



**Division of Medical Services**  
**Program Planning & Development**  
 P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437  
 501-682-8368 · Fax: 501-682-2480



**TO:** Arkansas Medicaid Health Care Providers  
**DATE:** September 1, 2008  
**SUBJECT:** Section I Provider Manual Update Transmittal

	<b>Transmittal Number</b>
<b>Provider Manual</b>	
Alternatives for Adults with Physical Disabilities Waiver .....	68
Ambulatory Surgical Center .....	101
ARKids First-B .....	70
Certified Nurse-Midwife.....	103
Child Health Management Services.....	103
Child Health Services/Early and Periodic Screening, Diagnosis and Treatment.....	108
Children’s Services Targeted Case Management.....	50
Chiropractic.....	95
DDS Alternative Community Services Waiver.....	94
Dental.....	120
Developmental Day Treatment Clinic Services .....	105
Developmental Rehabilitation Services.....	50
Division of Youth Services and Division of Children and Family Services	
Targeted Case Management .....	42
Domiciliary Care.....	78
ElderChoices Home and Community-Based 2176 Waiver.....	94
Federally Qualified Health Center .....	89
Hearing Services.....	92
Home Health .....	112
Hospice .....	83
Hospital/End-Stage Renal Disease .....	134
Hyperalimantation .....	108
IndependentChoices .....	02
Inpatient Psychiatric Services for Under Age 21 .....	100
Licensed Mental Health Practitioners.....	82
Living Choices Assisted Living.....	49
Medicare/Medicaid Crossover Only .....	75
Inpatient Psychiatric Services for Under Age 21 .....	100
Licensed Mental Health Practitioners.....	82
Living Choices Assisted Living.....	49
Medicare/Medicaid Crossover Only .....	75

	<b>Transmittal Number</b>
<b>Provider Manual</b>	
Physician/Independent Lab/CRNA/Radiation Therapy Center .....	150
Podiatrist .....	97
Portable X-Ray Services .....	86
Private Duty Nursing Services .....	99
Program of All-Inclusive Care for the Elderly (PACE).....	27
Prosthetics .....	114
Rehabilitative Hospital.....	97
Rehabilitative Services for Persons with Mental Illness .....	98
Rehabilitative Services for Persons with Physical Disabilities .....	71
Rehabilitative Services for Youth and Children .....	51
Rural Health Clinic Services.....	88
School-Based Mental Health Services .....	57
Targeted Case Management .....	89
Transportation .....	108
Ventilator Equipment.....	89
Visual Care .....	109

**REMOVE**

**INSERT**

<b>Section</b>	<b>Date</b>	<b>Section</b>	<b>Date</b>
105.100	6-1-08	105.100	9-1-08
131.000	6-1-08	131.000	9-1-08
132.000	6-1-08	132.000	9-1-08
142.100	4-1-06	142.100	9-1-08
142.410	12-1-03	142.410	9-1-08
142.420	12-1-03	142.420	9-1-08
142.430	12-1-03	142.430	9-1-08
171.100	6-1-08	171.100	9-1-08

**Explanation of Updates**

The following updates are regarding the addition of forms DMS-675 and DMS-689 in the provider enrollment process. These changes will initially apply to newly enrolled providers from 09/01/08 forward. Existing providers (enrolled prior to 09/01/08) will be contacted at a later date through the Medicaid Provider Enrollment Unit regarding executing a revised contract and DMS-675 and DMS-689 forms.

***This transmittal does not require any action regarding forms completion, enrollment, or contract changes by existing providers at this time. This information and the included forms are to be added to your provider manual for updating purposes only.***

### **Explanation of Updates**

**Section 105.100** is included to correct a spelling error in the section title.

**Section 131.000** is revised to clarify charges that are not the responsibility of the beneficiary and to include a reference to Medicare D in relation to cost sharing.

**Section 132.000** is revised to clarify charges that are the responsibility of the beneficiary.

**Section 142.100** Adds clarifications to the existing list of changes that requires provider reporting, including form numbers where applicable. Additions are also made to the list to include new reporting requirements and the applicable new form numbers.

**Section 142.410** provides clarification of policy regarding provider disclosures of ownership and control. Additionally, this Section addresses and provides information regarding the addition of form Ownership and Conviction Disclosure (DMS-675) to forms listing and provider enrollment packet, in compliance with federal regulations required by 42 C.F.R. §455, subpart B.

**Section 142.430 is relocated and renumbered as Section 142.420** and provides additional clarification of policy regarding disclosure of personnel convicted of a crime that is also addressed in the addition of form DMS-675 to the forms listing and provider enrollment packet in compliance with federal regulations required by 42 C.F.R. §455, subpart B.

**Section 142.420 is relocated and renumbered as Section 142.430** and provides additional clarification of policy regarding provider disclosures of ownership and control that is addressed in the addition of form Disclosure of Significant Business Transactions (DMS-689) to forms listing and provider enrollment packet in compliance with federal regulations required by 42 C.F.R. §455, subpart B .

**Section 171.100** is included to correct an error in numbering.

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.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director



**TOC required****105.100 Alternatives for Adults with Physical Disabilities 9-1-08**

The Alternatives for Adults with Physical Disabilities (APD) waiver program is for disabled individuals age 21 through 64 who receive Supplemental Security Income (SSI) or who are Medicaid eligible by virtue of their disability and who, but for the services provided by the waiver program, would require a nursing facility level of care.

APD eligibility requires a determination of categorical eligibility, a level of care determination, the development of a plan of care, and a cost comparison to determine the cost-effectiveness of the plan of care. The beneficiary must be notified that he/she may choose either home and community-based services or institutional services.

The services offered through the waiver are:

- A. Environmental accessibility/adaptations/adaptive equipment
- B. Attendant care

These services are available only to individuals who are eligible under the waiver's conditions. Detailed information is found in the APD provider manual.

