

*TOC not required***141.000 Provider Enrollment****8-1-14**

Any provider of health care services must be enrolled in the Arkansas Medicaid Program before Medicaid will cover any services provided by the provider to Arkansas Medicaid beneficiaries. Enrollment as a Medicaid provider is contingent upon the provider satisfying all rules and requirements for provider participation as specified in the applicable provider manual, state and federal law. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.

All providers must sign all applicable forms that require a signature and the Arkansas Medicaid Provider Contract. The signature must be an original signature or an approved electronic signature of the individual provider. The provider's authorized representative may sign the contract for a group practice, hospital, agency or other institution.

In addition to the information in Section 140.000, Section II of each program's provider manual may contain supplemental provider type specific participation requirements. The provider enrollment functions for the Arkansas Medicaid Program are performed by an independent contractor. The contractor is responsible for provider enrollment services for new providers and changes to current provider enrollment files. Potential providers must complete all appropriate portions of a provider enrollment Application Packet to execute the provider contract. They must also submit a copy of all certifications and licenses verifying compliance with enrollment criteria for the applicable provider type or discipline to be practiced and pay the application fee (if applicable). See Section 141.101 for Application Fees.

Potential providers may enroll on the Arkansas Medicaid website at <https://www.medicaid.state.ar.us>. Potential providers that are not required to pay application fees may also send the printed form to the Medicaid Provider Enrollment Unit. [View or print the Provider Enrollment contact information.](#)

All subsequent state license and certification renewals must be forwarded to the Medicaid Provider Enrollment Unit within 30 days of issuance. If the renewal document(s) have not been received within this timeframe, the provider will have an additional and FINAL 30 days to comply. Failure to timely submit verification of license or certification renewals will result in cancellation of enrollment in the Arkansas Medicaid Program. [View or print the provider enrollment and contract package \(Application Packet\).](#)

In addition to the submission of the Application Packet, the following forms are required and must be submitted to complete the enrollment process:

- A. W-9 Tax form (DMS-652)
- B. Medicaid Provider Contract (DMS-652)
- C. PCP Agreement, if applicable (DMS-2608. See Section 171.000 for PCP requirements.)
- D. EPSDT Agreement, if applicable (DMS-831. See Section 201.000 of the EPSDT provider manual for the EPSDT Agreement.)
- E. Group Affiliation form, if applicable (DMS-652). This form is applicable for individual providers who choose to authorize a group to bill and receive reimbursement on their behalf.

Each provider must notify the Medicaid Provider Enrollment Unit in writing immediately regarding any changes to its application or contract status, such as:

- A. Group Affiliation form, if applicable (DMS-652). This form is applicable for individual providers who choose to authorize a group to bill and receive reimbursement on their behalf.

- B. Change in Federal Employer Identification Number (FEIN) may require the completion of a new enrollment application
- C. Electronic Funds Transfer (EFT) Authorization for Automatic Deposit
- D. Change in practice or specialty
- E. Retirement or death of provider
- F. Name Change Form
- G. Change of Ownership Form (DMS-0688) ([View or print form DMS-0688 – Provider Change of Ownership Information Form.](#))
- H. Address Change Form (DMS-673) ([View or print form DMS-673 – Address Change Form.](#))
- I. Change in Ownership Control (5% or more) or Conviction of Crime ([View or print form DMS-675 – Ownership and Conviction Disclosure.](#))
- J. Disclosure of Significant Business Transactions ([View or print form DMS-689 – Disclosure of Significant Business Transactions.](#))

When the provider has successfully met all requirements, the Medicaid Provider Enrollment Unit will assign a unique Medicaid number to the provider. The assigned provider number is linked to the provider's tax identification number (either a Social Security Number or a Federal Employer Identification Number) and to the provider's National Provider Identifier (NPI) unless the provider is an atypical provider not required to have an NPI.

