

Provider Enrollment

U.S. State & Local Human Services



gainwell

 **ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Agenda

New Enrollments/Re-Enrollments

Revalidations

Expired Credentials

EFT Requirements

Top 5 reasons applications get RTP'd

General Requirements for Individuals & Groups

Submitting updates through portal

Updated Provider Enrollment Documents

The difference between enrolling, revalidating, and re-enrolling in Arkansas Medicaid as a provider:

New Enrollment:

- This is for providers who are applying to participate in Arkansas Medicaid for the first time. You'll need to submit all required documents and information so the Medicaid program can determine if you meet the qualifications to provide services to Medicaid patients.

Revalidation:

- Revalidation is required for providers who are already enrolled but need to renew their status. Medicaid programs require revalidation every 5 years to make sure that providers are still meeting all the necessary requirements and qualifications to stay in the program.

Re-enrollment:

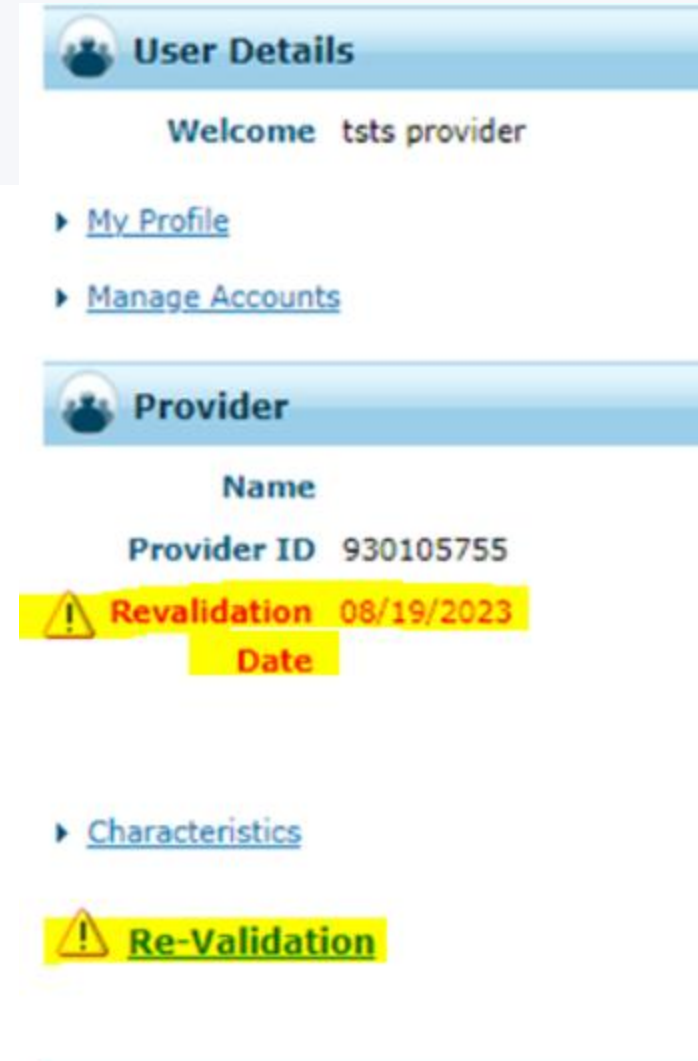
- Re-enrollment happens when a provider was previously enrolled in Medicaid but their enrollment status has expired or been terminated. In this case, you need to apply again, similar requirements to a new enrollment, to participate in Medicaid.

In short:

- **New Enrollment** = First-time application.
- **Revalidation** = Renewing your status every 5 years.
- **Re-enrollment** = Applying again after your enrollment was terminated or expired.

Revalidations

- Providers due for revalidation will receive a 30, 60, and 90 day letter.
- Revalidation due dates can be viewed on the portal login.
- Pre-filled revalidation applications will be available on the portal with a hyper link below their due date.
- Providers who don't submit their revalidation application by the deadline will be terminated.