**131.000 Charges that Are Not the Responsibility of the Beneficiary 9-1-08**

Except for cost-sharing responsibilities outlined in sections 133.000 – 135.000, a beneficiary is not liable for the following charges:

- A. A claim or portion of a claim denied for lack of medical necessity.
- B. Charges in excess of the Medicaid maximum allowable rate.
- C. A claim or portion of a claim denied due to provider error.
- D. A claim or portion of a claim denied because of errors made by DMS or EDS.
- E. A claim or portion of a claim denied due to changes made in state or federal mandates after services were performed.
- F. A claim or portion of a claim denied because a provider failed to obtain prior, concurrent or retroactive authorization for a service.
- G. The difference between the beneficiary Medicaid cost sharing responsibility, if any, and the Medicare or Medicare Advantage co-payments.
- H. Medicaid pays the difference, if any, between the Medicaid maximum allowable fee and the total of all payments previously received by the provider for the same service. Medicaid beneficiaries are not responsible for deductibles, copayments or co-insurance amounts to the extent that such payments, when added to the amounts paid by third parties equal or exceed the Medicaid maximum for that service, even if the Medicaid payment is zero. The beneficiary is responsible for paying applicable Medicaid cost share amounts.
- I. The beneficiary is not responsible for insurance cost share amounts if the claim is for a Medicaid-covered service by a Medicaid-enrolled provider who accepted the beneficiary as a Medicaid patient. Arkansas Medicaid pays the difference between the amount paid by private insurance and the Medicaid maximum allowed amount. Medicaid will not make any payment if the amount received from the third party insurance is equal to or greater than the Medicaid allowable rate.

If an individual who makes payment at the time of service is later found to be Medicaid eligible and Medicaid is billed, the individual must be refunded the full amount of his or

her payment for the covered service(s). If it is agreeable with the individual, these funds may be credited against unpaid non-covered services and Medicaid cost-sharing amounts that are the responsibility of the beneficiary.

The beneficiary may not be billed for the completion and submission of a Medicaid claim form.

**Exception: Medicaid does not cover the deductible, co-payments or other cost share amounts levied to Medicare Part D drugs.**

### 132.000 Charges that are the Responsibility of the Beneficiary

9-1-08

A beneficiary is responsible for:

- A. charges incurred during a time of ineligibility
- B. charges for non-covered services, including services received in excess of Medicaid benefit limitations, if the beneficiary has chosen to receive and agreed to pay for those non-covered services
- C. charges for services which the beneficiary has chosen to receive and agreed to pay for as a private pay patient
- D. spend down liability on the first day of spend down eligibility
- E. The beneficiary is also responsible for any applicable cost-sharing amounts such as premiums, deductibles, coinsurance, or co-payments imposed by the Medicaid Program pursuant to 42 C.F.R. §§ 447.50 – 447.60 (2004). These cost-sharing responsibilities are outlined in sections 124.210 -124.230 and 133.000 –135.000 of this manual.

The beneficiary is not responsible for insurance cost share amounts if the claim is for a Medicaid-covered service by a Medicaid-enrolled provider who accepted the beneficiary as a Medicaid patient. Arkansas Medicaid pays the difference between the amount paid by private insurance and the Medicaid maximum allowed amount. Medicaid will not make any payment if the amount received from the third party insurance is equal to or greater than the Medicaid allowable rate.

### 142.100 General Conditions

9-1-08

- 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 DMS and to abide by the rules and regulations specified in the manual.
- D. All services provided must be medically necessary. The beneficiary 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 beneficiaries 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 ([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-688 – 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.](#))

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

- G. Except for Medicaid covered services and other professional services furnished in exchange for the provider's usual and customary charges, a Medicaid provider may not knowingly give, offer, furnish, provide or transfer money, services or any thing of value for less than fair market value to any Medicaid beneficiary, to anyone related to any Medicaid beneficiary within the third degree or any person residing in the household of a beneficiary.

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.

#### 142.400 Conditions Related to Disclosure

#### 142.410 Disclosures of Ownership and Control

9-1-08

- A. The Division of Medical Services (DMS) requires that providers disclose the following information regarding **direct or indirect** ownership and **control** interest as a condition of participation in the Medicaid Program ([View or print Ownership and Conviction Disclosure form \(DMS-675\).](#))
1. The name and address of each person with a **direct or indirect** ownership or **control** interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of five percent (**5%**) or more.
  2. In compliance with information shown above, the provider must also disclose if any person named above is related to another as a spouse, parent, child or sibling.
  3. The name of any other disclosing entity in which a person with a **direct or indirect** ownership or **control** interest in the disclosing entity also has a **direct or indirect** ownership or **control** interest. This requirement applies to the

extent that the disclosing entity can obtain this information by requesting it in writing from the person. The disclosing entity must:

- a. Keep copies of all these requests and the responses to them;
  - b. Make them available to representatives of the Secretary of Health and Human Services or to the Division of Medical Services upon request, and
  - c. Advise DMS when there is no response to a request.
- B. Any disclosing entity that is subject to periodic survey and certification of its compliance with Medicaid standards must supply the information specified above to representatives of an Arkansas survey agency at the time of a survey. The survey agency must promptly furnish the information to the Secretary of Health and Human Services and to the Division of Medical Services.
- C. Any disclosing entity that is not subject to periodic survey and certification and has not supplied the information specified above to the Secretary of Health and Human Services within the prior twelve month period, must submit the information to the Division of Medical Services before entering into a contract or agreement to participate in the program.

142.420

#### Disclosures of Information Regarding Personnel Convicted of Crime

9-1-08

Before the Division of Medical Services enters into or renews a provider agreement, or at any time upon written request by DMS, the provider must disclose to DMS the identity of any person who:

- A. Has **direct or indirect** ownership or **control** interest in the provider, or is an agent or managing employee of the provider and
- B. Has **ever** been convicted of a criminal offense. **View or print Ownership and Conviction Disclosure form (DMS-675).**

142.430

#### Disclosures of Business Transactions

9-1-08

A provider must submit full, **accurate** and complete information **regarding**:

- A. The ownership of any subcontractor with whom the provider has business transactions totaling more than \$25,000 **or five percent (5%) of the provider's total operating expenses** during the 12-month **period immediately prior to the date of application or application renewal,** and
- B. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the five-year period ending on the date of the **application or application renewal.**
- C. **Beginning on the effective date of enrollment in the Arkansas Medicaid Program, ongoing full and complete disclosure must be submitted concerning any significant business transactions (see definition on instruction page of DMS-689) that occur between the named entity and subcontractor or wholly owned supplier. This information must be submitted to Arkansas Medicaid, Provider Enrollment, within 35 days of the date the transaction takes place (View or print form DMS-689, Disclosure of Significant Business Transactions).**