Arkansas Medicaid providers who are required to submit an annual financial audit to the Department of Human Services (DHS) or who receive \$500,000 or more in Arkansas Medicaid payments are required to comply with Arkansas tax laws to qualify or remain enrolled as Medicaid providers.

The Division of Medical Services (DMS) will work in conjunction with the Arkansas Department of Finance and Administration (DFA) to determine if any affected Medicaid providers fail to file any state income or related tax return or fail to pay any tax due from the previous calendar year.

If a provider is found to be in violation of this policy, then the provider will be notified by DHS. The provider will have thirty (30) calendar days to resolve this matter or be excluded as an Arkansas Medicaid provider. To address a tax compliance issue, providers should contact the Sales and Use Tax Unit. [View or print the Department of Finance and Administration Sales and Use Tax Unit contact information.](#)

The DFA will provide a tax clearance letter that must be provided to the Medicaid Provider Enrollment Unit. [View or print the Provider Enrollment contact information.](#)

### **Appeals of Tax Compliance Issues**

Providers may appeal the decisions of DHS, its reviewers or contractors if that decision adversely affects a Medicaid provider. This includes decisions related to tax compliance issues. Providers may mail or deliver appeals to the Office of Medicaid Provider Appeals. [View or print the Office of Medicaid Provider Appeals contact information.](#)

**SECTION V – FORMS****500.000****Claim Forms****Red-ink Claim Forms**

The following is a list of the red-ink claim forms required by Arkansas Medicaid. The forms below cannot be printed from this manual for use. Information about where to get the forms and links to samples of the forms is available below. To view a sample form, click the form name.

<b>Claim Type</b>	<b>Where To Get Them</b>
<a href="#"><u>Professional – CMS-1500</u></a>	Business Form Supplier
<a href="#"><u>Institutional – CMS-1450*</u></a>	Business Form Supplier
<a href="#"><u>Visual Care – DMS-26-V</u></a>	1-800-457-4454
<a href="#"><u>Inpatient Crossover – HP-MC-001</u></a>	1-800-457-4454
<a href="#"><u>Long Term Care Crossover – HP-MC-002</u></a>	1-800-457-4454
<a href="#"><u>Outpatient Crossover – HP-MC-003</u></a>	1-800-457-4454
<a href="#"><u>Professional Crossover – HP-MC-004</u></a>	1-800-457-4454

\* For dates of service after 11/30/07 – ALL HOSPICE PROVIDERS USE ONLY FORM CMS-1450 (formerly UB-04) for billing.

**Claim Forms**

The following is a list of the non-red-ink claim forms required by Arkansas Medicaid. Information about where to get a supply of the forms and links to samples of the forms is available below. To view a sample form, click the form name.

<b>Claim Type</b>	<b>Where To Get Them</b>
<a href="#"><u>Alternatives Attendant Care Provider Claim Form - AAS-9559</u></a>	Client Employer
<a href="#"><u>Dental – ADA-J400</u></a>	Business Form Supplier

**Arkansas Medicaid Forms**

The forms below can be printed from this manual for use.

**In order by form name:**

<b>Form Name</b>	<b>Form Link</b>
Acknowledgement of Hysterectomy Information	<a href="#"><u>DMS-2606</u></a>
Address Change Form	<a href="#"><u>DMS-673</u></a>
Adjustment Request Form – Medicaid XIX	<a href="#"><u>HP-AR-004</u></a>
Adverse Effects Form	<a href="#"><u>DMS-2704</u></a>