The screenshot shows a user interface for a provider. At the top, there is a 'User Details' section with a welcome message 'Welcome tsts provider'. Below this are two links: 'My Profile' and 'Manage Accounts'. The next section is 'Provider', which displays the provider's name, 'Provider ID 930105755', and a revalidation due date of '08/19/2023'. A yellow warning banner with a triangle icon highlights the revalidation date. Below this is a link for 'Characteristics'. At the bottom, another yellow warning banner with a triangle icon highlights the text 'Re-Validation'.

Expired Credentials

- Providers with an expired License/Cert/DEA will be sent a 30 day notification.
- Current License/Cert dates can be viewed on the portal login.
- Providers who don't submit their expired credentials by the deadline will be terminated.
- If the provider is terminated for expired credentials, they can submit the Lic/Cert credentials requested within 6 months of their termination and be reactivated with no gap in coverage.
- Recommend to submit the updated documents through the portal.

User Details

Welcome First Name, Last Name

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

Provider

Name	First Name, Last Name
Provider ID	180020002 (NPI)
Revalidation Date	01/19/2028
License	SP0011 (Expiration Date: 06/30/2024)
Certification	990011 (Expiration Date: 12/31/2023)

- ▶ [Characteristics](#)

Requirements for submitting EFT

Submitting EFT doesn't change who the claim is paid to Individual VS Group. The claim will pay to the provider listed as the biller on the claim.

Individual Providers:

- Completed EFT Form
- Must submit voided check or bank letter with EFT form.
 - Voided Check: Voided check must match the individuals name on the application or must submit a bank letter.
 - Bank Letter:
 - Must be signed by the bank.
 - Needs to include the following information: account holder name, account number, routing number.
 - If the account name doesn't match the individual providers, then the letter needs to detail the individual has depositing rights into the account.
- Its often easier to submit the individuals EFT information under their personal account rather than submitting the groups.

Group/Facility Providers:

- Completed EFT Form
- Must submit voided check or bank letter with EFT form.
 - Voided Check: Voided check must match the groups legal name or DBA on the application or must submit a bank letter.
 - Bank Letter:
 - Must be signed by the bank.
 - Needs to include the following information: account holder name, account number, routing number.
 - If the account name doesn't match the groups legal name or DBA name listed on the application, then the letter needs to detail the individual has depositing rights into the account.

Top 5 reasons applications get RTP'd

EFT information

- EFT form not being submitted with the voided check or bank letter.
- Voided Check not matching enrolling provider name.
- Bank Letter not signed by the bank or the bank letter not listing the individual provider as having depositing rights if the account holder doesn't match the enrolling provider.

Individual Providers W9

- W9 submitted for individual providers with the group's name and FEIN tax ID instead of the enrolling provider name and SSN.

Submitting Individual providers under the wrong SSN or TAX ID

- Providers with the incorrect SSN or providers listing their groups FEIN for their SSN.

IRS letters for groups submitted to be enrolled.

- IRS letter is required for all FEIN TAX IDs submitted and any FEIN listed on the ownership disclosure. For example, any business FEIN tax ID listed as the enrolling provider or an owner on the application.

Section IV Forms

- Section IV form missing for applicable group enrollments.

General Requirements for Individuals (Excluding PT 95)

1. **Contracts & Disclosure Electronic Submission:**

The portal allows groups/organizations to electronically complete contracts, disclosures, and significant business transactions.

Tip: Ensure all electronic submissions are reviewed for accuracy before finalizing.

2. **Licensing Professional License:** A current and valid license in the provider's specialty is required.

3. **Tax Documentation**

W-9 Form: Must be completed using the individual's name and Social Security Number (**SSN**).

Signature: The form must be signed by the individual provider.

Eft or Section IV (When applicable)

– **Electronic Funds Transfer (EFT):**

Required to set up direct deposit for reimbursements. Ensure all specified banking details are included.

– **(Section IV - When Applicable)**

List at least one owner and managing individual on the ownership disclosure form.

