, PASSE rates have declined approximately 23 percent while Arkansas Total Care has maintained access to services and continued investment in community-based supports. This demonstrates responsible

management of taxpayer resources while serving individuals with complex intellectual, developmental, and behavioral health needs.

Gold Card Program Framework

Beginning January 1, 2025, Arkansas Total Care implemented a provider Gold Card Program consistent with Act 575.

Gold Card Eligibility

Providers may qualify for Gold Card status when:

- At least 90 percent of prior authorization requests for a specific service are approved during the evaluation period.
- The provider has submitted a minimum of six prior authorization requests for the service under review.
- Utilization patterns remain consistent with expected clinical practice standards.

Provider Review Process

ARTC conducts annual evaluations of provider authorization activity and supplies participating providers with:

- Total prior authorization submissions
- Total approvals and denials
- Gold Card eligibility determinations
- Gold Card status notifications

Ongoing Monitoring

ARTC performs annual reviews of all prior authorization requirements to determine whether clinical oversight remains necessary. Services that no longer present significant clinical, quality, or financial risk are evaluated for removal from prior authorization requirements.

Measurable Impact

ARTC has continued to expand provider participation in the Gold Card Program. Provider additions by category are summarized below.

Program Year	Hospitals	Physicians	Ancillary Providers
2025	26	26	25
2026 New Additions	8	28	6
Total Effective 1/1/2026	34	54	31

Gold carded providers are exempt from prior authorization requirements for all services, excluding the services outlined below.

Services Excluded from Gold Card Eligibility

Because Arkansas Total Care administers the PASSE program for individuals with significant intellectual, developmental, behavioral health, and long-term care needs, certain services require ongoing oversight to ensure compliance with state and federal requirements.

- 1915(c) Home and Community-Based Waiver Services
- 1915(i) Services
- Residential Treatment Center (RTC) Services
- Residential Treatment Unit (RTU) Services
- Short-Term Skilled Nursing Services
- Personal Care Services
- Home Health Services
- Institution for Mental Disease (IMD) Services
- Intermediate Care Facility (ICF) Services
- Pharmacy Services

Rationale for Exclusions

Person-Centered Service Planning Requirements

The PASSE program requires development and maintenance of a Person-Centered Service Plan (PCSP) for every member. Prior authorization processes support coordination of services across providers and ensure compliance with CMS requirements.

Protection of Home and Community-Based Services

1915(c) and 1915(i) services account for a significant portion of PASSE expenditures and support members' ability to remain safely in their homes and communities. Clinical oversight helps ensure services remain aligned with individual needs and approved care plans.

Behavioral Health Residential Services

RTC and RTU services serve children and adolescents with serious behavioral health needs. Prior authorization supports active treatment requirements, timely discharge planning, and transition back to less restrictive community settings.

Skilled Nursing Oversight

Short-term skilled nursing services are intended to provide rehabilitative support. Continued review helps ensure members are receiving services consistent with PASSE program requirements and level-of-care standards.

Fraud, Waste, and Abuse Prevention

Personal care and home health services have historically been areas of program integrity focus. Prior authorization review, combined with Electronic Visit Verification (EVV) requirements, provides important safeguards for Medicaid resources.

Federal and Regulatory Compliance

IMD, ICF, and pharmacy services remain subject to federal, state, and Arkansas Medicaid requirements that necessitate ongoing review, authorization, and monitoring activities.

Arkansas Total Care 2027 Commitment

For 2027, Arkansas Total Care remains committed to:

- Expanding opportunities to reduce administrative burden where clinically appropriate.
- Enhancing provider experience through simplified utilization management.
- Increasing provider participation in Gold Card initiatives.
- Continuing annual review of prior authorization requirements.
- Preserving access to community-based services for PASSE members.
- Maintaining responsible stewardship of Medicaid resources.
- Supporting compliance with state and federal program requirements.
- Improving member outcomes through timely access to high-quality care.

Through these efforts, Arkansas Total Care continues to advance the intent of Act 575 by balancing provider flexibility, member access, clinical quality, and fiscal responsibility.