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Provider Relations Outreach Specialist

141.000 Provider Enrollment

11-1-17

Any provider of health care services must be enrolled in the Arkansas Medicaid Program before Medicaid will cover any services provided by the provider to Arkansas Medicaid beneficiaries. Enrollment as a Medicaid provider is contingent upon the provider satisfying all rules and requirements for provider participation as specified in the applicable provider manual, state and federal law. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.

All providers must sign all applicable forms that require a signature and the Arkansas Medicaid Provider Contract. The signature must be an original signature or an approved electronic signature of the individual provider. The provider's authorized representative may sign the contract for a group practice, hospital, agency or other institution.

In addition to the information in Section 140.000, Section II of each program's provider manual may contain supplemental provider type specific participation requirements. The provider enrollment functions for the Arkansas Medicaid Program are performed by an independent contractor. The contractor is responsible for provider enrollment services for new providers and changes to current provider enrollment files. Potential providers must complete all appropriate portions of a provider enrollment Application Packet to execute the provider contract. They must also submit a copy of all certifications and licenses verifying compliance with enrollment criteria for the applicable provider type or discipline to be practiced and pay the application fee (if applicable). See Section 141.101 for Application Fees.

Potential providers may enroll on the Arkansas Medicaid website at <https://medicaid.mmis.arkansas.gov/>. Potential providers that are not required to pay application fees may also send the printed form to the Medicaid Provider Enrollment Unit. [View or print the Provider Enrollment contact information.](#)

All subsequent state license and certification renewals must be forwarded to the Medicaid Provider Enrollment Unit within 30 days of issuance. If the renewal document(s) have not been received within this timeframe, the provider will have an additional and FINAL 30 days to comply. Failure to timely submit verification of license or certification renewals will result in cancellation of enrollment in the Arkansas Medicaid Program. [View or print the provider enrollment and contract package \(Application Packet\).](#)

In addition to the submission of the Application Packet, the following forms are required and must be submitted to complete the enrollment process:

- A. W-9 Tax form (DMS-652)
- B. Medicaid Provider Contract (DMS-652)
- C. PCP Agreement, if applicable (DMS-2608. See Section 171.000 for PCP requirements.)
- D. EPSDT Agreement, if applicable (DMS-831. See Section 201.000 of the EPSDT provider manual for the EPSDT Agreement.)
- E. Group Affiliation form, if applicable (DMS-652). This form is applicable for individual providers who choose to authorize a group to bill and receive reimbursement on their behalf.
- F. Authorization for Electronic Funds Transfer (Automatic Deposit)



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Each provider must notify the Medicaid Provider Enrollment Unit in writing immediately regarding any changes to its application or contract status, such as:

- A. Group Affiliation form, if applicable (DMS-652). This form is applicable for individual providers who choose to authorize a group to bill and receive reimbursement on their behalf.
- B. Change in Federal Employer Identification Number (FEIN) may require the completion of a new enrollment application
- C. Authorization for Electronic Funds Transfer (Automatic Deposit)
- D. Change in practice or specialty
- E. Retirement or death of provider
- F. Name Change Form
- G. Change of Ownership Form (DMS-0688) ([View or print form DMS-0688 – Provider Change of Ownership Information Form.](#))
- H. Address/Email Change Form (DMS-673) ([View or print form DMS-673 – Address/Email Change Form.](#)) **NOTE:** An active email address is required.
- I. Change in Ownership Control (5% or more) or Conviction of Crime ([View or print form DMS-675 – Ownership and Conviction Disclosure.](#))
- J. Disclosure of Significant Business Transactions ([View or print form DMS-689 – Disclosure of Significant Business Transactions.](#))

When the provider has successfully met all requirements, the Medicaid Provider Enrollment Unit will assign a unique Medicaid number to the provider. The assigned provider number is linked to the provider's tax identification number (either a Social Security Number or a Federal Employer Identification Number) and to the provider's National Provider Identifier (NPI) unless the provider is an atypical provider not required to have an NPI.