

*TOC required***144.000 Tax Compliance****8-1-14**

Under Ark. Code Ann. § 20-77-130, compliance with Arkansas tax laws is a condition of the continued Medicaid enrollment of Affected Medicaid Providers. The law requires that the Arkansas Medicaid Program disenroll noncompliant providers unless the provider can show good cause to remain in the Medicaid program. Good cause includes, without limitation, proof that Medicaid eligible beneficiaries will be unable to access medically necessary care if the Affected Provider is no longer enrolled in the Medicaid Program.

If the Department of Finance and Administration notifies the Medicaid Program that an Affected Provider is noncompliant, the Medicaid Program will notify the Affected Provider that the Affected Provider's Medicaid Provider Agreement will be terminated effective sixty (60) calendar days from the date of the notice unless:

- A. The Department of Finance and Administration notifies the Department of Human Services that:
 - 1. The Affected Medicaid Provider's tax obligation has been satisfied, otherwise resolved, or is the subject of a pending appeal; or
 - 2. The Medicaid Provider is not an Affected Provider.
- B. The Department of Human Services determines the Medicaid Provider is not an Affected Provider or there is good cause not to exclude the Affected Medicaid Provider from the Medicaid Program.

To request Department of Finance and Administration notification described in part A (above), Affected Medicaid Providers should contact the Sales and Use Tax Unit. [View or print the Department of Finance and Administration Sales and Use Tax Unit contact information.](#)

Department of Finance and Administration notification must be delivered to the Medicaid Provider Enrollment Unit. [View or print the Provider Enrollment contact information.](#)

To establish that a Medicaid Provider is not an Affected Medicaid Provider as defined by Ark. Code Ann. § 20-77-130 or that good cause exists for the Medicaid Program to continue the Affected Medicaid Provider's enrollment as a Medicaid provider, the Affected Medicaid Provider should contact the Medicaid Provider Enrollment Unit. [View or print the Provider Enrollment contact information.](#)

SECTION V – FORMS**500.000****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 is available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
<u>Professional – CMS-1500</u>	Business Form Supplier
<u>Institutional – CMS-1450*</u>	Business Form Supplier
<u>Visual Care – DMS-26-V</u>	1-800-457-4454
<u>Inpatient Crossover – HP-MC-001</u>	1-800-457-4454
<u>Long Term Care Crossover – HP-MC-002</u>	1-800-457-4454
<u>Outpatient Crossover – HP-MC-003</u>	1-800-457-4454
<u>Professional Crossover – HP-MC-004</u>	1-800-457-4454

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

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 is available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
<u>Alternatives Attendant Care Provider Claim Form - AAS-9559</u>	Client Employer
<u>Dental – ADA-J400</u>	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 Link
Acknowledgement of Hysterectomy Information	<u>DMS-2606</u>
Address Change Form	<u>DMS-673</u>
Adjustment Request Form – Medicaid XIX	<u>HP-AR-004</u>
Adverse Effects Form	<u>DMS-2704</u>

Form Name	Form Link
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	DMS-679A
Amplification/Assistive Technology Recommendation Form	DMS-686
Application for WebRA Hardship Waiver	DMS-7736
Approval/Denial Codes for Inpatient Psychiatric Services	DMS-2687
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	DDS/FS#0001.a
Arkansas Medicaid Patient-Centered Medical Home Program Practice Participation Agreement	DMS-844
Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form	DMS-845
Arkansas Medicaid Patient-Centered Medical Home Program Practice Withdrawal Form	DMS-846
ARKids First Behavioral Health Services Provider Qualification Form	DMS-612
Authorization for Automatic Deposit	autodeposit
Authorization for Payment for Services Provided	MAP-8
Certification of Need – Medicaid Inpatient Psychiatric Services for Under Age 21	DMS-2633
Certification of Schools to Provide Comprehensive EPSDT Services	CSPC-EPSDT
Certification Statement for Abortion	DMS-2698
Change of Ownership Information	DMS-0688
Child Health Management Services Enrollment Orders	DMS-201
Child Health Management Services Discharge Notification Form	DMS-202
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	DMS-699A
CHMS Request for Prior Authorization	DMS-102
Claim Correction Request	DMS-2647
Consent for Release of Information	DMS-619
Contact Lens Prior Authorization Request Form	DMS-0101
Contract to Participate in the Arkansas Medical Assistance Program	DMS-653
DDTCS Transportation Log	DMS-638
DDTCS Transportation Survey	DMS-632
Dental Treatment Additional Information	DMS-32-A
Disclosure of Significant Business Transactions	DMS-689
Disproportionate Share Questionnaire	DMS-628
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral For Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan	DMS-693