Form Name	Form Link
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	<a href="#">DMS-679A</a>
Amplification/Assistive Technology Recommendation Form	<a href="#">DMS-686</a>
Application for WebRA Hardship Waiver	<a href="#">DMS-7736</a>
Approval/Denial Codes for Inpatient Psychiatric Services	<a href="#">DMS-2687</a>
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	<a href="#">DDS/FS#0001.a</a>
Arkansas Medicaid Patient-Centered Medical Home Program Practice Participation Agreement	<a href="#">DMS-844</a>
Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form	<a href="#">DMS-845</a>
Arkansas Medicaid Patient-Centered Medical Home Program Practice Withdrawal Form	<a href="#">DMS-846</a>
ARKids First Behavioral Health Services Provider Qualification Form	<a href="#">DMS-612</a>
Authorization for Automatic Deposit	<a href="#">autodeposit</a>
Authorization for Payment for Services Provided	<a href="#">MAP-8</a>
Certification of Need – Medicaid Inpatient Psychiatric Services for Under Age 21	<a href="#">DMS-2633</a>
Certification of Schools to Provide Comprehensive EPSDT Services	<a href="#">CSPC-EPSDT</a>
Certification Statement for Abortion	<a href="#">DMS-2698</a>
Change of Ownership Information	<a href="#">DMS-0688</a>
Child Health Management Services Enrollment Orders	<a href="#">DMS-201</a>
Child Health Management Services Discharge Notification Form	<a href="#">DMS-202</a>
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	<a href="#">DMS-699A</a>
CHMS Request for Prior Authorization	<a href="#">DMS-102</a>
Claim Correction Request	<a href="#">DMS-2647</a>
Consent for Release of Information	<a href="#">DMS-619</a>
Contact Lens Prior Authorization Request Form	<a href="#">DMS-0101</a>
Contract to Participate in the Arkansas Medical Assistance Program	<a href="#">DMS-653</a>
DDTCS Transportation Log	<a href="#">DMS-638</a>
DDTCS Transportation Survey	<a href="#">DMS-632</a>
Dental Treatment Additional Information	<a href="#">DMS-32-A</a>
Disclosure of Significant Business Transactions	<a href="#">DMS-689</a>
Disproportionate Share Questionnaire	<a href="#">DMS-628</a>
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral For Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan	<a href="#">DMS-693</a>

Form Name	Form Link
Early Childhood Special Education Referral Form	<a href="#">ECSE-R</a>
EPSDT Provider Agreement	<a href="#">DMS-831</a>
Explanation of Check Refund	<a href="#">HP-CR-002</a>
Gait Analysis Full Body	<a href="#">DMS-647</a>
Home Health Certification and Plan of Care	<a href="#">CMS-485</a>
Hospital/Physician/Certified Nurse Midwife Referral for Newborn Infant Medicaid Coverage	<a href="#">DCO-645</a>
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	<a href="#">DMS-2685</a>
Individual Renewal Form for School-Based Audiologists	<a href="#">DMS-7782</a>
Lower-Limb Prosthetic Evaluation	<a href="#">DMS-650</a>
Lower-Limb Prosthetic Prescription	<a href="#">DMS-651</a>
Media Selection/E-Mail Address Change Form	<a href="#">HP-MS-005</a>
Medicaid Claim Inquiry Form	<a href="#">HP-CI-003</a>
Medicaid Form Request	<a href="#">HP-MFR-001</a>
Medical Equipment Request for Prior Authorization & Prescription	<a href="#">DMS-679</a>
Medical Transportation and Personal Assistant Verification	<a href="#">DMS-616</a>
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	<a href="#">DMS-633</a>
Notice Of Noncompliance	<a href="#">DMS-635</a>
NPI Reporting Form	<a href="#">DMS-683</a>
Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral	<a href="#">DMS-640</a>
Ownership and Conviction Disclosure	<a href="#">DMS-675</a>
Personal Care Assessment and Service Plan	<a href="#">DMS-618 English</a> <a href="#">DMS-618 Spanish</a>
Practitioner Identification Number Request Form	<a href="#">DMS-7708</a>
Prescription & Prior Authorization Request For Nutrition Therapy & Supplies	<a href="#">DMS-2615</a>
Primary Care Physician Managed Care Program Referral Form	<a href="#">DMS-2610</a>
Primary Care Physician Participation Agreement	<a href="#">DMS-2608</a>
Primary Care Physician Selection and Change Form	<a href="#">DMS-2609</a>
Procedure Code/NDC Detail Attachment Form	<a href="#">DMS-664</a>
Provider Application	<a href="#">DMS-652</a>
Provider Communication Form	<a href="#">AAS-9502</a>
Provider Data Sharing Agreement – Medicare Parts C & D	<a href="#">DMS-652-A</a>
Provider Enrollment Application and Contract Package	<a href="#">Application Packet</a>