**171.100 PCP-Qualified Physicians and Single-Entity Providers****6-1-08**

- A. PCP-qualified physicians are those whose sole or primary specialty is
1. Family Practice
  2. General Practice
  3. Internal Medicine
  4. Obstetrics and gynecology
- B. Obstetricians and gynecologists may choose whether to be PCPs.
- All other PCP-qualified physicians and clinics must enroll as PCPs, except for physicians who certify in writing that they are employed exclusively by an Area Health Education Center (AHEC), a Federally Qualified Health Center (FQHC), a Medical College Physicians Group, or a hospital (i.e., they are “hospitalists” and they practice exclusively in a hospital).
1. Pediatrics and Adolescent Medicine
- C. Physicians with multiple specialties may elect to enroll as PCPs if a secondary or tertiary specialty in their Medicaid provider file is listed in part C above.
- D. PCP-qualified clinics and health centers (single-entity PCPs) are
1. AHECs
  2. FQHCs
  3. The family practice and internal medicine clinics at the University of Arkansas for Medical Sciences



**Division of Medical Services**  
**Program Planning & Development**  
 P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437  
 501-682-8368 · Fax: 501-682-2480



**TO:** Arkansas Medicaid Health Care Providers  
**DATE:** September 1, 2008  
**SUBJECT:** Section V Provider Manual Update Transmittal

	<b>Transmittal Number</b>
<b>Provider Manual</b>	
Alternatives for Adults with Physical Disabilities Waiver .....	64
Ambulatory Surgical Center .....	97
ARKids First-B .....	66
Certified Nurse-Midwife.....	99
Child Health Management Services.....	99
Child Health Services/Early and Periodic Screening, Diagnosis and Treatment.....	104
Children’s Services Targeted Case Management.....	46
Chiropractic.....	91
DDS Alternative Community Services Waiver.....	89
Dental.....	116
Developmental Day Treatment Clinic Services .....	101
Developmental Rehabilitation Services.....	46
Division of Youth Services and Division of Children and Family Services	
Targeted Case Management .....	38
Domiciliary Care.....	74
ElderChoices Home and Community-Based 2176 Waiver.....	90
Federally Qualified Health Center .....	85
Hearing Services.....	88
Home Health .....	108
Hospice .....	79
Hospital/End-Stage Renal Disease .....	130
Hyperalimentation .....	104
IndependentChoices .....	3
Inpatient Psychiatric Services for Under Age 21 .....	96
Licensed Mental Health Practitioners.....	78
Living Choices Assisted Living.....	45
Medicare/Medicaid Crossover Only .....	71
Nurse Practitioner .....	97
Occupational, Physical, Speech Therapy Services.....	91

<b>Provider Manual</b>	<b>Transmittal Number</b>
Personal Care .....	101
Pharmacy .....	115
Physician/Independent Lab/CRNA/Radiation Therapy Center .....	146
Podiatrist .....	93
Portable X-Ray Services .....	82
Private Duty Nursing Services .....	95
Program of All-Inclusive Care for the Elderly (PACE) .....	23
Prosthetics .....	110
Rehabilitative Hospital.....	93
Rehabilitative Services for Persons with Mental Illness .....	94
Rehabilitative Services for Persons with Physical Disabilities.....	67
Rehabilitative Services for Youth and Children .....	47
Rural Health Clinic Services.....	84
School-Based Mental Health Services .....	53
Targeted Case Management .....	85
Transportation.....	104
Ventilator Equipment.....	85
Visual Care .....	105

**REMOVE**

<b>Section</b>	<b>Date</b>
Section V	None
Form DMS-633	4/07
Form DMS-653	4/07
Form DMS-0663	04/07
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**INSERT**

<b>Section</b>	<b>Date</b>
Section V	none
Form DMS-633	9/08
Form DMS-653	9/08
Form DMS-0663	9/08
Form DMS-675	9/08
Form DMS-689	9/08

The following updates are regarding the addition of forms DMS-675 and DMS-689 in the provider enrollment process and wording changes to the provider enrollment contract. These changes will initially apply to newly enrolled providers from 09/01/08 forward. Existing providers (enrolled prior to 09/01/08) will be contacted at a later date through the Provider Enrollment Unit regarding executing the revised contract and DMS-675 and DMS-689 forms.

***This transmittal does not require any action regarding forms completion, enrollment, or contract changes by existing providers at this time.***

### **Explanation of Updates**

Addition of form **Ownership and Conviction Disclosure (DMS-675)** to forms listing and provider enrollment packet in compliance with federal regulations required by 42 C.F.R. §455, subpart B.

Addition of form **Disclosure of Significant Business Transactions (DMS-689)** to forms listing and provider enrollment packet in compliance with federal regulations required by 42 C.F.R. §455, subpart B.

Wording changes in **Contract to Participate in the Arkansas Medical Assistance Program Administered by the Division of Medical Services Title XIX (Medicaid) (Form DMS-653)**: Section 1-A, B, E and G; Section III - A and C.

Change of FAX number on form **Behavioral Health Services Provider Qualification Form for LCSW, LMFT & LPC (DMS-633)**.

Change of letterhead title on form **Individual Renewal Form for DDTCS Therapists & School-Based Therapists (DMS-0663)**.

#### **Changes in Links and Contacts:**

Deletion of direct dial toll free number 800-482-1141 and addition of toll free number for State Operator (800-482-5850) that requires an additional extension request that is also included within this update.

Change in the telephone number for the Americans with Disabilities Coordinator.

Change in FAX number for Behavioral Health Services Provider Qualifications.

Corrections and updates of information in the listing for First Health.

Additional informational changes, corrections, and additions to other contacts listings to update and provide improved information.

