



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – All Providers
DATE: November 1, 2012
SUBJECT: Provider Manual Update Transmittal SecV-5-12

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Row 1: DMS-7708, 08/08, DMS-7708, 11/12

Explanation of Updates

Form DMS-7708 is updated to include new provider categories and EHR incentive payment application information for Physician Assistants.

This transmittal and the enclosed form are for informational purposes only. Please do not complete the enclosed form.

The paper version of this update transmittal includes revised pages that may be filed 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.

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

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-6453 (Local); 1-800-482-5850, extension 2-6453 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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

Thank you for your participation in the Arkansas Medicaid Program.

Andrew Allison, PhD
Director



Division of Medical Services
Medicaid Provider Enrollment Unit

P.O. Box 8105, Little Rock, AR 72203-8105
501-376-2211 Local and out of state · Fax: 501-374-0746 ·
1-800-457-4454 In state WATS



Practitioner Identification Number Request Form

Please check one of the following:

Physician Assistant (for EHR Incentive) [ ] Resident [ ] Other [ ]

Practitioner Name (Please print)

NPI/Taxonomy Code (NPI required for Physician Assistant and Resident)

Social Security Number

Address

City State ZIP+4

County Phone Number (Include area code)

Residents Only Place of Residency Effective Date of Residency

Physician Assistants who apply to receive an EHR incentive payment must also complete a W-9 form and indicate below the FQHC or RHC primary facility with which they are associated:

FQHC or RHC facility

Note: We must have your original signature. A photo copied or stamped signature is unacceptable.

Practitioner's Signature

Date

Mail this completed form to:

Medicaid Provider Enrollment Unit
HP Enterprise Services
P.O. Box 8105
Little Rock, AR 72203-8105