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_
Name of Rule
Newspaper Name
Date of Publishing
Final Date for Public Comment
Location and Time of Public Meeting

SECTION V - FORMS

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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	
Professional - CMS-1500	Business Form Supplier	Field Code Changed
Institutional - CMS-1450*	Business Form Supplier	Field Code Changed

^{*} 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	
Alternatives Attendant Care Provider Claim Form – AAS-9559	Client Employer	Field Code Changed
Dental – ADA-J430	Business Form Supplier	Field Code Changed

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>DMS-2606</u>	Field Code Changed
Address/Email Change Form	<u>DMS-673</u>	Field Code Changed
Adjustment Request Form – Medicaid XIX	<u>HP-AR-004</u>	Field Code Changed
Adjustment Request Form — Medicaid XIX — Pharmacy Program	<u>DMS-802</u>	Field Code Changed
Adverse Effects Form	<u>DMS-2704</u>	Field Code Changed
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	<u>DMS-679A</u>	Field Code Changed
Amplification/Assistive Technology Recommendation Form	<u>DMS-686</u>	Field Code Changed
Application for WebRA Hardship Waiver	<u>,DMS-7736</u>	Field Code Changed

Form Name	Form Link	=	
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Approval/Denial Codes for Inpatient Psychiatric Services	<u>DMS-2687</u>		Field Code Changed
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	<u>DDS/FS#0001.a</u>		Field Code Changed
Arkansas Medicaid Patient-Centered Medical Home Practice Participation Agreement	<u>DMS-844</u>		Field Code Changed
Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form	<u>,DMS-845</u>		Field Code Changed
Arkansas Medicaid Patient-Centered Medical Home Program Practice Withdrawal Form	<u>DMS-846</u>		Field Code Changed
ARKids First Behavioral Health Services Provider Qualification Form	<u>DMS-612</u>		Field Code Changed
Authorization for Electronic Funds Transfer (Automatic Deposit)	autodeposit		Field Code Changed
Authorization for Payment for Services Provided	MAP-8		Field Code Changed
Certification of Need – Medicaid Inpatient Psychiatric Services for Under Age 21	DMS-2633		Field Code Changed
Certification of Schools to Provide Comprehensive EPSDT Services	CSPC-EPSDT		Field Code Changed
Certification Statement for Abortion	DMS-2698		Field Code Changed
Change of Ownership Information	<u>DMS-0688</u>		Field Code Changed
Child Health Management Services Enrollment Orders	<u>DMS-201</u>		Field Code Changed
Child Health Management Services Discharge Notification Form	<u>DMS-202</u>		Field Code Changed
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	<u>DMS-699A</u>		Field Code Changed
CHMS Request for Prior Authorization	<u>DMS-102</u>		Field Code Changed
Claim Correction Request	<u>DMS-2647</u>		Field Code Changed
CMS 1500/UB04 Medicare EOMB Information (Crossover Cover Sheet)	<u>DMS-600</u>		Field Code Changed
Consent for Release of Information	<u>DMS-619</u>		Field Code Changed
Contact Lens Prior Authorization Request Form	DMS-0101		Field Code Changed
Contract to Participate in the Arkansas Medical Assistance Program	<u>DMS-653</u>		Field Code Changed
EIDT/ADDT-Transportation Log	<u>DMS-638</u>		Field Code Changed
EIDT/ADDT Transportation Survey	<u>DMS-632</u>		Field Code Changed
Dental Treatment Additional Information	DMS-32-A		Field Code Changed
Disclosure of Significant Business Transactions	<u>DMS-689</u>		Field Code Changed
Disproportionate Share Questionnaire	<u>DMS-628</u>		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	<u>DMS-693</u>		Field Code Changed
Early Childhood Special Education Referral Form	<u>ECSE-R</u>		Field Code Changed
EPSDT Provider Agreement	DMS-831	<u> </u>	Field Code Changed

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Provider Enrollment Application and Contract Package Application Packet Field Code Co		·		
Quarterly Monitoring Form AAS-9506 Field Code C	Quarterly Monitoring Form	-		

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

In order by form	number:			
AAS-9502	DMS-2618	DMS-618	<u>DMS-675</u>	DMS-846
AAS-9506	DMS-2633	<u>English</u>	<u>DMS-673</u>	<u>DMS-873</u>
AAS-9559	DMS-2634	DMS-618 Spanish	<u>DMS-679</u>	<u>ECSE-R</u>
Address	<u>DMS-2647</u>	DMS-619	<u>DMS-679A</u>	<u>HP-0288</u>
<u>Change</u>	DMS-2685	DMS-628	DMS-683	<u>HP-AR-004</u>
Autodeposit	DMS-2687	DMS-630	DMS-686	HP-CI-003
<u>CMS-485</u>	<u>DMS-2692</u>	DMS-632	DMS-689	HP-CR-002
CSPC-EPSDT	<u>DMS-2698</u>	DMS-633	DMS-690	<u>HP-MFR-001</u>
DCO-645	<u>DMS-2704</u>	DMS-635	DMS-693	<u>HP-MS-005</u>
DDS/FS#0001.a	DMS-32-A	DMS-638	DMS-699	MAP-8
<u>DMS-0101</u>	<u>DMS-32-0</u>	DMS-640	DMS-699A	Performance
<u>DMS-0688</u>	<u>DMS-6</u>	DMS-647	<u>DMS-7708</u>	Report
<u>DMS-0843</u>	<u>DMS-600</u>	DMS-648	<u>DMS-7736</u>	<u>Provider</u> Enrollment
<u>DMS-102</u>	<u>DMS-601</u>	DMS-649	<u>DMS-7782</u>	<u>Application</u>
<u>DMS-201</u>	<u>DMS-602</u>	DMS-650	DMS-7783	and Contract Package
<u>DMS-202</u>	<u>DMS-612</u>	DMS-651	<u>DMS-802</u>	PUB-019
<u>DMS-2606</u>	<u>DMS-615</u>	DMS-652	<u>DMS-831</u>	PUB-020
DMS-2608	<u>English</u>	DMS-652-A	<u>DMS-840</u>	1 0B-020
<u>DMS-2609</u>	<u>DMS-615</u> Spanish	DMS-653	<u>DMS-841</u>	
<u>DMS-2610</u>	DMS-616	DMS-664	<u>DMS-844</u>	
<u>DMS-2615</u>	<u>DWO-010</u>	DMS-671	<u>DMS-845</u>	
		DINIO-OLI		