<b>Form Name</b>	<b>Form Link</b>
Quarterly Monitoring Form	<a href="#"><u>AAS-9506</u></a>
Referral for Audiology Services – School-Based Setting	<a href="#"><u>DMS-7783</u></a>
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	<a href="#"><u>DMS-2634</u></a>
Referral for Medical Assistance	<a href="#"><u>DMS-630</u></a>
Request for Appeal	<a href="#"><u>DMS-840</u></a>
Request for Extension of Benefits	<a href="#"><u>DMS-699</u></a>
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	<a href="#"><u>DMS-671</u></a>
Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21	<a href="#"><u>DMS-602</u></a>
Request for Molecular Pathology Laboratory Services	<a href="#"><u>DMS-841</u></a>
Request For Orthodontic Treatment	<a href="#"><u>DMS-32-0</u></a>
Request for Private Duty Nursing Services Prior Authorization and Prescription – Initial Request or Recertification	<a href="#"><u>DMS-2692</u></a>
Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21	<a href="#"><u>DMS-601</u></a>
Research Request Form	<a href="#"><u>HP-0288</u></a>
Service Log – Personal Care Delivery and Aides Notes	<a href="#"><u>DMS-873</u></a>
Sterilization Consent Form	<a href="#"><u>DMS-615 English</u></a> <a href="#"><u>DMS-615 Spanish</u></a>
Sterilization Consent Form – Information for Men	<a href="#"><u>PUB-020</u></a>
Sterilization Consent Form – Information for Women	<a href="#"><u>PUB-019</u></a>
Upper-Limb Prosthetic Evaluation	<a href="#"><u>DMS-648</u></a>
Upper-Limb Prosthetic Prescription	<a href="#"><u>DMS-649</u></a>
Vendor Performance Report	<a href="#"><u>Vendorperformreport</u></a>
Verification of Medical Services	<a href="#"><u>DMS-2618</u></a>

In order by form number:

