

# ARKANSAS REGISTER

## Proposed Rule Cover Sheet



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Name of Department \_\_\_\_\_

Agency or Division Name \_\_\_\_\_

Other Subdivision or Department, If Applicable \_\_\_\_\_

Previous Agency Name, If Applicable \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Contact Phone \_\_\_\_\_

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Name of Rule \_\_\_\_\_

Newspaper Name \_\_\_\_\_

Date of Publishing \_\_\_\_\_

Final Date for Public Comment \_\_\_\_\_

Location and Time of Public Meeting \_\_\_\_\_

**SECTION V—FORMS****600.000****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.

Claim Type	Where To Get Them
<u><a href="#">Professional – CMS-1500</a></u>	Business Form Supplier
<u><a href="#">Institutional – CMS-1450*</a></u>	Business Form Supplier

\* 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.

Claim Type	Where To Get Them
<u><a href="#">Alternatives Attendant Care Provider Claim Form – AAS-9559</a></u>	Client Employer
<u><a href="#">Dental – ADA-J430</a></u>	Business Form Supplier

**Arkansas Medicaid Forms**

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

**In order by form name:**

Form Name	Form Link
Acknowledgement of Hysterectomy Information	<u><a href="#">DMS-2606</a></u>
Address/Email Change Form	<u><a href="#">DMS-673</a></u>
Adjustment Request Form – Medicaid XIX	<u><a href="#">HP-AR-004</a></u>
Adjustment Request Form – Medicaid XIX – Pharmacy Program	<u><a href="#">DMS-802</a></u>
Adverse Effects Form	<u><a href="#">DMS-2704</a></u>
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	<u><a href="#">DMS-679A</a></u>
Amplification/Assistive Technology Recommendation Form	<u><a href="#">DMS-686</a></u>
Application for WebRA Hardship Waiver	<u><a href="#">DMS-7736</a></u>

## Section V

Form Name	Form Link	
Approval/Denial Codes for Inpatient Psychiatric Services	<a href="#">DMS-2687</a>	Field Code Changed
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	<a href="#">DDS/FS#0001.a</a>	Field Code Changed
Arkansas Medicaid Patient-Centered Medical Home Practice Participation Agreement	<a href="#">DMS-844</a>	Field Code Changed
Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form	<a href="#">DMS-845</a>	Field Code Changed
Arkansas Medicaid Patient-Centered Medical Home Program Practice Withdrawal Form	<a href="#">DMS-846</a>	Field Code Changed
ARKids First Behavioral Health Services Provider Qualification Form	<a href="#">DMS-612</a>	Field Code Changed
Authorization for Electronic Funds Transfer (Automatic Deposit)	<a href="#">autodeposit</a>	Field Code Changed
Authorization for Payment for Services Provided	<a href="#">MAP-8</a>	Field Code Changed
Certification of Need — Medicaid Inpatient Psychiatric Services for Under Age 21	<a href="#">DMS-2633</a>	Field Code Changed
Certification of Schools to Provide Comprehensive EPSDT Services	<a href="#">CSPC-EPSDT</a>	Field Code Changed
Certification Statement for Abortion	<a href="#">DMS-2698</a>	Field Code Changed
Change of Ownership Information	<a href="#">DMS-0688</a>	Field Code Changed
Child Health Management Services Enrollment Orders	<a href="#">DMS-201</a>	Field Code Changed
Child Health Management Services Discharge Notification Form	<a href="#">DMS-202</a>	Field Code Changed
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	<a href="#">DMS-699A</a>	Field Code Changed
CHMS Request for Prior Authorization	<a href="#">DMS-102</a>	Field Code Changed
Claim Correction Request	<a href="#">DMS-2647</a>	Field Code Changed
CMS 1500/UB04 Medicare EOMB Information (Crossover Cover Sheet)	<a href="#">DMS-600</a>	Field Code Changed
Consent for Release of Information	<a href="#">DMS-619</a>	Field Code Changed
Contact Lens Prior Authorization Request Form	<a href="#">DMS-0101</a>	Field Code Changed
Contract to Participate in the Arkansas Medical Assistance Program	<a href="#">DMS-653</a>	Field Code Changed
EIDT/ADDT Transportation Log	<a href="#">DMS-638</a>	Field Code Changed
EIDT/ADDT Transportation Survey	<a href="#">DMS-632</a>	Field Code Changed
Dental Treatment Additional Information	<a href="#">DMS-32-A</a>	Field Code Changed
Disclosure of Significant Business Transactions	<a href="#">DMS-689</a>	Field Code Changed
Disproportionate Share Questionnaire	<a href="#">DMS-628</a>	Field Code Changed
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>	Field Code Changed
Early Childhood Special Education Referral Form	<a href="#">ECSE-R</a>	Field Code Changed
EPSDT Provider Agreement	<a href="#">DMS-831</a>	Field Code Changed