**Additional requirements specific to provider types and specialties can be found here or listed in the application submission details through the portal.

[Required Documents Finder](#)

General Requirements for Groups/Organizations

1. Contracts & Disclosure Electronic Submission:

The portal allows groups/organizations to electronically complete contracts, disclosures, and significant business transactions.

Tip: Ensure all electronic submissions are reviewed for accuracy before finalizing.

2. Tax Documentation

W-9 Form:

Must be completed using the **legal business name** and **FEIN (Federal Employer Identification Number)**.

IRS Documentation:

An IRS letter for the enrolling group/organization is required.

Additional IRS letters may be needed for any group/organizational owners listed on the ownership disclosure.

Signature:

A managing individual or a listed owner must sign the form.

3. Electronic Funds Transfer (EFT):

Required to set up direct deposit for reimbursements. Ensure all specified banking details are included.

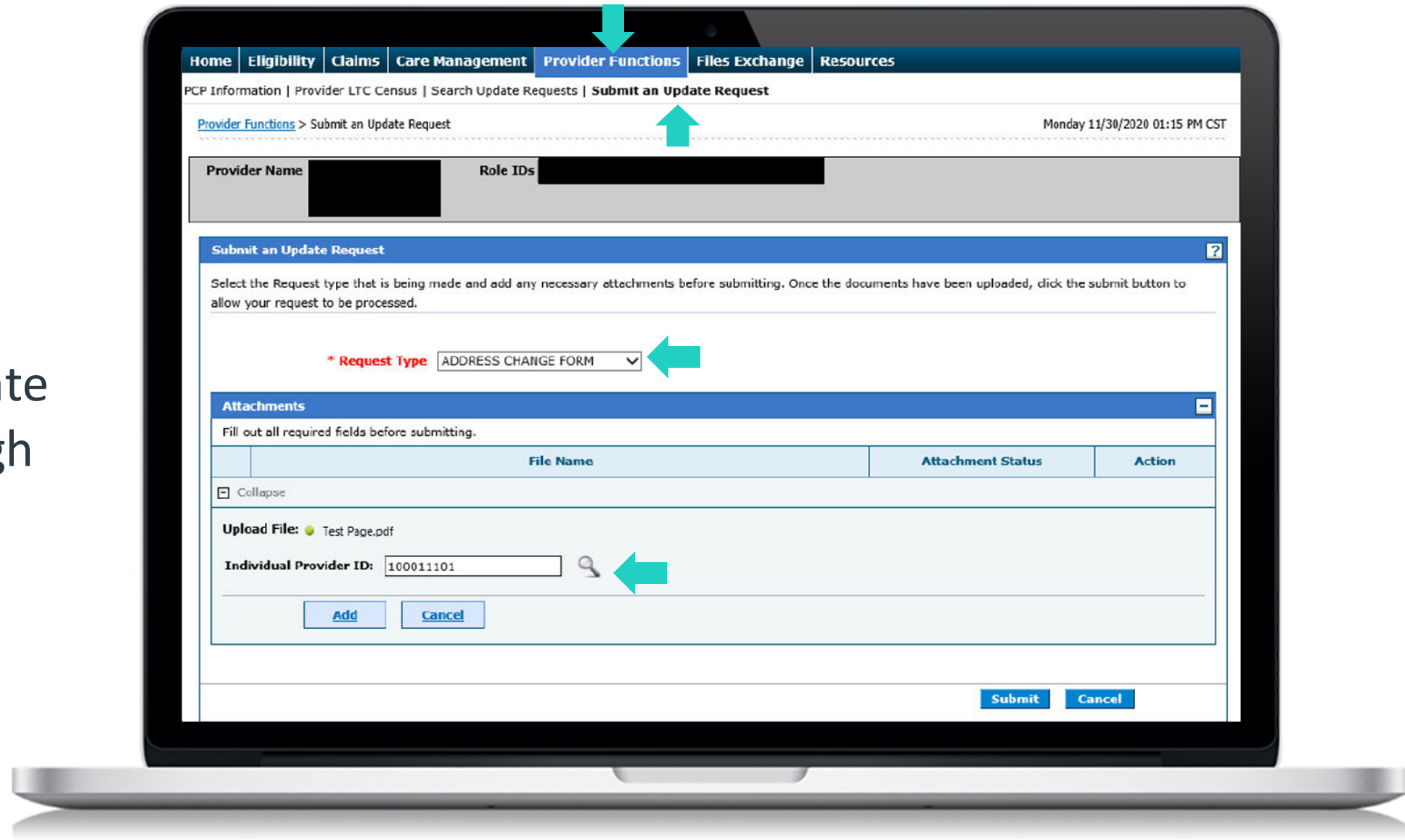
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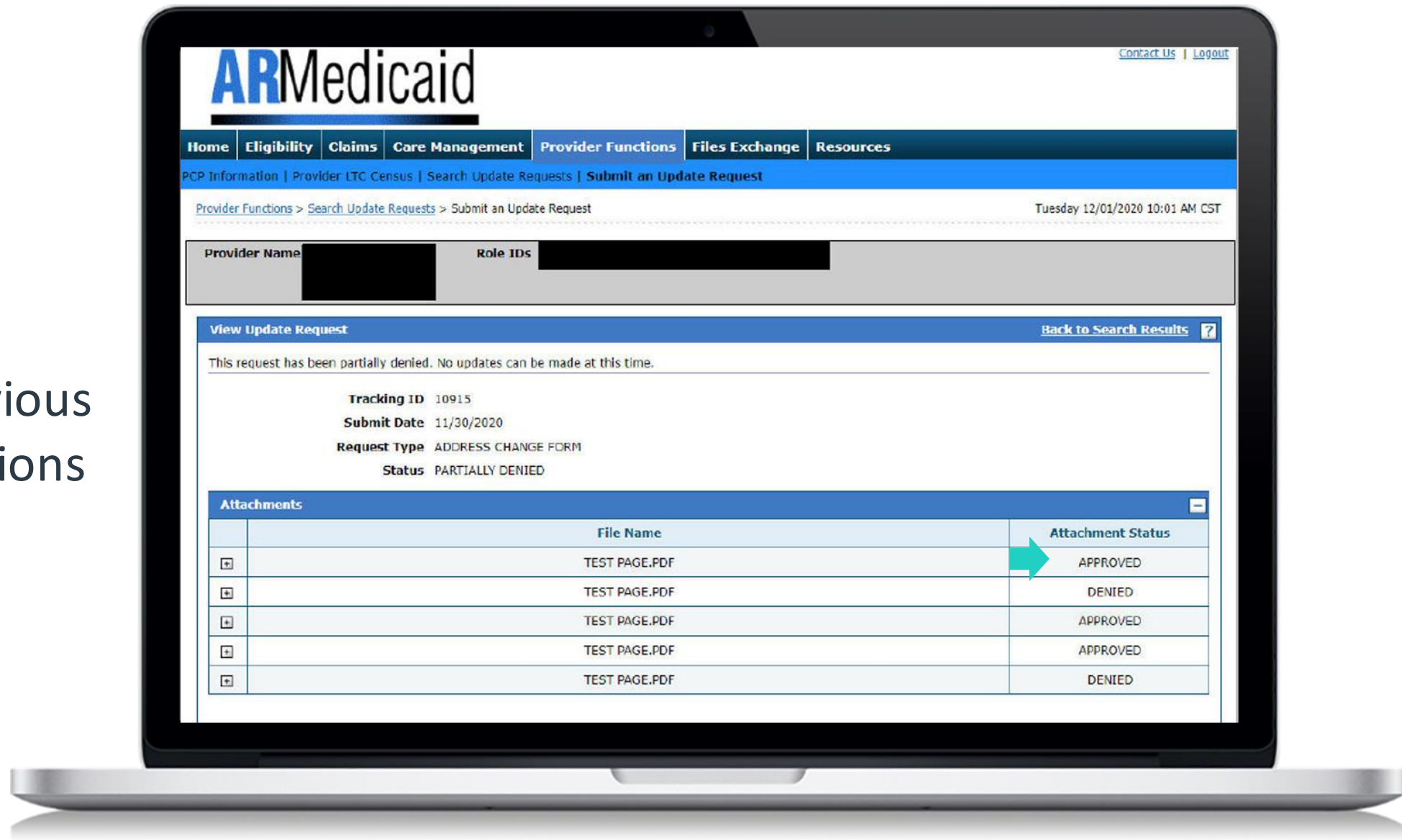
Submitting update requests through the portal



