Messages for Remittance Advices dated June 12, 2025 – June 19, 2025

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| TO: all providers | RE: New Electronic Submission Requirements for Provider Enrollment Applications and Updates |
| Effective July 15, 2025, initial provider enrollment applications (except Long Term Care Facilities) must be submitted electronically through the provider portal at https://portal.mmis.arkansas.gov/armedicaid/provider/Home/ProviderEnrollment/tabid/477/Default.aspx  Online submission is the fastest and most effective way to enroll as an Arkansas Medicaid Provider because   * enrollment time decreases — from weeks to days. * issues related to the quality of attachments and illegible applications are decreased or eliminated. * real-time status updates on applications are available. * applications are returned to providers less frequently for clarification or additional information and no associated mailing delays occur. * application delays often result in failure to meet revalidation requirements causing a provider to temporarily lose the ability to bill for services. * a higher percentage of electronic application submissions are successful.   For the rare occasions when a provider is unable to enroll using the portal, the state will review the situation and may approve submission of a paper application on a case-by-case basis. State review and approval will only occur if the provider has exhausted all options to enroll using the portal.  In addition to the new electronic enrollment requirement, paper requests received by Provider Enrollment for tasks and updates that can be completed using the self-service option will be returned to the provider.  A new job aid will soon be added to the Provider Training Information webpage (ar.gov/ProviderTrainingInfo) that will outline self-service options and how to use them.  As noted earlier, Long Term Care Facilities are not required to submit enrollment applications electronically through the portal. Currently, these applications for enrollment must be submitted by paper application. General information from the Office of Long Term Care (OLTC) along with contact information for assistance with enrollment questions can be found on the OLTC webpage at ar.gov/oltc. | |
| TO: Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services providers | RE: New Coverage for Comprehensive Autism Evaluation Codes Under THER Contract Effective 7/1/2025 |
| Effective July 1, 2025, the system will cover the following procedure codes under the Therapy (THER) contract:  PROC MODDESCRIPTIONAGELIMIT  96112 U6COMPREHENSIVE AUTISM EVALUATION FIRST HOUR18 months thru 20 yrs1 PER SFY  96113 U6COMPREHENSIVE AUTISM EVALUATION ADDTL 30 MIN18 months thru 20 yrs2 PER SFY | |
| TO: Counseling and Crisis Services, Home and Community-Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs, and Provider-Led Arkansas Shared Savings Entity (PASSE) Program Providers | RE: HCBS Rate Review - Survey Live |
| Providers of HCBS Services: This notice is to alert you that DHS has released a Provider Cost and Wage survey to support the legislatively-mandated rate review of intellectual and developmental disability (I/DD) and behavioral health services included in the home and community-based services (HCBS) manual.  This survey is due on Friday, June 27, 2025; please forward the following link as needed to the appropriate people in your organization to access the survey: https://humanservices.arkansas.gov/newsroom/hcbs/hcbs-rate-review/  Why is my participation important? DHS anticipates establishing a minimum fee schedule for the HCBS under review beginning in 2026 (subject to legislative approval). The data submitted by you and other providers will offer crucial insights into the HCBS under review and support the development of payment rate assumptions.  Who should complete the survey? All providers delivering I/DD and behavioral health services included in the home- and community-based services manual. For purposes of this survey announcement, the term “provider” refers to an individual or entity engaged in the delivery, ordering, or referring of the above-mentioned services.  Is training and assistance available? Yes! FAQs are posted on DHS’ website and there is a dedicated email for questions (DHS-HCBS-RateReview@milliman.com). DHS will also be posting a recording of a virtual training on DHS’ website.  Additional questions? Please visit DHS’ website or send an email to the dedicated survey inbox (DHS-HCBS-RateReview@milliman.com).  We thank you in advance for your participation in this important survey! | |
| TO: Hospice providers | RE: Hospice Provider Manual Updates |
| Effective June 1, 2025, Arkansas Department of Human Services will update the following sections of the Hospice Provider Manual.  • Section 220.200 - Added sub-section K instructing providers to complete the new form, DMS-9939, when a beneficiary is being admitted or discharged, and providing a hyperlink to the new form.  • Section 250.230 - Updated field 04 to include reference to streamline hospice provider coding for claims. | |
| TO: transportation providers | RE: Updated List of Drug Codes that Require Being Billed with A0426 or A0427 |
| Effective immediately, the following drug codes have been added to the required list of codes that must be billed with A0426 (ALS 1) or A0427 (ALS1-EMERGENCY) to be reimbursed:  J0153 J1200 J2560  J0280 J1201 J2561  J0461 J1265 J3410  J1100 J2060 J3475  J1160 J2550 J3480  Please reference the Transportation Procedure Code Table for a complete list. | |

Thank you for your participation in the Arkansas Medicaid Program. If you have questions regarding these messages, please contact the Provider Assistance Center at (800) 457-4454 toll-free or locally at (501) 376-2211. Remittance Advices can be found using Search Payment History on the Arkansas Medicaid Provider Portal at <https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx>.