## Section V-2

## Section V

Form Name	Form Link	
Evaluation for Wheelchair and Wheelchair Seating	<a href="#">DMS-0843</a>	Field Code Changed
Explanation of Check Refund	<a href="#">HP-CR-002</a>	Field Code Changed
Gait Analysis Full Body	<a href="#">DMS-647</a>	Field Code Changed
Home Health Certification and Plan of Care	<a href="#">CMS-485</a>	Field Code Changed
Hospital/Physician/Certified Nurse-Midwife Referral for Newborn Infant Medicaid Coverage	<a href="#">DCO-645</a>	Field Code Changed
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	<a href="#">DMS-2685</a>	Field Code Changed
Individual Renewal Form for School-Based Audiologists	<a href="#">DMS-7782</a>	Field Code Changed
Lower-Limb Prosthetic Evaluation	<a href="#">DMS-650</a>	Field Code Changed
Lower-Limb Prosthetic Prescription	<a href="#">DMS-651</a>	Field Code Changed
Media Selection/Email Address Change Form	<a href="#">HP-MS-005</a>	Field Code Changed
Medicaid Claim Inquiry Form	<a href="#">HP-CI-003</a>	Field Code Changed
Medicaid Form Request	<a href="#">HP-MFR-001</a>	Field Code Changed
Medical Equipment Request for Prior Authorization & Prescription	<a href="#">DMS-679</a>	Field Code Changed
Medical Transportation and Personal Assistant Verification	<a href="#">DMS-616</a>	Field Code Changed
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	<a href="#">DMS-633</a>	Field Code Changed
Notice Of Noncompliance	<a href="#">DMS-635</a>	Field Code Changed
NPI Reporting Form	<a href="#">DMS-683</a>	Field Code Changed
Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral	<a href="#">DMS-640</a>	Field Code Changed
Ownership and Conviction Disclosure	<a href="#">DMS-675</a>	Field Code Changed
Personal Care Assessment and Service Plan	<a href="#">DMS-618 English</a> <a href="#">DMS-618 Spanish</a>	Field Code Changed Field Code Changed
Practitioner Identification Number Request Form	<a href="#">DMS-7708</a>	Field Code Changed
Prescription & Prior Authorization Request For Nutrition Therapy & Supplies	<a href="#">DMS-2615</a>	Field Code Changed
Primary Care Physician Managed Care Program Referral Form	<a href="#">DMS-2610</a>	Field Code Changed
Primary Care Physician Participation Agreement	<a href="#">DMS-2608</a>	Field Code Changed
Primary Care Physician Selection and Change Form	<a href="#">DMS-2609</a>	Field Code Changed
Procedure Code/NDC Detail Attachment Form	<a href="#">DMS-664</a>	Field Code Changed
Provider Application	<a href="#">DMS-652</a>	Field Code Changed
Provider Communication Form	<a href="#">AAS-9502</a>	Field Code Changed
Provider Data Sharing Agreement—Medicare Parts C & D	<a href="#">DMS-652-A</a>	Field Code Changed
Provider Enrollment Application and Contract Package	<a href="#">Application Packet</a>	Field Code Changed
Quarterly Monitoring Form	<a href="#">AAS-9506</a>	Field Code Changed