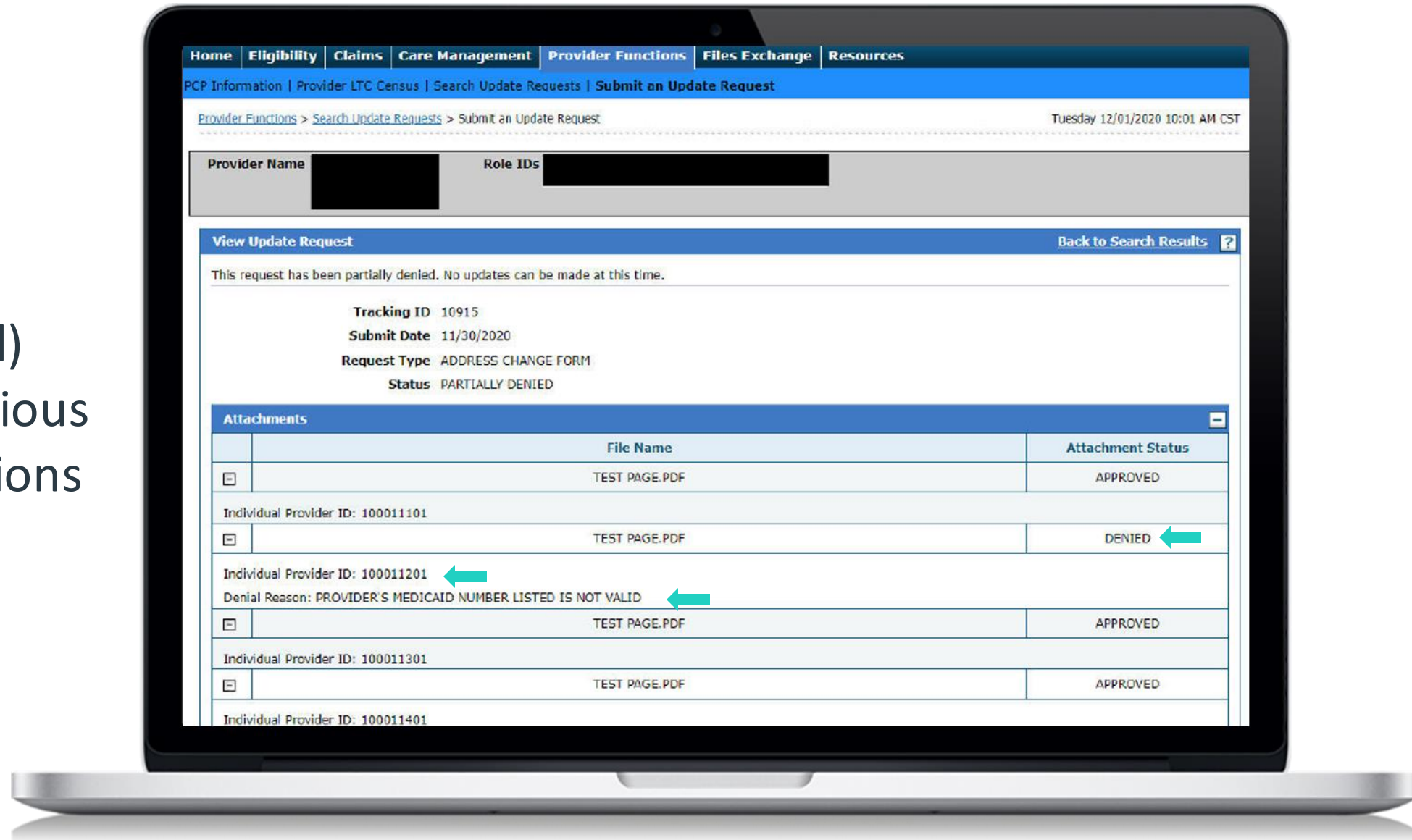
Searching previously submitted updates on the portal