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 (TDD only).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director



### American Hospital Association

Telephone	(312) 422-3390
Mailing address	American Hospital Association National Uniform Billing Committee One North Franklin, 29 <sup>th</sup> Floor Chicago, IL 60606
Web site	<a href="http://www.nubc.org">http //www.nubc.org</a>

### Americans with Disabilities Act Coordinator

TTY –Hearing Impaired – To access any number listed.	800-877-8973 – Voice Relay
Local	(501) 682-8323
Toll free	(800) 482-5850, extension 2-8323

### APS Healthcare Midwest (APS)

Toll free	(800) 721-4925
Local	(501) 372-2970
Fax	(888) 468-9318
Address	APS Healthcare 225 South Pulaski Little Rock, AR 72203

### Arkansas Department of Education, Special Education

Telephone	(501)-682-4221
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### Arkansas Department of Human Services, Accounts Receivable

Telephone	(501)682-6502
Toll free	(800) 482-5850, extension 2-6502
Fax	(501) 682-1855
Mailing address	DHS Accounts Receivable PO Box 8181, Slot WG2 Little Rock, AR 72203-8181

**Arkansas Department of Human Services, Appeals and Hearings Section**

**Telephone** 682-8622  
**Toll free** (800) 482-5850, extension 2-8622  
Mailing address Arkansas Department of Human Services  
Appeals and Hearings Section  
P.O. Box 1437, Slot N401  
Little Rock, AR 72203-1437

**Arkansas Department of Human Services, Children's Services**

**Telephone** (501) 682-2277  
**Toll free** (800) 482-5850, extension 2-2277  
Mailing address Arkansas Department of Human Services  
Children's Services  
P.O. Box 1437, Slot S380  
Little Rock, AR 72203-1437

**Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit**

**Telephone** (501) 682-8590  
**Toll free** (800) 482-5850, extension 2-8590  
Mailing address Arkansas Department of Human Services  
Division of Child Care and Early Childhood Education  
Child Care Licensing Unit  
P.O. Box 1437, Slot S150  
Little Rock, AR 72203-1437

**Arkansas Department of Human Services, Division of Children and Family Services, Contracts Management Unit**

**Telephone** (501) 682-9978  
**Toll free** (800) 482-5850, extension 2-9978  
Mailing address Arkansas Department of Human Services  
Division of Children and Family Services  
Contracts Management Unit  
P.O. Box 1437-Slot S561  
Little Rock, AR 72203-1437

**Arkansas Department of Health**

**Toll free** (800) 462-0599  
**Telephone** (501) 661-2000

**Arkansas Department of Health, Health Facility Services**

**Telephone** (501) 661-2201  
Mailing address HCFA CLIA Program  
Arkansas **Department** of Health  
Health Facility Services  
5800 West 10<sup>th</sup>, Suite 400  
Little Rock, AR 72204

**Arkansas Department of Human Services, Division of Medical Services**

Mailing address Arkansas Department of Human Services  
Division of Medical Services  
P.O. Box 1437, Slot S413  
Little Rock, AR 72203-1437

**Arkansas Department of Human Services, Division of Medical Services, Provider Reimbursement Unit**

**Telephone** (501) 682-8308  
**Toll free** (800) 482-5850, extension 2-8308  
Fax (501) 682-3889  
Mailing address Arkansas Department of Human Services  
Division of Medical Services  
Provider Reimbursement Unit  
P.O. Box 1437, Slot S416  
Little Rock, AR 72203-1437  
Hours 8 00 AM through 4 30 PM, Monday through Friday,  
except for holidays

**Arkansas DHS, Division of Medical Services, Benefit Extension Requests, **UR** Section**

**Telephone** (501) 682-8340  
**Toll free** (800) 482-5850, extension 2-8340  
Mailing address DHS Division of Medical Services  
Benefit Extension Requests - *\*Insert type from list at left*  
P.O. Box 1437, Slot S413  
Little Rock, AR 72203-1437  
\*Home Health  
\*Incontinence Supplies  
\*Personal Care  
\*Private Duty Nursing  
\*Supplies for Under Age 21 yrs  
\*Wheelchairs and Repairs

**Arkansas DHS, Division of Medical Services, Dental Care Unit**

**Toll free** (800) 482-5850, extension 2-8336  
**Telephone** (501) 682-8336  
(501) 682-8332  
(501) 682-8297  
Mailing address DHS Division of Medical Services  
Dental Care Unit  
P.O. Box 1437, Slot S410  
Little Rock, AR 72203-1437

**Arkansas DHS, Division of Medical Services, Director**

**Telephone** (501) 682-8292  
**Toll free** (800) 482-5850, extension 2-8292  
Mailing address DHS Division of Medical Services  
Director  
P.O. Box 1437, Slot S401  
Little Rock, AR 72203-1437

**Arkansas Division of Medical Services, EDS Provider Enrollment Unit**

**Toll free** 1-800-457-4454  
Local and out of state (501) 376-2211  
Fax (501) 374-0746  
Mailing address Medicaid Provider Enrollment Unit  
EDS  
P.O. Box 8105  
Little Rock, AR 72203-8105

**Arkansas DHS, Division of Medical Services, Financial Activities Unit**

**Telephone** (501) 682-8308  
**Toll free** (800) 482-5850, extension 2-8308  
Mailing address DHS Division of Medical Services  
Financial Activities Unit  
P.O. Box 1437, Slot S416  
Little Rock, AR 72203-1437

**Arkansas DHS Division of Medical Services, Hearing Aid Consultant**

**Telephone** (501) 682-8340  
**Toll free** (800) 482-5850, extension 2-8340  
Mailing address DHS Division of Medical Services  
Hearing Aid Consultant  
P.O. Box 1437; Slot S413

Little Rock, AR 72203

**Arkansas DHS, Division of Medical Services, Medical Assistance Unit**

**Toll free** (800)482-5850, extension 2-8301  
**Telephone** (501) 682-8301  
**Mailing address** DHS Division of Medical Services  
Medical Assistance Unit  
P.O. Box 1437, Slot S410  
Little Rock, AR 72203-1437

**Arkansas DHS Division of Medical Services, Pharmacy Unit**

**Telephone** (501) 683-4120  
**Toll free** (800) 482-5850, extension 3-4120  
**Mailing address** DHS Division of Medical Services  
Pharmacy Unit  
P.O. Box 1437, Slot S415  
Little Rock, AR 72203-1437