## Section V-3

## Section V

Form Name	Form Link	
Referral for Audiology Services — School-Based Setting	<a href="#"><u>DMS-7783</u></a>	Field Code Changed
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	<a href="#"><u>DMS-2634</u></a>	Field Code Changed
Referral for Medical Assistance	<a href="#"><u>DMS-630</u></a>	Field Code Changed
Request for Appeal	<a href="#"><u>DMS-840</u></a>	Field Code Changed
Request for Extension of Benefits	<a href="#"><u>DMS-699</u></a>	Field Code Changed
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	<a href="#"><u>DMS-671</u></a>	Field Code Changed
Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21	<a href="#"><u>DMS-602</u></a>	Field Code Changed
Request for Molecular Pathology Laboratory Services	<a href="#"><u>DMS-841</u></a>	Field Code Changed
Request for Orthodontic Treatment	<a href="#"><u>DMS-32-0</u></a>	Field Code Changed
Request for Prior Approval for the Special Pharmacy Therapeutic Agents and Treatments	<a href="#"><u>DMS-6</u></a>	Field Code Changed
Request for Private Duty Nursing Services Prior Authorization and Prescription — Initial Request or Recertification	<a href="#"><u>DMS-2692</u></a>	Field Code Changed
Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21	<a href="#"><u>DMS-601</u></a>	Field Code Changed
Research Request Form	<a href="#"><u>HP-0288</u></a>	Field Code Changed
Service Log — Personal Care Delivery and Aides Notes	<a href="#"><u>DMS-873</u></a>	Field Code Changed
Sterilization Consent Form	<a href="#"><u>DMS-615 English</u></a> <a href="#"><u>DMS-615 Spanish</u></a>	Field Code Changed Field Code Changed
Sterilization Consent Form — Information for Men	<a href="#"><u>PUB-020</u></a>	Field Code Changed
Sterilization Consent Form — Information for Women	<a href="#"><u>PUB-019</u></a>	Field Code Changed
Targeted Case Management Contact Monitoring Form	<a href="#"><u>DMS-690</u></a>	Field Code Changed
Upper Limb Prosthetic Evaluation	<a href="#"><u>DMS-648</u></a>	Field Code Changed
Upper Limb Prosthetic Prescription	<a href="#"><u>DMS-649</u></a>	Field Code Changed
Vendor Performance Report	<a href="#"><u>Vendorperformreport</u></a>	Field Code Changed
Verification of Medical Services	<a href="#"><u>DMS-2618</u></a>	Field Code Changed



Section V

Arkansas Department of Human Services, Division of Children and Family Services, Contracts Management Unit

Field Code Changed

Arkansas Department of Human Services, Children's Services

Field Code Changed

Arkansas Department of Human Services, Division of County Operations, Customer Assistance Section

Field Code Changed

Arkansas Department of Human Services, Division of Medical Services

Field Code Changed

Arkansas DHS, Division of Medical Services Director

Field Code Changed

Arkansas DHS, Division of Medical Services, Benefit Extension Requests, UR Section

Field Code Changed

Arkansas DHS, Division of Medical Services, Dental Care Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, DXC Technology Provider Enrollment Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, Financial Activities Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, Hearing Aid Consultant

Field Code Changed

Arkansas DHS, Division of Medical Services, Medical Assistance Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, Medical Director for Clinical Affairs

Field Code Changed

Arkansas DHS, Division of Medical Services, Pharmacy Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, Program Communications Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, Provider Reimbursement Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, Third-Party Liability Unit

