



What is Timely Filing?

Section 302.000 of the AR Medicaid manual defines timely claims.

The *Code of Federal Regulations* states, “The Medicaid agency *must require* providers to submit all claims *no later than 12 months from the date of service.*” The 12-month (365 days) filing deadline applies to **all** claims, including:

- Claims for services provided to clients with joint Medicare/Medicaid eligibility
- Adjustment requests and resubmissions of claims previously considered
- Claims for services provided to individuals who acquire Medicaid eligibility retroactively

There are no exceptions to the 12-month filing deadline policy. The definitions and additional federal regulations in Section 3 will permit flexibility for those who adhere closely to them.

All providers must submit claims within the 12-month (365 days) filing deadline to meet the timely filing policy.

Training Tools and Resources:

<https://humanservices.arkansas.gov/>



For more information call **1-800-457-4454**

