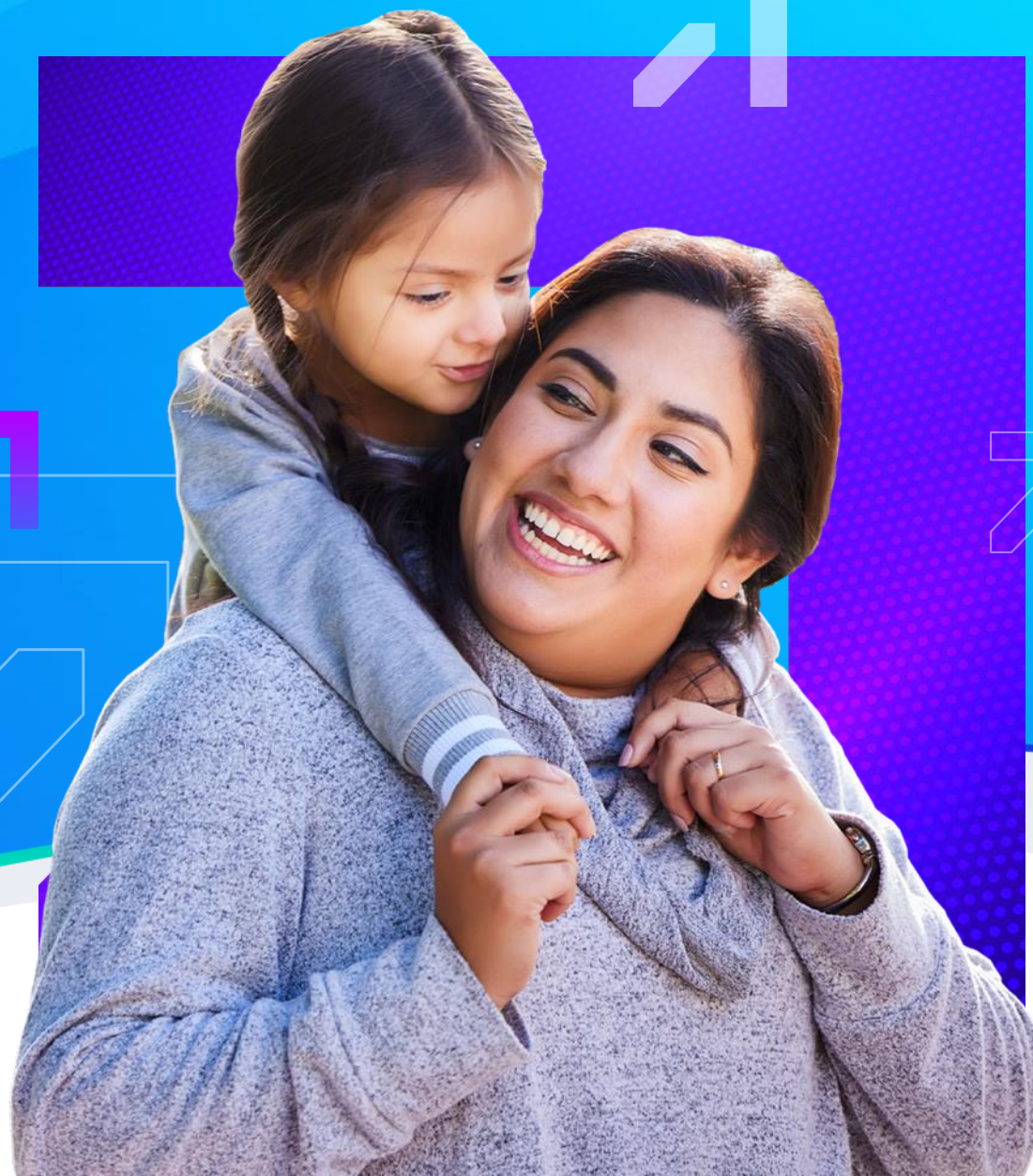
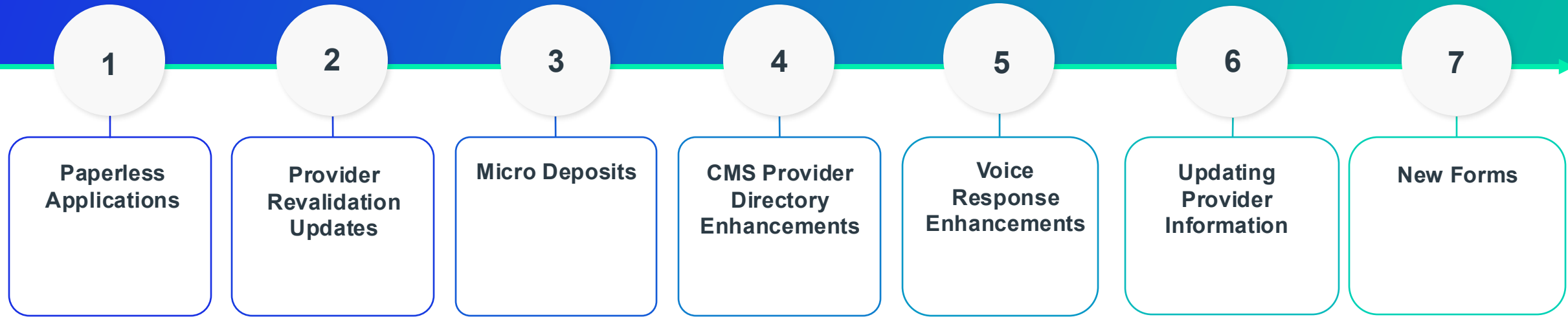


