Messages for Remittance Advices dated May 1, 2025 – May 8, 2025

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| TO: Rehabilitation Hospital Provider Type 26, Specialty R1 | RE: Acute Care Rehabilitation Hospital Prior Authorizations (PAs) |
| Effective May 1, 2025, Arkansas Department of Human Services will make changes to allow Rehabilitation Hospital providers (PT26/R1) to submit initial PA requests through the Provider Portal for ten (10) days rather than seven (7) days.  PA Process 1. Providers may submit new Prior Authorization (PA) requests for the first ten (10) days of the Rehabilitation Hospital stay rather than seven (7).  2. The process to submit PA requests has not changed.  3. Providers will continue to submit PA request via the Provider Portal as they do today.  4. Include documentation supporting the PA request for the initial ten (10) days. The following documentation is needed:  --Admission History and Physical- This can be a summary of the H&P or the full document.  --Therapy evaluations with goals and any outcomes if available as of the date of submission.  --Daily clinical information to document the severity of illness and intensity of service for each day- This may include a summary of the daily clinical information, or a daily progress note for each date of service.  --Therapy notes showing time of session, participation, and progress.  --Discharge planning to document any issues that could affect discharge such as placement issues or equipment needs.  5. The submission of a PA request does not guarantee approval. Documentation submitted must support the medical necessity for the admission.  6. If additional/subsequent hospital days are needed, PA extensions can be requested through the normal process used today (PA Extensions may be requested through the Provider Portal).  7. Prior authorization of service does not guarantee eligibility for a member. Payment is still subject to verification that the member was eligible at the time services are provided.  8. All records are subject to retrospective review.  https://humanservices.arkansas.gov/wp-content/uploads/ON-013-25.docx | |
| to: Pharmacy providers | RE: Prime Therapeutics Pharmacy Point of Sale System Will Be Down |
| Prime Therapeutics will be performing maintenance to the pharmacy point of sale system beginning Saturday, May 10 at 10:00 PM CT and lasting approximately 3 hours until 1:00 AM CT May 11. The pharmacy point of sale claims system will be down during this time-frame. | |

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| TO: All Providers | RE: New Edit for NDC Units Billed |
| The Arkansas Department of Human Services has made updates to the MMIS core system to ensure claims are billed in accordance with the National Drug Code (NDC) billing instructions found in Section II of the appropriate Manuals noted in the Official Notice link below.  Effective May 1, 2025, a new edit will post and pay all claims which are not billed in accordance with Arkansas Policy related to the Drug Procedure (HCPCS/CPT) to NDC Relationship and Billing Principles.  - To ensure your claims are billed correctly and with appropriate units, providers should refer to examples found in Section II of the appropriate manuals noted in the Official Notice link below.  - There are NDC Units Calculator tools available through various vendors.  - Explanation of Benefit (EOB) 1257 – Submitted NDC Units are Greater than Covered HCPCS Units; will appear on your remittance advice for informational purposes. However, the detail will continue through processing without denial at this time.  After the 90-day grace period, edit 1014 will be changed to deny for the claim lines that are billed incorrectly. An additional official notice will be published indicating the grace period is ending.  https://humanservices.arkansas.gov/wp-content/uploads/ON-012-25.docx | |
| 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: DHS HCBS Rate Review - All-Stakeholder Meeting Invitation |
| Hello,  The Arkansas Department of Human Services (DHS) is currently conducting a legislatively-mandated rate review for intellectual and developmental disability (I/DD) and behavioral health services included in the home and community-based services manual.  DHS and DHS’ contractor Milliman will hold an all-stakeholder meeting on Friday, May 9, 2025, from 10:00-11:00 to share the rate review’s scope, purpose and approach, including opportunities for stakeholder input. Please note that the rate review will include a provider cost and wage survey to be completed in June 2025.  Please use the information below to join the all-stakeholder meeting:  Webinar link: https://milliman.zoom.us/j/95653236082  Call in: 1-309-205-3325  Meeting ID: 956 5323 6082  Thank you for your support of these important services. If you have questions in advance of this meeting, please reach out to the dedicated rate review inbox: DHS-HCBS-RateReview@milliman.com. | |

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| TO: dental providers | RE: Claim Submission for Dental Crossover Instructions |
| For Medicare Advantage/Medigap Plans (HMO and PPO), these companies bill Medicare and pay directly through the private company for benefits that are part of the Medicare Program. Since these claims are paid through private companies, they do not automatically cross to Medicaid. Providers must submit the copayment, deductible, and coinsurance on a Professional claim at the detail level.  Dental providers generally do not submit professional crossover claims. However, given that some members have HMO or PPO coverage, submitting these claims becomes necessary.  The instructions for submitting a dental crossover claim can be accessed via the following:  How to submit a Professional Crossover Claim Video https://share.vidyard.com/watch/jnvDTEjGdAbFtHfF4rVyFB?  How to submit a professional crossover claim guide https://humanservices.arkansas.gov/wp-content/uploads/MMIS\_JobAid\_Crossovers.pdf  For specific billing instruction, please refer to the Medicare/Medicaid Crossover Only Manual, Section III – Billing Information, Section 332.100 Medicare-Medicaid Crossover Claim Filing Procedures.  Please note Division of Medical Services may complete a retrospective review audit of Edit 3383--(ATTACHMENT REQUIRED FOR NON-COBA CROSSOVER CLAIMS). Providers may receive letters for paid claims requesting the required Explanation of Medicare Benefits (EOMB). Claims may be recouped if the provider is unable to provide proof that the required EOMB is on file at the provider location. | |
| TO: rural health clinic providers | RE: RHC Lab Codes 87426, 87428, 87636, 87637, and 87811 |
| To align with Arkansas Medicaid Program policy, a system fix was put into place on to allow the following procedure codes to process under the LAB Contract. Previously they may have inadvertently processed and denied under the MEDSV contract. Claims analysis will be performed to identify and reprocess any claims that have improperly denied.  87426 (SARSCOV CORONAVIRUS AG IA)  87428 (SARSCOV & INF VIR A&B AG IA)  87636 (SARSCOV2 & INF A&B AMP PRB)  87637 (SARSCOV2&INF A&B&RSV AMP PRB)  87811 (SARS-COV-2 COVID19 W/OPTIC) | |

***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***](https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx)***.***