**Arkansas DHS, Division of Medical Services, Program Communications Unit**

**Telephone** (501) 682-8315  
**Toll free** 1-800-482-5850, extension 2-8315  
**Mailing address** DHS Division of Medical Services  
Program Communications Unit  
P.O. Box 1437, Slot S410  
Little Rock, AR 72203-1437  
**Hours** 8 00 AM through 4 30 PM, Monday through Friday,  
except for holidays

**Arkansas DHS, Division of Medical Services, Third-Party Liability Unit**

**Telephone** (501) 682-6711  
**Toll free** (800) 482-5850, extension 2-6711  
**Fax** (501) 682-1644  
**Mailing address** DHS Division of Medical Services  
TPL Unit  
P.O. Box 1437, Slot S296  
Little Rock, AR 72203-1437

### Arkansas DHS, Division of Medical Services, Utilization Review Section

Toll free	1-800-482-5850, extension 2-8340
Telephone	(501) 682-8340
Fax	(501) 682-8013
Mailing address	Arkansas DHS Division of Medical Services Utilization Review Section P.O. Box 1437, Slot S413 Little Rock, AR 72203-1437

### Arkansas DHS, Division of Medical Services, UR/Home Health Extensions

Telephone	(501) 682-6670
Toll free	(800) 482-5850, extension 2-6670
Fax	(501) (501) 682-8013
Mailing address	DHS Division of Medical Services UR/Home Health Extensions P.O. Box 1437, Slot S413 Little Rock, Arkansas 72203-1437

### Arkansas DHS, Division of Medical Services, Visual Care Coordinator

Toll free	(800) 482-5850, extension 2-8342
Telephone	(501) 682-8342
Fax	(501) 682-8304

### Arkansas Foundation for Medical Care

In-state and out-of-state toll free for inpatient reviews only	1-877-650-2362
General telephone contact, local or long distance - Fort Smith	(479) 649-8501
Fax	(479) 649- 0776
Fax for pre-approvals	(479) 649-0776
Mailing address	Arkansas Foundation for Medical Care, Inc. PO Box 180001 Fort Smith, AR 72918-0001
Physical site location	2201 Brooken Hill Drive Fort Smith, AR 72908
Office hours	8 30 a.m. until 5 00 p.m. (Central Time), Monday through Friday, except holidays

### Arkansas Hospital Association

**Telephone** (501) 224-7878  
Mailing address Arkansas Hospital Association  
419 Natural Resources Drive  
Little Rock, Arkansas 72205

### ARKids First-B

In-state WATS 1-888-474-8275  
**Telephone** (501) 682- 8310

### Central Child Health Services Office (EPSDT)

**Toll free** (800) 482-5850, extension 2-8323  
**Telephone** (501) 682-8323  
Fax (501) 682-1197  
Mailing address AR DHS Division of Medical Services  
Child Health Services (EPSDT)  
P.O. Box 1437, Slot S410  
Little Rock, AR 72203-1437

### Children's Services

**Toll free** 1-800-482-5850, extension 2-2277 or 2-2270  
**Telephone** (501) 682-2270  
(501) 682-2277  
Fax (501) 682-8247  
Mailing address Arkansas Department of Human Services  
Children's Services  
P.O. Box 1437, Slot S380  
Little Rock, Arkansas 72203-1437

### ConnectCare Helpline

Toll free 1-800-275-1131  
**Telephone** (501) 614-4689  
TDD 1-800-285-1131

### CPT Ordering

Order the CPT online at <http://www.ingenixonline.com/> or contact Ingenix using the information below.

Telephone	1-877-464-3649
Fax	1-800-982-4033
Mailing address	Ingenix P.O. Box 27116 Salt Lake City, UT 84127-0116
Web site	<a href="http://www.ingenixonline.com/">http://www.ingenixonline.com/</a>

### Division of Aging and Adult Services

Telephone	(501) 682-2441
Toll free	(800) 482-5850, extension 2-2441
Adults with Physical Disabilities Waiver Provider Certification mailing address	Division of Aging and Adult Services Adults with Physical Disabilities Waiver Provider Certification P.O. Box 1437, Slot S530 Little Rock, AR 72203-1437
ElderChoices Provider Certification mailing address	Division of Aging and Adult Services ElderChoices Provider Certification P.O. Box 1437, Slot S530 Little Rock, AR 72203-1437
Living Choices Assisted Living application request	Division of Aging and Adult Services Living Choices Assisted Living P.O. Box 1437, Slot S530 Little Rock, AR 72203-1437

### Division of County Operations, Customer Assistance Section

In-state WATS	1-800-482-8988
TTY	1-(501) 682- 8933
Mailing address	DHS Division of County Operations P.O. Box 1437 Slot S301 Little Rock, AR 72203-1437

## EDS Claims Department

### Claim Type

Inpatient, Outpatient, Nursing Home Cross-over, Home Health, Dental, Vision	EDS Claims P.O. Box <b>8033</b> Little Rock, AR 72203
Physician (CMS - 1500), EPSDT, Hearing, and Professional Cross-over	EDS Claims P.O. Box <b>8034</b> Little Rock, AR 72203
Claims addressed to attention of Communication's Analyst, Medicaid Request and Adjustment claims	EDS Claims P.O. Box <b>8036</b> Little Rock, AR 72203

## EDS EDI Support Center (formerly AEVCS Help Desk)

Toll free within Arkansas	1-800-457-4454
Local and out-of-state	(501) 376-2211
Hours	8 00 am to 5 00 pm Monday through Friday except for holidays
EDS observed holidays	New Year's Day Memorial Day Independence Day Labor Day Veterans Day Thanksgiving Day The Friday After Thanksgiving Christmas Eve Christmas Day
After hours, report "continuous busy" and "9999 Host System Error" messages to	(501) 374-6609, extension 290 Monday through Friday, 5 pm to 8 am, and on weekends and holidays If you do not leave a message, no problem report will be registered. <b>Do not</b> use this number to report claim rejections.