# 2025 Provider Enrollment Updates

Presenter: Andrea Allen



# Agenda



# Paperless Applications

Official Notice | [ON-018-25](#)

- Went into effective July 15, 2025.
- All applications should be submitted through the provider portal.



ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**

Division of Medical Services

P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437

P: (501) 682-8292 F: (501) 682-1197

## OFFICIAL NOTICE

**TO:** Health Care Providers – All Providers

**DATE:** June 6, 2025

**SUBJECT:** New Electronic Submission Requirements for Provider Enrollment Applications and Updates

### I. General Information

**Effective July 15, 2025**, initial provider enrollment applications (except Long Term Care Facilities) must be submitted electronically through the provider portal at <https://portal.mmis.arkansas.gov/armedicaid/provider/Home/ProviderEnrollment/tabid/477/Default.aspx>.

Online submission is the fastest and most effective way to enroll as an Arkansas Medicaid Provider because

- enrollment time decreases — from weeks to days.
- issues related to the quality of attachments and illegible applications are decreased or eliminated.
- real-time status updates on applications are available.
- applications are returned to providers less frequently for clarification or additional information and no associated mailing delays occur.
- application delays often result in failure to meet revalidation requirements causing a provider to temporarily lose the ability to bill for services.
- a higher percentage of electronic application submissions are successful.

For the rare occasions when a provider is unable to enroll using the portal, the state will review the situation and may approve submission of a paper application on a case-by-case basis. State review and approval will only occur if the provider has exhausted all options to enroll using the portal.

In addition to the new electronic enrollment requirement, paper requests received by Provider Enrollment for tasks and updates that can be completed using the self-service option will be returned to the provider.

# Provider Revalidation Updates



## Submission

- It is best practice to submit revalidations at least 60 days prior to the revalidation date.



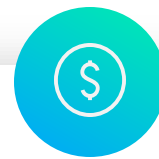
## Accuracy

- Applications must be accurate and complete **by the due date** to avoid termination.



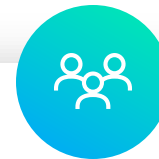
## Reminder Letters

- 90 days
- 60 days
- 30 days



## Cause for Termination

- If a clean application (no outstanding information is needed and no errors) is not received and processed **by the due date**, it will result in a termination.



## Portal Alerts | 60 Days Before Revalidation Date

- Pop-up message
- Static message



**Don't wait! Be Proactive!**

# Micro Deposits



- Current process
- Future goal

# CMS Provider Directory Enhancements



- American Sign Language (ASL) availability
- Facility information
- Telehealth accommodations
- Accepting New Patients status

[Contact Us](#) | [Login](#)

ARMedicaid

Home

[Home](#) > Search Providers Wednesday 11/19/2025 05:28 PM CST

### Search Provider ?

The \* (in red) indicates required fields. (Note: When the Add/Save button is present, all fields with \* are only required when selecting Add/Save for that section.)