<a href="#"><u>AAS-9502</u></a>	<a href="#"><u>DMS-2618</u></a>	<a href="#"><u>DMS-618</u></a>	<a href="#"><u>DMS-675</u></a>	<a href="#"><u>DMS-873</u></a>
<a href="#"><u>AAS-9506</u></a>	<a href="#"><u>DMS-2633</u></a>	<a href="#"><u>Spanish</u></a>	<a href="#"><u>DMS-673</u></a>	<a href="#"><u>ECSE-R</u></a>
<a href="#"><u>AAS-9559</u></a>	<a href="#"><u>DMS-2634</u></a>	<a href="#"><u>DMS-619</u></a>	<a href="#"><u>DMS-679</u></a>	<a href="#"><u>HP-0288</u></a>
<a href="#"><u>Address</u></a>	<a href="#"><u>DMS-2647</u></a>	<a href="#"><u>DMS-628</u></a>	<a href="#"><u>DMS-679A</u></a>	<a href="#"><u>HP-AR-004</u></a>
<a href="#"><u>Change</u></a>	<a href="#"><u>DMS-2685</u></a>	<a href="#"><u>DMS-630</u></a>	<a href="#"><u>DMS-683</u></a>	<a href="#"><u>HP-CI-003</u></a>
<a href="#"><u>Autodeposit</u></a>	<a href="#"><u>DMS-2687</u></a>	<a href="#"><u>DMS-632</u></a>	<a href="#"><u>DMS-686</u></a>	<a href="#"><u>HP-CR-002</u></a>
<a href="#"><u>CMS-485</u></a>	<a href="#"><u>DMS-2692</u></a>	<a href="#"><u>DMS-633</u></a>	<a href="#"><u>DMS-689</u></a>	<a href="#"><u>HP-MFR-001</u></a>
<a href="#"><u>CSPC-EPSTDT</u></a>	<a href="#"><u>DMS-2698</u></a>	<a href="#"><u>DMS-635</u></a>	<a href="#"><u>DMS-693</u></a>	<a href="#"><u>HP-MS-005</u></a>
<a href="#"><u>DCO-645</u></a>	<a href="#"><u>DMS-2704</u></a>	<a href="#"><u>DMS-638</u></a>	<a href="#"><u>DMS-699</u></a>	<a href="#"><u>MAP-8</u></a>
<a href="#"><u>DDS/FS#0001.a</u></a>	<a href="#"><u>DMS-32-A</u></a>	<a href="#"><u>DMS-640</u></a>	<a href="#"><u>DMS-699A</u></a>	<a href="#"><u>Performance</u></a>
<a href="#"><u>DMS-0101</u></a>	<a href="#"><u>DMS-32-0</u></a>	<a href="#"><u>DMS-647</u></a>	<a href="#"><u>DMS-7708</u></a>	<a href="#"><u>Report</u></a>
<a href="#"><u>DMS-0688</u></a>	<a href="#"><u>DMS-601</u></a>	<a href="#"><u>DMS-648</u></a>	<a href="#"><u>DMS-7736</u></a>	<a href="#"><u>Provider</u></a>
<a href="#"><u>DMS-102</u></a>	<a href="#"><u>DMS-602</u></a>	<a href="#"><u>DMS-649</u></a>	<a href="#"><u>DMS-7782</u></a>	<a href="#"><u>Enrollment</u></a>
<a href="#"><u>DMS-201</u></a>	<a href="#"><u>DMS-612</u></a>	<a href="#"><u>DMS-650</u></a>	<a href="#"><u>DMS-7783</u></a>	<a href="#"><u>Application</u></a>
<a href="#"><u>DMS-202</u></a>	<a href="#"><u>DMS-615</u></a>	<a href="#"><u>DMS-651</u></a>	<a href="#"><u>DMS-831</u></a>	<a href="#"><u>and Contract</u></a>
<a href="#"><u>DMS-2606</u></a>	<a href="#"><u>English</u></a>	<a href="#"><u>DMS-652</u></a>	<a href="#"><u>DMS-840</u></a>	<a href="#"><u>Package</u></a>
<a href="#"><u>DMS-2608</u></a>	<a href="#"><u>DMS-615</u></a>	<a href="#"><u>DMS-652-A</u></a>	<a href="#"><u>DMS-841</u></a>	<a href="#"><u>PUB-019</u></a>
<a href="#"><u>DMS-2609</u></a>	<a href="#"><u>Spanish</u></a>	<a href="#"><u>DMS-653</u></a>	<a href="#"><u>DMS-844</u></a>	<a href="#"><u>PUB-020</u></a>
<a href="#"><u>DMS-2610</u></a>	<a href="#"><u>DMS-616</u></a>	<a href="#"><u>DMS-664</u></a>	<a href="#"><u>DMS-845</u></a>	
<a href="#"><u>DMS-2615</u></a>	<a href="#"><u>DMS-618</u></a>	<a href="#"><u>DMS-671</u></a>	<a href="#"><u>DMS-846</u></a>	
	<a href="#"><u>English</u></a>			

#### Arkansas Medicaid Contacts and Links

Click the link to view the information.