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, 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

Section

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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	Field Code Changed
Authorization for Personal Care for Under Age 21	
Arkansas Foundation for Medical Care, Provider Relations Representative	Field Code Changed
Arkansas Hospital Association	Field Code Changed
Arkansas Office of Medicaid Inspector General (OMIG) ARKids First-B	Field Code Changed
	Field Code Changed
ARKids First-B ID Card Example Beacon Health Options (Formerly ValueOptions)	Field Code Changed
Central Child Health Services Office (EPSDT)	Field Code Changed
	Field Code Changed
County Codes	Field Code Changed
County Codes Pontal Contractor	Field Code Changed
Dental Contractor	Field Code Changed

<u>Division of Provider Services and Quality Assurance</u>	 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,	 Field Code Changed
Appeals	
Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment	 Field Code Changed
<u>Health Care Declarations</u>	 Field Code Changed
<u>Immunizations Registry Help Desk</u>	 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
<u>Table of Desirable Weights</u>	 Field Code Changed
U.S. Government Printing Office	 Field Code Changed
Vendor Performance Report	Field Code Changed



FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEF	PARTMENT TSION		
PER	RSON COMPLETING TI	HIS STATEMENT	EMAIL:
TEL	LEPHONE NO	FAX NO	EMAIL:
To c State	comply with Ark. Code And ement and file two copies w	1. § 25-15-204(e), please covith the questionnaire and	complete the following Financial Impact proposed rules.
SHC	ORT TITLE OF THIS RU	J LE	
1.	Does this proposed, am	ended, or repealed rule ha	ve a financial impact?
2.	information available co		e scientific, technical, economic, or other evidence and nsequences of, and alternatives to the rule?
3.		alternatives to this rule, wa	as this rule determined by the agency to be the least
	If an agency is proposing	ng a more costly rule, pleas	se state the following:
	(a) How the additional	benefits of the more costly	y rule justify its additional cost;
	(b) The reason for adop	tion of the more costly rul	e;
	(c) Whether the more c please explain; and	ostly rule is based on the i	nterests of public health, safety, or welfare, and if so,
	(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	e is to implement a federal ı	rule or regulation, please state the following:
	(a) What is the cost to in	nplement the federal rule or	regulation?
	Current Fiscal Year		Next Fiscal Year
	General Revenue Federal Funds Cash Funds Special Revenue		General Revenue Federal Funds Cash Funds Special Revenue

Other (Identity)	Other (Identify)	
Total	Total	
(b) What is the additional cost of the state rule?		
Current Fiscal Year	Next Fiscal Year	
General Revenue	General Revenue	
Federal Funds	Federal Funds	
Cash Funds	Cash Funds	
Special Revenue	Cash Funds Special Revenue Other (Identify)	
Cash Funds Special Revenue Other (Identify)	Other (Identify)	
Total	Total	
and explain how they are affected.		
<u>Current Fiscal Year</u> \$	Next Fiscal Year \$	
\$	\$	
\$ What is the total estimated cost by fisc	\$cal year to state, county, and municipal government to	
What is the total estimated cost by fisc implement this rule? Is this the cost of	\$cal year to state, county, and municipal government to	
What is the total estimated cost by fisc implement this rule? Is this the cost of is affected.	\$	
What is the total estimated cost by fisc implement this rule? Is this the cost of is affected. Current Fiscal Year	cal year to state, county, and municipal government to f the program or grant? Please explain how the government to Next Fiscal Year	
What is the total estimated cost by fisc implement this rule? Is this the cost of is affected.	\$	
What is the total estimated cost by fisc implement this rule? Is this the cost of is affected. Current Fiscal Year \$ With respect to the agency's answers to	sal year to state, county, and municipal government to f the program or grant? Please explain how the government Section 1. Section 1. Section 2. Section 2. Section 3. Section	
What is the total estimated cost by fisc implement this rule? Is this the cost of is affected. Current Fiscal Year \$ With respect to the agency's answers to cost or obligation of at least one hundred.	sal year to state, county, and municipal government to f the program or grant? Please explain how the government from the program or grant? Please explain how the government for the program or grant? Please explain how the government for the program or grant? Next Fiscal Year Substitute of the program or grant? Please explain how the government for the program or grant?	

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.