## EDS Inquiry Unit

Address	EDS Inquiry Unit P.O. Box 8036 Little Rock, AR 72203
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### EDS Manual Order

Address	EDS Manual Order PO Box 8036 Little Rock, AR 72203-8036
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### EDS Pharmacy Help Desk

Toll free within Arkansas	1-800-707-3854
Local or out-of-state	(501) 374-6609, ext. 500
Hours	8 00 AM to 5 00 PM Monday through Friday except for holidays
EDS observed holidays	New Year's Day Memorial Day Independence Day Labor Day Veteran's Day Thanksgiving Day The Friday After Thanksgiving Christmas Eve Christmas Day
Voice Response System (VRS)	1-800-806-6181 Available 24 hours every day

### EDS Provider Assistance Center (PAC)

Within Arkansas	1-800-457-4454
Local or out-of-state	(501) 376-2211
PAC mailing address	EDS Provider Assistance Center P.O. Box 8036 Little Rock, AR 72203-8036
Hours	8 00 AM and 4 30 PM Monday through Friday except for holidays
EDS observed holidays	New Year's Day Memorial Day Independence Day Labor Day Veteran's Day Thanksgiving Day The Friday After Thanksgiving Christmas Eve Christmas Day

### **First Connections Infant & Toddler Program, Developmental Disabilities Services**

Mailing address First Connections Infant & Toddler Program  
Developmental Disabilities Services  
P.O. Box 1437, Slot N503  
Little Rock, Arkansas 72203-1437

### **First Health**

**Toll Free** 1-800-770-3084  
Fax 1-800-639-8982  
Prior Authorization (PA) for First Health Services  
Outpatient Mental Health Services 4300 Cox Road  
for 21 and over Mailing address Glen Allen, VA 20360

### **Health and Nursing Services Specialist**

Telephone Number (501) 324-9740  
Address Arkansas Department of Education  
Health and Nursing Services Specialist  
2020 West Third, Suite 320  
Little Rock, AR 72205

### **ICD-9-CM, CPT, and HCPCS Reference Book Ordering**

You can order the ICD-9-CM, CPT, and the HCPCS reference books online at <http://www.ingenixonline.com/> or contact Ingenix using the information below.

Telephone 1-877-464-3649  
Fax 1-800-982-4033  
Mailing address Ingenix  
P.O. Box 27116  
Salt Lake City, UT 84127-0116  
Web site <http://www.ingenixonline.com/>

### **Immunizations Registry Help Desk**

In-state and out-of-state toll free 1-800-574-4040

### Medicaid Reimbursement Unit Communications Hotline

Toll free 1-800-482-5431  
Local or out of state (501) 682-8321

### National Supplier Clearinghouse

Toll free 1-803-754-3951  
Address National Supplier Clearinghouse  
P.O. Box 100142  
Columbia, SC 29202-3142

### Primary Care Physician (PCP) Enrollment Voice Response System

VRS 1-800-805-1512

### Provider Qualifications, Division of Behavioral Health Services

Fax (501) 686-9182  
Mailing address Provider Qualifications  
Division of Behavioral Health Services  
4313 West Markham, Slot 4313  
Little Rock, Arkansas 72205-4096

### Select Optical

Toll free 1-800-282-6960  
Fax 1-800-553-1435  
Mailing address Select Optical  
6510 Huntley Road  
Columbus, OH 43229

### Standard Register

Mailing address Standard Register  
1501 North Pierce Street, Suite 105  
Little Rock, AR 72207

### U.S. Government Printing Office

Toll free	(866) 512-1800
Fax	(202) 512-2250
Mailing address	Superintendent of Documents P.O. Box 371954 Pittsburgh, PA 15250-7954
Web site	<a href="http://bookstore.gpo.gov">http //bookstore.gpo.gov</a>
E-mail	<a href="mailto:orders@gpo.gov">orders@gpo.gov</a>
Hours	7 30 a.m. - 4 30 p.m.

## Claim Forms

### Red-ink Claim Forms

The following is a list of the red-ink claim forms required by Arkansas Medicaid. The forms below cannot be printed from this manual for use. Information about where to get the forms and links to samples of the forms are available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
<a href="#">Professional – CMS-1500</a>	Business Form Supplier
<a href="#">Institutional – CMS-1450*</a>	Business Form Supplier
<a href="#">EPSDT – DMS-694**</a>	EDS - 1-800-457-4454
<a href="#">Visual Care – DMS-26-V</a>	EDS - 1-800-457-4454
<a href="#">Inpatient Crossover – EDS-MC-001</a>	EDS - 1-800-457-4454
<a href="#">Long Term Care Crossover – EDS-MC-002</a>	EDS - 1-800-457-4454
<a href="#">Outpatient Crossover – EDS-MC-003</a>	EDS - 1-800-457-4454
<a href="#">Professional Crossover – EDS-MC-004</a>	EDS - 1-800-457-4454

\* For dates of service after 11/30/07 – ALL HOSPICE PROVIDER USE ONLY FORM CMS-1450 (formerly (UB-04) for billing.

\*\* A printable **PROVIDER INTEROFFICE DOCUMENTATION ONLY** version of this form is available below under Arkansas Medicaid Forms.

### Claim Forms

The following is a list of the non-red-ink claim forms required by Arkansas Medicaid. Information about where to get a supply of the forms and links to samples of the forms are available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
<a href="#">Alternatives Attendant Care Provider Claim Form - AAS-9559</a>	Client Employer
<a href="#">Dental – ADA-J400</a>	Business Form Supplier

## Arkansas Medicaid Forms

The forms below can be printed from this manual for use.