[American Hospital Association](#)

[Americans with Disabilities Act Coordinator](#)

[Arkansas Department of Education, Health and Nursing Services Specialist](#)

[Arkansas Department of Education, Special Education](#)

[Arkansas Department of Finance Administration, Sales and Tax Use Unit](#)

[Arkansas Department of Human Services, Division of Aging and Adult Services](#)

[Arkansas Department of Human Services, Appeals and Hearings Section](#)

[Arkansas Department of Human Services, Division of Behavioral Health Services](#)

[Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit](#)

[Arkansas Department of Human Services, Division of Children and Family Services, Contracts Management Unit](#)



[Arkansas Department of Human Services, Children's Services](#)

[Arkansas Department of Human Services, Division of County Operations, Customer Assistance Section](#)

[Arkansas Department of Human Services, Division of Medical Services](#)

[Arkansas DHS, Division of Medical Services Director](#)

[Arkansas DHS, Division of Medical Services, Benefit Extension Requests, UR Section](#)

[Arkansas DHS, Division of Medical Services, Dental Care Unit](#)

[Arkansas DHS, Division of Medical Services, HP Enterprise Services Provider Enrollment Unit](#)

[Arkansas DHS, Division of Medical Services, Financial Activities Unit](#)

[Arkansas DHS, Division of Medical Services, Hearing Aid Consultant](#)

[Arkansas DHS, Division of Medical Services, Medical Assistance Unit](#)

[Arkansas DHS, Division of Medical Services, Medical Director for Clinical Affairs](#)

[Arkansas DHS, Division of Medical Services, Pharmacy Unit](#)

[Arkansas DHS, Division of Medical Services, Program Communications Unit](#)

[Arkansas DHS, Division of Medical Services, Program Integrity Unit \(PI\)](#)

[Arkansas DHS, Division of Medical Services, Provider Reimbursement Unit](#)

[Arkansas DHS, Division of Medical Services, Third-Party Liability Unit](#)

[Arkansas DHS, Division of Medical Services, UR/Home Health Extensions](#)

[Arkansas DHS, Division of Medical Services, Utilization Review Section](#)

[Arkansas DHS, Division of Medical Services, Visual Care Coordinator](#)

[Arkansas Department of Health](#)

[Arkansas Department of Health, Health Facility Services](#)

[Arkansas Department of Human Services, Accounts Receivable](#)

[Arkansas Foundation For Medical Care](#)

[Arkansas Hospital Association](#)

[ARKids First-B](#)

[ARKids First-B ID Card Example](#)

[Central Child Health Services Office \(EPSDT\)](#)

[ConnectCare Helpline](#)

[County Codes](#)

[Dental Contractor](#)

[HP Enterprise Services Claims Department](#)

[HP Enterprise Services EDI Support Center \(formerly AEVCS Help Desk\)](#)

[HP Enterprise Services Inquiry Unit](#)

[HP Enterprise Services Manual Order](#)

[HP Enterprise Services Pharmacy Help Desk](#)



[HP Enterprise Services Provider Assistance Center \(PAC\)](#)

[HP Enterprise Services Supplied Forms](#)

[Example of Beneficiary Notification of Denied ARKids First-B Claim](#)

[Example of Beneficiary Notification of Denied Medicaid Claim](#)

[First Connections Infant & Toddler Program, Developmental Disabilities Services](#)

[Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment](#)

[Health Care Declarations](#)

[Immunizations Registry Help Desk](#)

[Medicaid ID Card Example](#)

[Medicaid Managed Care Services \(MMCS\)](#)

[Medicaid Reimbursement Unit Communications Hotline](#)

[Medicaid Tooth Numbering System](#)

[National Supplier Clearinghouse](#)

[Office of Medicaid Provider Appeals](#)

[Partners Provider Certification](#)

[Primary Care Physician \(PCP\) Enrollment Voice Response System](#)

[Provider Qualifications, Division of Behavioral Health Services](#)

[QSource of Arkansas](#)

[Select Optical](#)

[Standard Register](#)

[Table of Desirable Weights](#)

[U.S. Government Printing Office](#)

[ValueOptions](#)

[Vendor Performance Report](#)

PROPOSED