## NOTICE OF RULE MAKING

The Director of the Division of Medical Services hereby issues the following proposed medical assistance rule(s) under one or more of the following chapters or sections of the Arkansas Code: 20-10-211(a), 20-10-203(b), 20-76-433, 25-10-129, and Title 20, Chapter 77.

Effective November 1, 2017, DXC Technology will no longer accept provider enrollment applications that do not include an active email address. If a provider profile needs to be updated, please complete form DMS-673 – Provider Address/Email Change Form.

Also, effective November 1, 2017, Provider Enrollment will no longer accept applications without a completed Authorization for Electronic Funds Transfer (Automatic Deposit) form. Providers who currently receive paper checks must complete the Authorization for EFT form by November 1, 2017. After this deadline, Arkansas Medicaid will no longer mail checks for Medicaid payment. The Authorization for EFT form can be found at

https://www.medicaid.state.ar.us/Download/provider/provdocs/forms/autodeposit.doc.

The proposed policy is available for review at the Division of Medical Services, Program Development and Quality Assurance, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access it on the Medicaid website (<a href="www.medicaid.state.ar.us">www.medicaid.state.ar.us</a>), and download it from the "Proposed Rules For Public Comment" section of the website's *General* menu. Policy accessed from this location will be watermarked with the word "Proposed". All comments must be submitted in writing no later than September 12, 2017.

If you need this material in a different format, such as large print, contact Program Development and Quality Assurance at 501-320-6429.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin.

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Division of Medical Services