ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services

Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480

TO: **Arkansas Medicaid Health Care Providers – All Providers**

DATE: **November 1, 2012**

SUBJECT: **Provider Manual Update Transmittal SecV-5-12**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
DMS-7708	08/08	DMS-7708	11/12

Explanation of Updates

Form DMS-7708 is updated to include new provider categories and EHR incentive payment application information for Physician Assistants.

This transmittal and the enclosed form are for informational purposes only. **Please do not complete the enclosed form.**

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-6453 (Local); 1-800-482-5850, extension 2-6453 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Andrew Allison, PhD
Director

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Medicaid Provider Enrollment Unit
P.O. Box 8105, Little Rock, AR 72203-8105
501-376-2211 Local and out of state · Fax: 501-374-0746 ·
1-800-457-4454 In state WATS

Practitioner Identification Number Request Form

Please check one of the following:

Physician Assistant (for EHR Incentive) ☐ Resident ☐ Other ☐ _____

Practitioner Name _____
(Please print)

NPI/Taxonomy Code _____
(NPI required for Physician Assistant and Resident)

Social Security Number _____

Address _____

_____

_____
City **State** **ZIP+4**

_____
County **Phone Number** (Include area code)

Residents Only _____
Place of Residency **Effective Date of Residency**

Physician Assistants who apply to receive an EHR incentive payment must also complete a W-9 form and indicate below the FQHC or RHC primary facility with which they are associated:

_____
FQHC or RHC facility

Note: We must have your original signature. A photo copied or stamped signature is unacceptable.

Practitioner's Signature _____

Date _____

Mail this completed form to:

Medicaid Provider Enrollment Unit
HP Enterprise Services
P.O. Box 8105
Little Rock, AR 72203-8105