### In order by form name:

Form Name	Form Number
Acknowledgement of Hysterectomy Information	<a href="#">DMS-2606</a>
Address Change Form	<a href="#">DMS-673</a>
Adjustment Request Form - Medicaid XIX	<a href="#">EDS-AR-004</a>
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	<a href="#">AFMC-103</a>

<b>Form Name</b>	<b>Form Number</b>
AFMC Request For Bilaminare Skin Substitutes	<a href="#">AFMC-RBSS</a>
Amplification/Assistive Technology Recommendation Form	<a href="#">DMS-686</a>
Approval/Denial Codes for Inpatient Psychiatric Services	<a href="#">DMS-2687</a>
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	<a href="#">DDS/FS#0001.a</a>
ARKids First Mental Health Services Provider Qualification Form	<a href="#">DMS-612</a>
Assisted Living Waiver Plan of Care	<a href="#">AAS-9565</a>
Authorization for Automatic Deposit	<a href="#">autodeposit</a>
Authorization for Payment for Services Provided	<a href="#">MAP-8</a>
Certification of Need - Medicaid Inpatient Psychiatric Services for Under Age 21	<a href="#">DMS-2633</a>
Certification of Schools to Provide Comprehensive EPSDT Services	<a href="#">CSPC-EPSDT</a>
Certification Statement for Abortion	<a href="#">DMS-2698</a>
Change of Ownership Information	<a href="#">DMS-0688</a>
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	<a href="#">AFMC-102</a>
CHMS Request for Prior Authorization	<a href="#">AFMC-101</a>
Claim Correction Request	<a href="#">DMS-2647</a>
Consent for Release of Information	<a href="#">DMS-619</a>
Contact Lens Prior Authorization Request Form	<a href="#">DMS-0101</a>
Contract to Participate in the Arkansas Medical Assistance Program	<a href="#">DMS-653</a>
DDTCS Transportation Log	<a href="#">DMS-638</a>
DDTCS Transportation Survey	<a href="#">DMS-632</a>
Dental Treatment Additional Information	<a href="#">DMS-32-A</a>
<b>Disclosure of Significant Business Transactions</b>	<a href="#">DMS-689</a>
Disproportionate Share Questionnaire	<a href="#">DMS-628</a>
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral For Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan	<a href="#">DMS-693</a>
Early Childhood Special Education Referral Form	<a href="#">ECSE-R</a>
EPSDT Claim Form — You may print this version for use in charts and electronic billing documentation; however, if you submit a paper claim for billing, you must use the red-ink version (see Red-ink Claim Forms above.)	<a href="#">EPSDT-DMS-694</a>
EPSDT Provider Agreement	<a href="#">DMS-831</a>
Evaluation Form Lower-Limb	<a href="#">DMS-646</a>
Explanation of Check Refund	<a href="#">EDS-CR-002</a>
Gait Analysis Full Body	<a href="#">DMS-647</a>

<b>Form Name</b>	<b>Form Number</b>
Home Health Certification and Plan of Care	<a href="#">CMS-485</a>
Hospital/Physician/Certified Nurse Midwife Referral for Newborn Infant Medicaid Coverage	<a href="#">DCO-645</a>
Individual Renewal Form for DDTCS Therapists & School Based Therapists	<a href="#">DMS-0663</a>
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	<a href="#">DMS-2685</a>
Lower-Limb Prosthetic Prescription	<a href="#">DMS-651</a>
Media Selection/E-Mail Address Change Form	<a href="#">None</a>
Medicaid Claim Inquiry Form	<a href="#">EDS-CI-003</a>
Medicaid Form Request	<a href="#">EDS-MFR-001</a>
Medical Assistance Dental Disposition	<a href="#">DMS-2635</a>
Medical Equipment Request for Prior Authorization & Prescription	<a href="#">DMS-679</a>
Medical Transportation and Personal Assistant Verification	<a href="#">DMS-616</a>
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	<a href="#">DMS-633</a>
Notice Of Noncompliance	<a href="#">DMS-635</a>
NPI Reporting Form	<a href="#">DMS-683</a>
Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral	<a href="#">DMS-640</a>
<b>Ownership and Conviction Disclosure</b>	<a href="#">DMS-675</a>
Personal Care Assessment and Service Plan	<a href="#">DMS-618</a>
Prescription & Prior Authorization Request For Nutrition Therapy & Supplies	<a href="#">DMS-2615</a>
Primary Care Physician Managed Care Program Referral Form	<a href="#">DMS-2610</a>
Primary Care Physician Participation Agreement	<a href="#">DMS-2608</a>
Primary Care Physician Selection and Change Form	<a href="#">DMS-2609</a>
Prior Authorization (PA) Request for Extension of Benefits-Prescription Drugs	<a href="#">DMS-0685-14</a>
Prosthetic-Orthotic Lower-Limb Amputee Evaluation	<a href="#">DMS-650</a>
Prosthetic-Orthotic Upper-Limb Amputee Evaluation	<a href="#">DMS-648</a>
Provider Application	<a href="#">DMS-652</a>
Provider Communication Form	<a href="#">AAS-9502</a>
Provider Enrollment Application and Contract Package	<a href="#">AppMaterial</a>
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	<a href="#">DMS-2634</a>
Referral for Medical Assistance	<a href="#">DMS-630</a>
Request for Extension of Benefits	<a href="#">DMS-699</a>

<b>Form Name</b>	<b>Form Number</b>
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	<a href="#">DMS-671</a>
Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21	<a href="#">DMS-602</a>
Request For Orthodontic Treatment	<a href="#">DMS-32-0</a>
Request for Private Duty Nursing Services Prior Authorization and Prescription - Initial Request or Recertification	<a href="#">DMS-2692</a>
Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21	<a href="#">DMS-601</a>
Sterilization Consent Form	<a href="#">DMS-615 English</a> <a href="#">DMS-615 Spanish</a>
Sterilization Consent Form - Information for Men	<a href="#">PUB-020</a>
Sterilization Consent Form - Information for Women	<a href="#">PUB-019</a>
Upper-Limb Prosthetic Prescription	<a href="#">DMS-649</a>
Vendor Performance Report	<a href="#">None</a>
Verification of Medical Services	<a href="#">DMS-2618</a>