Field Code Changed

Arkansas DHS, Division of Medical Services, UR/Home Health Extensions

Field Code Changed

Arkansas DHS, Division of Medical Services, Utilization Review Section

Field Code Changed

Arkansas DHS, Division of Medical Services, Visual Care Coordinator

Field Code Changed

Arkansas Department of Health

Field Code Changed

Arkansas Department of Health, Health Facility Services

Field Code Changed

Arkansas Department of Human Services, Accounts Receivable

Field Code Changed

Arkansas Foundation for Medical Care

Field Code Changed

Arkansas Foundation for Medical Care, Retrospective Review for Therapy and Prior Authorization for Personal Care for Under Age 21

Field Code Changed

Arkansas Foundation for Medical Care, Provider Relations Representative

Field Code Changed

Arkansas Hospital Association

Field Code Changed

Arkansas Office of Medicaid Inspector General (OMIG)

Field Code Changed

ARKids First-B

Field Code Changed

ARKids First-B ID Card Example

Field Code Changed

Beacon Health Options (Formerly ValueOptions)

Field Code Changed

Central Child Health Services Office (EPSDT)

Field Code Changed

ConnectCare Helpline

Field Code Changed

County Codes

Field Code Changed

Dental Contractor

Field Code Changed

Section V-6



Section V

Division of Provider Services and Quality Assurance

Field Code Changed

DXC Technology Claims Department

Field Code Changed

DXC Technology EDI Support Center (formerly AEVCS Help Desk)

Field Code Changed

DXC Technology Inquiry Unit

Field Code Changed

DXC Technology Manual Order

Field Code Changed

DXC Technology Provider Assistance Center (PAC)

Field Code Changed

DXC Technology Supplied Forms

Field Code Changed

Example of Beneficiary Notification of Denied ARKids First-B Claim

Field Code Changed

Example of Beneficiary Notification of Denied Medicaid Claim

Field Code Changed

First Connections Infant & Toddler Program, Developmental Disabilities Services

Field Code Changed

First Connections Infant & Toddler Program, Developmental Disabilities Services, Appeals

Field Code Changed

Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment

Field Code Changed

Health Care Declarations

Field Code Changed

Immunizations Registry Help Desk

Field Code Changed

Magellan Pharmacy Call Center

Field Code Changed

Medicaid ID Card Example

Field Code Changed

Medicaid Managed Care Services (MMCS)