Provide the address to search

Address

\*City  \*State  \*Zip Code

\*Distance(within)

Select Provider Criteria

\*Provider Type

Search By ☐ Primary Care ☒ Any

Provider Specialty

Results  [Hide Advanced Search](#)

Last Name  First Name  Gender ☒ No Preference ☐ Male ☐ Female

Organization Name

Language

Facility accommodations ☐

Accepting New Patients ☐

Telehealth accommodations ☐

[Search Provider](#)

[Privacy Notice](#)



# Voice Response Enhancement | Assigned Medicaid ID



Two verification options:

- **Option 1:** Use ATN & SSN to receive PIN/Medicaid ID and effective date
- **Option 2:** Caller verifies SSN & DOB to receive PIN/Medicaid ID and effective date

## For Medicaid Providers

|  |  |
|--|--|
| Electronic Data Interchange (EDI), Provider Assistance Center (PAC), and Provider Enrollment | 1-800-457-4454 toll-free or 501-376-2211<br>Monday through Friday 8 a.m. until 5:00 p.m.   |
| Arkansas Medicaid Provider Assistance Center   | 1-800-457-4454   |
| Arkansas Patient Centered Medical Home   | 1-866-322-4696 toll-free or 501-301-8311<br>You can also email at <a href="mailto:ARKPCMH@gainwelltechnologies.com">ARKPCMH@gainwelltechnologies.com</a> |
| Gainwell Technologies Enrollment Unit  | 1-800-457-4454<br>Local: 501-376-2211<br>Medicaid Provider Enrollment Unit<br>Gainwell Technologies<br>P.O. Box 8105<br>Little Rock, AR 72203-8105       |

# Updating Provider Information



Provider Enrollment should be notified of provider changes.

142.100

## General Conditions

10-8-10

- F. Each provider must notify the Medicaid Provider Enrollment Unit in writing immediately regarding any changes to its application or contract, such as:
1. Change of address ([View or print form DMS-673 – Address Change Form.](#))
  2. Change in members of group, professional association or affiliations\*
  3. Change in practice or specialty\*
  4. Change in Federal Employer Identification Number (FEIN)\*
  5. Retirement or death of provider\*
  6. Complete change of ownership ([View or print form DMS-0688 – Provider Change of Ownership Information Form.](#))
  7. Change in Ownership Control (5% or more) or Conviction of Crime ([View or print form DMS-675 – Ownership and Conviction Disclosure.](#))
  8. Disclosure of Significant Business Transactions ([View or print form DMS-689 – Disclosure of Significant Business Transactions.](#))

Section I-37

Section I

Changes in items two (2) through five (5) above may be properly addressed through a letter of explanation with the provider's original signature or an approved electronic signature and the appropriately corrected pages of the provider application document ([View or print form DMS-652 – Provider Application Form](#)).



# 2025 New & Updated Forms

| <u>Form Name</u>                                 | <u>Form Number</u> | <u>Effective Date</u> |
|--|--------------------|-----------------------|
| ABA Therapy Services Initial Evaluation Referral | DMS-641 ER         | January 1, 2025       |
| ABA Therapy Services Treatment Prescription      | DMS-641 TP         | January 1, 2025       |
| Hospice Lock-In Information Notification Sheet   | DMS-9939           | June 1, 2025          |
| Primary Care Physician Disenrollment Form        | DMS-2624           | November 17, 2025     |
| Ownership and Conviction Disclosure              | DMS-675            | November 17, 2025     |
| Change of Ownership Information                  | DMS-0688           | November 17, 2025     |
| Pharmacy Change of Ownership Information         | DMS-0988           | November 17, 2025     |
| Provider Application                             | DMS-652            | November 17, 2025     |

# Provider Enrollment Educational Resources

## Enrollment Job Aids And Training

The following resources may help you navigate the enrollment process.

- [New! Name Change Guide for Medicaid Providers](#)
- [Required Documents Finder for your Provider Type and Specialty \(v.30\)](#)
- [Video instruction for how to complete your application](#)
- [Instructions for how to complete your application](#)
- [Job Aid: Provider Enrollment Status](#)

## Frequently Asked Questions

### General Resources

- [FAQs](#)
- [Job Aids](#)
- [Future Resources](#)

# Thank You



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