Messages for Remittance Advices dated July 3, 2025 – July 10, 2025

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| TO: all providers | | RE: Provider Search Features for Enhanced Accessibility Added to the Health Care Portals | | |
| New capabilities have been added to the Health Care portals to enhance search capabilities. Providers and beneficiaries can now more quickly identify providers who offer accommodations for special needs. These capabilities include:   * American Sign Language (ASL) as a searchable language option * Facility and telehealth accommodations available as filterable criteria   All providers should review their accommodation information and update it. Providers seeking to complete revalidation, enrollment, or re-enrollment with Arkansas Medicaid will be required to review and provide accommodation information in order to submit their applications.  Further search enhancements and self-service tools to update provider information are coming soon. | | | | |
| 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: nurse practitioner Providers | | | RE: Procedure 99417 added to Audit 6890 | |
| The Arkansas Department of Human Services has updated Audit 6890 [16 PROVIDER VISITS PER SFY] to include procedure 99417 [PROLNG OP E/M EACH 15 MIN] for Nurse Practitioners. This limitation audit ensures that members are allowed 16 visits per State Fiscal Year for members age 21-999. | | | | |
| TO: Ambulatory Surgical Center (ASC), Arkansas Department of Health (ADH), Certified Nurse-Midwife (CNM), Federally Qualified Health Center (FQHC), Nurse Practitioner, Hospital, Physician, and Rural Health Clinic | | | | RE: Obstetrics (OB) Services Billing Changes (Global/Itemized) and Postpartum Visits |
| Effective July 1, 2025, Arkansas Department of Human Services:  1. Will no longer cover global OB codes unless the beneficiary has Third-party Liability (TPL) insurance and/or Medicare.  2. Applicable E&M procedure codes with TH (OB TX/SRVCS PRENATL/POSTPART) modifier to be billed for postpartum visits.  Please reference ON-019-25 for a complete list of codes that should be billed.  https://humanservices.arkansas.gov/wp-content/uploads/ON-019-25.docx | | | | |
| TO: all providers | | | RE: Pharmacy Adding Electronic PA (ePA) and CoverMyMeds | |
| Beginning August 1, 2025, the Arkansas Medicaid Pharmacy Program will add new functionality to begin accepting electronic prior authorization (ePA) requests via CoverMyMeds® in addition to fax requests.  By prompting prescribers to answer required clinical questions, the CoverMyMeds tool will simplify the prior authorization process and offer real-time approval if clinical criteria are met. With the new functionality, prescribers will be able to submit prior authorization requests electronically, upload supporting documents, and track the request in real time.  Additionally, pharmacy providers who utilize CoverMyMeds can initiate medication ePA requests on behalf of a beneficiary. CoverMyMeds will direct the case to the prescriber’s queue prompting them to complete and submit the ePA to Arkansas Medicaid.  Please refer to the Arkansas Medicaid Pharmacy Website at https://ar.primetherapeutics.com/provider-documents for additional information on ePA and CoverMyMeds. | | | | |

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>.