Form Name	Form Link
Early Childhood Special Education Referral Form	ECSE-R
EPSDT Provider Agreement	DMS-831
Explanation of Check Refund	HP-CR-002
Gait Analysis Full Body	DMS-647
Home Health Certification and Plan of Care	CMS-485
Hospital/Physician/Certified Nurse Midwife Referral for Newborn Infant Medicaid Coverage	DCO-645
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	DMS-2685
Individual Renewal Form for School-Based Audiologists	DMS-7782
Lower-Limb Prosthetic Evaluation	DMS-650
Lower-Limb Prosthetic Prescription	DMS-651
Media Selection/E-Mail Address Change Form	HP-MS-005
Medicaid Claim Inquiry Form	HP-CI-003
Medicaid Form Request	HP-MFR-001
Medical Equipment Request for Prior Authorization & Prescription	DMS-679
Medical Transportation and Personal Assistant Verification	DMS-616
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	DMS-633
Notice Of Noncompliance	DMS-635
NPI Reporting Form	DMS-683
Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral	DMS-640
Ownership and Conviction Disclosure	DMS-675
Personal Care Assessment and Service Plan	DMS-618 English DMS-618 Spanish
Practitioner Identification Number Request Form	DMS-7708
Prescription & Prior Authorization Request For Nutrition Therapy & Supplies	DMS-2615
Primary Care Physician Managed Care Program Referral Form	DMS-2610
Primary Care Physician Participation Agreement	DMS-2608
Primary Care Physician Selection and Change Form	DMS-2609
Procedure Code/NDC Detail Attachment Form	DMS-664
Provider Application	DMS-652
Provider Communication Form	AAS-9502
Provider Data Sharing Agreement – Medicare Parts C & D	DMS-652-A
Provider Enrollment Application and Contract Package	Application Packet

Form Name	Form Link
Quarterly Monitoring Form	<u>AAS-9506</u>
Referral for Audiology Services – School-Based Setting	<u>DMS-7783</u>
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	<u>DMS-2634</u>
Referral for Medical Assistance	<u>DMS-630</u>
Request for Appeal	<u>DMS-840</u>
Request for Extension of Benefits	<u>DMS-699</u>
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	<u>DMS-671</u>
Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21	<u>DMS-602</u>
Request for Molecular Pathology Laboratory Services	<u>DMS-841</u>
Request For Orthodontic Treatment	<u>DMS-32-0</u>
Request for Private Duty Nursing Services Prior Authorization and Prescription – Initial Request or Recertification	<u>DMS-2692</u>
Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21	<u>DMS-601</u>
Research Request Form	<u>HP-0288</u>
Service Log – Personal Care Delivery and Aides Notes	<u>DMS-873</u>
Sterilization Consent Form	<u>DMS-615 English</u> <u>DMS-615 Spanish</u>
Sterilization Consent Form – Information for Men	<u>PUB-020</u>
Sterilization Consent Form – Information for Women	<u>PUB-019</u>
Upper-Limb Prosthetic Evaluation	<u>DMS-648</u>
Upper-Limb Prosthetic Prescription	<u>DMS-649</u>
Vendor Performance Report	<u>Vendorperformreport</u>
Verification of Medical Services	<u>DMS-2618</u>

In order by form number:

<u>AAS-9502</u>	<u>DMS-2618</u>	<u>DMS-618</u>	<u>DMS-675</u>	<u>DMS-873</u>
<u>AAS-9506</u>	<u>DMS-2633</u>	<u>Spanish</u>	<u>DMS-673</u>	<u>ECSE-R</u>
<u>AAS-9559</u>	<u>DMS-2634</u>	<u>DMS-619</u>	<u>DMS-679</u>	<u>HP-0288</u>
<u>Address</u>	<u>DMS-2647</u>	<u>DMS-628</u>	<u>DMS-679A</u>	<u>HP-AR-004</u>
<u>Change</u>	<u>DMS-2685</u>	<u>DMS-630</u>	<u>DMS-683</u>	<u>HP-CI-003</u>
<u>Autodeposit</u>	<u>DMS-2687</u>	<u>DMS-632</u>	<u>DMS-686</u>	<u>HP-CR-002</u>
<u>CMS-485</u>	<u>DMS-2692</u>	<u>DMS-633</u>	<u>DMS-689</u>	<u>HP-MFR-001</u>
<u>CSPC-EPSTD</u>	<u>DMS-2698</u>	<u>DMS-635</u>	<u>DMS-693</u>	<u>HP-MS-005</u>
<u>DCO-645</u>	<u>DMS-2704</u>	<u>DMS-638</u>	<u>DMS-699</u>	<u>MAP-8</u>
<u>DDS/FS#0001.a</u>	<u>DMS-32-A</u>	<u>DMS-640</u>	<u>DMS-699A</u>	<u>Performance</u>
<u>DMS-0101</u>	<u>DMS-32-0</u>	<u>DMS-647</u>	<u>DMS-7708</u>	<u>Report</u>
<u>DMS-0688</u>	<u>DMS-601</u>	<u>DMS-648</u>	<u>DMS-7736</u>	<u>Provider</u>
<u>DMS-102</u>	<u>DMS-602</u>	<u>DMS-649</u>	<u>DMS-7782</u>	<u>Enrollment</u>
<u>DMS-201</u>	<u>DMS-612</u>	<u>DMS-650</u>	<u>DMS-7783</u>	<u>Application</u>
<u>DMS-202</u>	<u>DMS-615</u>	<u>DMS-651</u>	<u>DMS-831</u>	<u>and Contract</u>
<u>DMS-2606</u>	<u>English</u>	<u>DMS-652</u>	<u>DMS-840</u>	<u>Package</u>
<u>DMS-2608</u>	<u>DMS-615</u>	<u>DMS-652-A</u>	<u>DMS-841</u>	<u>PUB-019</u>
<u>DMS-2609</u>	<u>Spanish</u>	<u>DMS-653</u>	<u>DMS-844</u>	<u>PUB-020</u>
<u>DMS-2610</u>	<u>DMS-616</u>	<u>DMS-664</u>	<u>DMS-845</u>	
<u>DMS-2615</u>	<u>DMS-618</u>	<u>DMS-671</u>	<u>DMS-846</u>	
	<u>English</u>			

