



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Care Providers

DATE: January 1, 2005

SUBJECT: Provider Manual Update Transmittal

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REMOVE

Section	Date
141.000	10-13-03
142.100	12-1-03

INSERT

Section	Date
141.000	1-1-05
142.100	1-1-05

Explanation of Updates

Sections 141.000 and 142.100 are being updated to reflect the EDS Provider Enrollment Unit as the new contact for provider enrollment and to explain the provider’s capability to enroll via the internet.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

141.000 Provider Enrollment

1-1-05

Any provider of services must be enrolled in the Arkansas Medicaid Program before reimbursement may be made for any services provided to Arkansas Medicaid recipients.

The Division of Medical Services has contracted with EDS to provide enrollment services for new providers and changes to current provider enrollment files. However, the unit will still be known as the Medicaid Provider Enrollment Unit.

Providers must complete a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9).

A potential provider may complete the necessary forms for enrollment and submit them via the internet by connecting to the Arkansas Medicaid web site at www.Medicaid.state.ar.us or they may [View or print the Medicaid Provider Enrollment Unit contact information to print the forms to be completed](#) and returned to the Medicaid Provider Enrollment Unit.

Section II of all provider manuals contains information relative to provider participation requirements.

Upon receipt and approval of the above information by the Medicaid Provider Enrollment Unit, a provider number will be assigned to each approved provider. This number must be used on all claims and correspondence submitted to Arkansas Medicaid.

Provider eligibility will be retroactive 1 year from the date the provider agreement is approved, the effective date of the provider's license or certification or the date the service became a part of the Arkansas Medicaid Program, whichever date is the latest.

Instructions for billing and specific details concerning the Arkansas Medicaid Program are contained within this manual. Providers must read all sections of the manual before signing the contract. The manual is an extension of the Medicaid contract and providers must comply with its requirements in order to participate in the Arkansas Medicaid Program.

[View or print the provider application \(Form DMS-652\), the Medicaid contract \(Form DMS-653\) and the Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)

All providers must sign an Arkansas Medicaid Provider Contract. The signature must be an original signature of the individual provider. The authorized representative of the provider must sign the contract for a group practice, hospital, agency or other institution.

142.100

General Conditions

1-1-05

- A. Each provider must be licensed, certified or both, as required by law, to furnish all goods or services that may be reimbursed by the Arkansas Medicaid Program.
- B. Providers must comply with applicable standards for professional and quality care.
- C. It is the responsibility of each provider to read the Arkansas Medicaid provider manual provided by the Division of Medical Services and to abide by the rules and regulations specified in the manual.
- D. All services provided must be medically necessary. The recipient is not liable for a claim or portion of a claim when the Medicaid Program, either directly or through a designee, determines that the services were not medically necessary.
- E. Services will be provided to qualified recipients without regard to race, color, national origin or disability within the provisions of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.
- 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
 2. Change in members of group, professional association or affiliations
 3. Change in practice or specialty
 4. Change in Federal Employee Identification Number (FEIN)
 5. Retirement or death of provider
 6. Change of ownership
- G. The Medicaid Program has a compelling interest in preventing unnecessary provider costs and program utilization associated with provider efforts to encourage, solicit, induce or cause an individual to seek or obtain a Medicaid covered service. Therefore, except for Medicaid covered services and other professional services furnished in exchange for the provider's usual and customary charges, no Medicaid provider may knowingly give, offer, furnish, provide or transfer money, services or any thing of value to any Medicaid recipient, to anyone related to any Medicaid recipient within the third degree or any person residing in the household of a recipient for less than fair market value.

This rule does not apply to:

1. Pharmaceutical samples provided to a physician at no cost or to other comparable circumstances where the provider obtains the sample at no cost and distributes the samples without regard to Medicaid eligibility.
2. Provider actions taken under the express authority of state or federal Medicaid laws or rules or the provider's agreement to participate in the Medicaid Program.