Field Code Changed

Medicaid Reimbursement Unit Communications Hotline

Field Code Changed

Medicaid Tooth Numbering System

Field Code Changed

National Supplier Clearinghouse

Field Code Changed

Partners Provider Certification

Field Code Changed

Primary Care Physician (PCP) Enrollment Voice Response System

Field Code Changed

Provider Qualifications, Division of Provider Services and Quality Assurance

Field Code Changed

Select Optical

Field Code Changed

Standard Register

Field Code Changed

Table of Desirable Weights

Field Code Changed

U.S. Government Printing Office

Field Code Changed

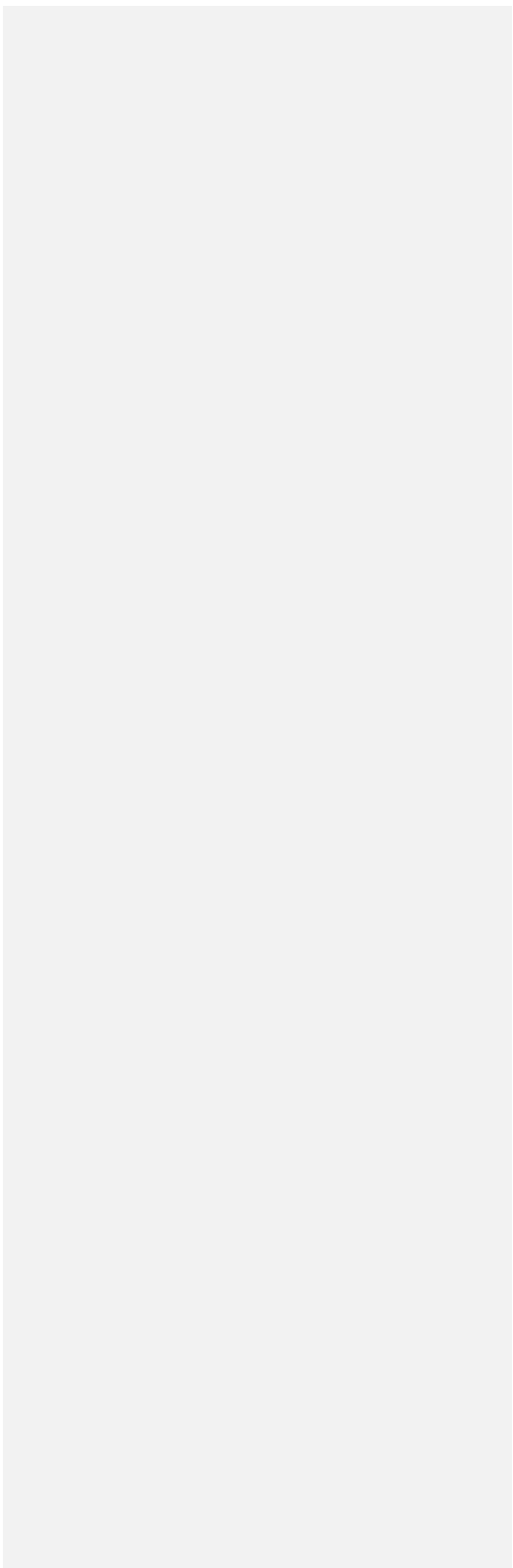
Vendor Performance Report

Field Code Changed



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MARKUP



## **FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** \_\_\_\_\_

**DIVISION** \_\_\_\_\_

**PERSON COMPLETING THIS STATEMENT** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** \_\_\_\_\_

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes \_\_\_\_\_ No \_\_\_\_\_  
If an agency is proposing a more costly rule, please state the following:
  - (a) How the additional benefits of the more costly rule justify its additional cost;
  
  - (b) The reason for adoption of the more costly rule;
  
  - (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and
  
  - (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.
  
4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:
  - (a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_

Other (Identify)\_\_\_\_\_

Total\_\_\_\_\_

Other (Identify)\_\_\_\_\_

Total\_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue\_\_\_\_\_

Federal Funds\_\_\_\_\_

Cash Funds\_\_\_\_\_

Special Revenue\_\_\_\_\_

Other (Identify)\_\_\_\_\_

Total\_\_\_\_\_

**Next Fiscal Year**

General Revenue\_\_\_\_\_

Federal Funds\_\_\_\_\_

Cash Funds\_\_\_\_\_

Special Revenue\_\_\_\_\_

Other (Identify)\_\_\_\_\_

Total\_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$\_\_\_\_\_

**Next Fiscal Year**

\$\_\_\_\_\_

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$\_\_\_\_\_

**Next Fiscal Year**

\$\_\_\_\_\_

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes\_\_\_\_\_ No\_\_\_\_\_

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously

with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

## **Statement of Necessity and Rule Summary**

### **Repeal Section V of the Arkansas Medicaid Provider Manuals**

#### **Statement of Necessity**

Section V of the Arkansas Medicaid Provider Manuals contains lists of claims forms and information on how to obtain them, a list of general forms related to Arkansas Medicaid and links to those forms, and a list of Arkansas Medicaid Contacts, including contacts for various divisions of the Department of Human Services (DHS) and contacts for other entities. In conducting its continuing review of agency rules, DHS determined that Section V does not require promulgation under the Arkansas Administrative Procedure Act, § 25-15-201 et seq., and as such is repealing Section V. Section V will still be operational but will not be a promulgated document.

#### **Rule Summary**

Effective January 1, 2021, Section V of the Arkansas Medicaid Provider Manuals will be repealed.