Arkansas Medicaid Contacts and Links

Click the link to view the information.

[American Hospital Association](#)

[Americans with Disabilities Act Coordinator](#)

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

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

[Arkansas Department of Finance Administration, Sales and Tax Use Unit](#)

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

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

[Arkansas Department of Human Services, Division of Behavioral Health Services](#)

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

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

[Arkansas Department of Human Services, Children's Services](#)
[Arkansas Department of Human Services, Division of County Operations, Customer Assistance Section](#)
[Arkansas Department of Human Services, Division of Medical Services](#)
[Arkansas DHS, Division of Medical Services Director](#)
[Arkansas DHS, Division of Medical Services, Benefit Extension Requests, UR Section](#)
[Arkansas DHS, Division of Medical Services, Dental Care Unit](#)
[Arkansas DHS, Division of Medical Services, HP Enterprise Services Provider Enrollment Unit](#)
[Arkansas DHS, Division of Medical Services, Financial Activities Unit](#)
[Arkansas DHS, Division of Medical Services, Hearing Aid Consultant](#)
[Arkansas DHS, Division of Medical Services, Medical Assistance Unit](#)
[Arkansas DHS, Division of Medical Services, Medical Director for Clinical Affairs](#)
[Arkansas DHS, Division of Medical Services, Pharmacy Unit](#)
[Arkansas DHS, Division of Medical Services, Program Communications Unit](#)
[Arkansas DHS, Division of Medical Services, Program Integrity Unit \(PI\)](#)
[Arkansas DHS, Division of Medical Services, Provider Reimbursement Unit](#)
[Arkansas DHS, Division of Medical Services, Third-Party Liability Unit](#)
[Arkansas DHS, Division of Medical Services, UR/Home Health Extensions](#)
[Arkansas DHS, Division of Medical Services, Utilization Review Section](#)
[Arkansas DHS, Division of Medical Services, Visual Care Coordinator](#)
[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](#)
[ARKids First-B](#)
[ARKids First-B ID Card Example](#)
[Central Child Health Services Office \(EPSDT\)](#)
[ConnectCare Helpline](#)
[County Codes](#)
[Dental Contractor](#)
[HP Enterprise Services Claims Department](#)
[HP Enterprise Services EDI Support Center \(formerly AEVCS Help Desk\)](#)
[HP Enterprise Services Inquiry Unit](#)
[HP Enterprise Services Manual Order](#)
[HP Enterprise Services Pharmacy Help Desk](#)

[HP Enterprise Services Provider Assistance Center \(PAC\)](#)

[HP Enterprise Services 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](#)

[Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment](#)

[Health Care Declarations](#)

[Immunizations Registry Help Desk](#)

[Medicaid ID Card Example](#)

[Medicaid Managed Care Services \(MMCS\)](#)

[Medicaid Reimbursement Unit Communications Hotline](#)

[Medicaid Tooth Numbering System](#)

[National Supplier Clearinghouse](#)

[Partners Provider Certification](#)

[Primary Care Physician \(PCP\) Enrollment Voice Response System](#)

[Provider Qualifications, Division of Behavioral Health Services](#)

[QSource of Arkansas](#)

[Select Optical](#)

[Standard Register](#)

[Table of Desirable Weights](#)

[U.S. Government Printing Office](#)

[ValueOptions](#)

[Vendor Performance Report](#)