Reviewing previous portal submissions



(...continued)
Reviewing previous
portal submissions



Applications submitted on portal

You can **check the status** of any application submitted and see any notes for corrections or documents needed to complete your application.

If corrections are needed, you can click the “Resume Enrollment” to access the previously submitted application and upload any document or make changes need for your application and resubmit.

Provider Enrollment

[Enrollment Application](#)
Initiate a New Enrollment application.

[Re-Enrollment](#)
Initiate a Re-enrollment application.

[Resume Enrollment](#)
Resume an existing application that you previously started.

[Enrollment Status](#)
Check the current status of an enrollment application.

[Completing an Online Application](#)
Watch this video to see step by step instructions on how to complete an online Enrollment Application.

Customer Links

[Print an Application for Mailing](#)

[Pay Application Fee \(new window\)](#)

[Provider User Manual](#)



PDF Fillable Provider Enrollment Forms/Documents.

Provider enrollment forms are now a PDF fillable format with an digital signature built into the form.

Using the new PDF editable forms will help reduce errors from handwriting and be more efficient to submit without having to print the form.

Please make sure you are using the most current version when submitting applications or updated.

To use the digital signature the document must be saved on the computer or device first.



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SECTION IV: PROVIDER GROUP AFFILIATIONS

(23) If the applicant is affiliated with a group practice or an organization that is authorized to submit Medicaid claims on their behalf, the applicant must complete this section and sign the Appointment of Billing Intermediary Statement. Add extra sheets if necessary.

Brickey	Tyler		DO
Last Name	First Name	M.I.	Title
Arkansas Department of Health			
Group Organization Name			
100050002			
Group Provider ID Number			
05/01/23			
Effective Date (Date Provider Joined Group)	Expiration Date (Date Provider Left Group)		

The undersigned Provider authorizes the above-listed Group Practice Organization to submit claims to the Arkansas Division of Medical Services (hereinafter the Division) on his/her/its behalf, in accordance with the applicable Division regulations. The Provider also authorizes the Division to issue payment checks on his/her/its behalf to the above listed Group Practice Organization, in accordance with applicable Division requirements.

The Provider accepts full liability to the Division for all acts committed by each Group Practice Organization listed above which relate in any manner to said Group Practice Organization's performance of duties in preparing and submitting claims on the Provider's behalf within the scope of its actual or apparent authority. Should any such acts result in the violation of any of the laws, rules or regulations governing the Medical Assistance Program or the Provider's agreement with the Division, the Provider shall be fully liable to the Division as if such acts were the Provider's own acts.

The Provider agrees to notify the Division at least ten days prior to the effective date of the revocation of this Appointment of Billing Intermediary. In such event, the Provider's liability for the acts of the Group Practice Organization shall continue until the tenth day after the Department's receipt of such notification or the effective date of the revocation, whichever date is later.

An original or approved electronic signature of the individual provider is mandatory. (No stamped or copied signature is allowed; "approved electronic signature" is described as those which comply with Arkansas Code § 25-31-103 et seq.)

➔ Tyler Brickey Digitally signed by Tyler Brickey Date: 2023.08.15 13:18:50 -05'00'

MD	06/01/23
Provider Signature	Date
Tyler Brickey	100100301
Typed or Printed Name	Provider Medicaid ID

Primary Care Physicians must complete the Primary Care Physician Agreement to have their managed care fees paid to a new group Provider ID Number.

Questions?



Thank you!