**In order by form number:**

<a href="#">AAS-9502</a>	<a href="#">DMS-0688</a>	<a href="#">DMS-601</a>	<a href="#">DMS-649</a>	<a href="#">DMS-831</a>
<a href="#">AAS-9565</a>	<a href="#">DMS-2606</a>	<a href="#">DMS-602</a>	<a href="#">DMS-650</a>	<a href="#">ECSE-R</a>
<a href="#">Address Change</a>	<a href="#">DMS-2608</a>	<a href="#">DMS-612</a>	<a href="#">DMS-651</a>	<a href="#">EDS-AR-004</a>
<a href="#">AFMC-101</a>	<a href="#">DMS-2609</a>	<a href="#">DMS-615</a>	<a href="#">DMS-652</a>	<a href="#">EDS-CI-003</a>
<a href="#">AFMC-102</a>	<a href="#">DMS-2610</a>	<a href="#">DMS-616</a>	<a href="#">DMS-653</a>	<a href="#">EDS-CR-002</a>
<a href="#">AFMC-102</a>	<a href="#">DMS-2615</a>	<a href="#">DMS-618</a>	<a href="#">DMS-671</a>	<a href="#">EDS-MFR-001</a>
<a href="#">AFMC-103</a>	<a href="#">DMS-2618</a>	<a href="#">DMS-619</a>	<a href="#">DMS-675</a>	<a href="#">MAP-8</a>
<a href="#">AFMC-RBSS</a>	<a href="#">DMS-2633</a>	<a href="#">DMS-628</a>	<a href="#">DMS-673</a>	<a href="#">Performance Report</a>
<a href="#">Authorization for Automatic Deposit</a>	<a href="#">DMS-2634</a>	<a href="#">DMS-630</a>	<a href="#">DMS-679</a>	<a href="#">Provider Enrollment Application and Contract Package</a>
<a href="#">CMS-485</a>	<a href="#">DMS-2635</a>	<a href="#">DMS-632</a>	<a href="#">DMS-683</a>	
<a href="#">CSPC-EPSDT</a>	<a href="#">DMS-2647</a>	<a href="#">DMS-633</a>	<a href="#">DMS-686</a>	
<a href="#">DCO-645</a>	<a href="#">DMS-2685</a>	<a href="#">DMS-635</a>	<a href="#">DMS-689</a>	
<a href="#">DDS/FS#0001.a</a>	<a href="#">DMS-2687</a>	<a href="#">DMS-638</a>	<a href="#">DMS-693</a>	<a href="#">PUB-019</a>
<a href="#">DMS-0101</a>	<a href="#">DMS-2692</a>	<a href="#">DMS-640</a>	<a href="#">DMS-694 chart version</a>	<a href="#">PUB-020</a>
<a href="#">DMS-0663</a>	<a href="#">DMS-2698</a>	<a href="#">DMS-646</a>	<a href="#">DMS-694 sample</a>	
<a href="#">DMS-0685-14</a>	<a href="#">DMS-32-A</a>	<a href="#">DMS-647</a>	<a href="#">DMS-699</a>	
	<a href="#">DMS-32-O</a>	<a href="#">DMS-648</a>		

## Arkansas Medicaid Contacts and Links

Click the link to view the information.

[American Hospital Association](#)

[Americans with Disabilities Act Coordinator](#)

[APS Healthcare Midwest \(APS\)](#)

[Arkansas Department of Education, Health and Nursing Services Specialist](#)

[Arkansas Department of Education, Special Education](#)

[Arkansas Department of Human Services - Aging and Adult Services](#)

[Arkansas Department of Human Services – Appeals and Hearings Section](#)

[Arkansas Department of Human Services, Child Care and Early Childhood Education, Child Care Licensing Unit](#)

[Arkansas Department of Human Services, Children and Family Services, Contracts Management Unit](#)

[Arkansas Department of Human Services, Children's Services](#)

[Arkansas Department of Human Services, County Operations - Customer Assistance Section](#)

[Arkansas Department of Human Services, Medical Services](#)

[Arkansas Department of Human Services, Medical Services, Dental Care Unit](#)

[Arkansas Department of Human Services, Medical Services Director](#)

[Arkansas Department of Human Services, Medical Services, Financial Activities Unit](#)

[Arkansas Department of Human Services, Medical Services, Hearing Aid Consultant](#)

[Arkansas Department of Human Services, Medical Services, Medical Assistance Unit](#)

[Arkansas Department of Human Services, Medical Services, Pharmacy Unit-Utilization Review Section](#)

[Arkansas Department of Human Services, Medical Services, Program Communications Unit](#)

[Arkansas Department of Human Services, Medical Services, Third-Party Liability Unit](#)

[Arkansas Department of Human Services, Medical Services, UR Benefit Extension Requests Section](#)

[Arkansas Department of Human Services, Medical Services, UR/Home Health Extensions](#)

[Arkansas Department of Human Services, Medical Services, Utilization Review Section](#)

[Arkansas Department of Human Services, Medical Services, Visual Care Coordinator](#)

[Arkansas Department of Human Services, Medical Services, Provider Reimbursement Unit](#)

[Arkansas Department of Health](#)

[Arkansas Department of Health, Health Facility Services](#)

[Arkansas Department of Human Services, Accounts Receivable](#)

[Arkansas Foundation For Medical Care](#)  
[Arkansas Hospital Association Contact Information](#)  
[Arkansas Medicaid Provider Enrollment Unit](#)  
[ARKids First-B ID Card Example](#)  
[ARKids First-B Telephone Number](#)  
[Central Child Health Services Office](#)  
[ConnectCare Helpline](#)  
[County Codes](#)  
[CPT Ordering Information](#)  
[EDS Claims Department](#)  
[EDS EDI Support Center \(formerly AEVCS Help Desk\)](#)  
[EDS Inquiry Unit](#)  
[EDS Manual Order Address](#)  
[EDS Pharmacy Help Desk](#)  
[EDS Provider Assistance Center \(PAC\)](#)  
[EDS Supplied Forms](#)  
[Example of Beneficiary Notification of Denied ARKids First-B Claim](#)  
[Example of Beneficiary Notification of Denied Medicaid Claim](#)  
[First Connections Infant & Toddler Program Developmental Disabilities Services](#)  
[First Health](#)  
[Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment](#)  
[Health Care Declarations](#)  
[ICD-9-CM Ordering Information](#)  
[Immunizations Registry Help Desk – Arkansas Department of Health](#)  
[Medicaid ID Card Example](#)  
[Medicaid Reimbursement Unit Communications Hotline](#)  
[Medicaid Tooth Numbering System](#)  
[National Supplier Clearinghouse](#)  
[Primary Care Physician \(PCP\) Enrollment Voice Response System](#)  
[Provider Qualifications Division of Mental Health Services](#)  
[Select Optical](#)  
[Standard Register](#)  
[Table of Desirable Weights](#)  
[U.S. Government Printing Office](#)  
[Vendor Performance Report](#)