gainwell

Arkansas Medicaid Provider Portal Application Instructions

May 20, 2021

Table of Contents

Required Information and Documentation

During the process of completing your application to become an Arkansas Medicaid Provider, you will be asked to supply quite a bit of information about yourself or your provider group. You will also need to submit documentation specific to you or your group. To streamline your application process, it is best if you gather all the required information and documentation prior to beginning the application process.

Applications are divided into groups called Enrollment Types. Enrollment types are based on if the applicant will be practicing as an individual or as part of a group, or if the provider is atypical. Providers are grouped by "Provider Type". This refers to the type of services provided. Examples of provider types are Physicians, Long Term Care, Nurse Practitioner, or Oral Surgeon. Providers are further grouped by "Provider Specialties". Some provider types have only one provider specialty, others have many. The "Physician" provider type has by far the most provider specialties.

Each provider type has an assigned two-digit code. In this document, this is referred to as the Provider Type Code. Provider specialties also have an assigned two-digit code called the Provider Category.

Once you have identified your provider type and provider specialty, you can use the Required Documents Finder to identify your Enrollment Type options, Provider Type Code, Provider Category and all of the documents you are required to submit with your application.

Some documents have special requirements such as specific signatures, dates or formats. Be sure to verify that your documents meet all the requirements listed in the Document Specifications table below. Once you have completed all of your documents, you will need to scan each document individually to your computer to create a separate digital copy. You will upload each of these digital copies in the Attachments and Fees section of the online application process.

Prior to starting your application on the Provider Portal, be sure to:

- Have electronic copies of all Required Documents
- Know the following information
    - Enrollment Type
    - Provider Type Code (based on the type of services you provide)
    - Provider Category Code (based on your specialty)
    - National Provider Identifier
    - Taxonomy Codes
    - Tax ID - either Employer Identification Number or Social Security Number
    - License Number

Document Specifications

Document	Description
ACA Fee	Payment required for all high risk provider groups. This is a non-refundable application processing fee mandated by the Affordable Care Act. This fee must be paid online when completing the application. If you have already paid the ACA Fee to another agency such as Medicare or another state Medicaid, you can have your fee waived for Arkansas Medicaid. To receive the waiver, you will need to submit a letter, signed by the applicant, attesting that your fee has already been paid and to whom the fee was paid. ***In order to waive the fee, your letter must be scanned and uploaded to the online application.***
Certification (Cert)	Current certification from the certifying board. May vary based on type/specialty. Some types/specialties list specific certifying agencies. ***Must be scanned and uploaded to the online application.***
CMS/DAAS/Provider Agreement	Three way agreement between CMS, DAAS, and the Provider. Authorizes the provision of PACE services. ***Must be scanned and uploaded to the online application.***
Contract	Agreement to participate in Medicaid is required for all providers. Must include: • Arkansas Medicaid Contract (DMS 653) • Ownership and Conviction Form (DMS 675) • Discloser of Significant Business Transactions Form (DMS 689) • Electronic Funds Transfer (EFT) (Automatic Deposit) Form ***DMS Forms 653, 675, 689 and the EFT Form are part of the electronic application and can be electronically signed and dated via the online application.***
DEA	Assigned by the Federal Drug Enforcement agency. All Pharmacies are required to include their DEA number on their application.
Department of Education Letter	Letter on behalf of the provider from the Arkansas Department of Education granting the authority to provide services. ***Must be scanned and uploaded to the online application.***
EPSDT	EPSDT Agreement Form (DMS 831) must be signed and dated. ***Must be scanned and uploaded to the online application.***
Fingerprints	Federal fingerprint-based background checks are required for all high risk providers (and their owners who have a 5% or greater direct or indirect ownership interest). Contact one of the below vendors to process electronic fingerprinting. - Arkansas Live Scan - Hixson Adventure - Fitness & Tactical Academy ***Fingerprints cannot be submitted on the online application. Follow instructions provided by the vendor to process your fingerprints.***
First Connects Enrollment Form	Application to provide Early Intervention Services. ***Must be scanned and uploaded to the online application.***
Fluoride	Fluoride Varnish Certification must be provided in order to provide fluoride treatments. ***Must be scanned and uploaded to the online application.***
IRS Letter	Group applicants must provide an IRS letter for each Tax ID number included in the application. ***Must be scanned and uploaded to the online application.***
License	Current license from the professional licensing board. May vary by type/specialty. Some types/specialties list specific license types. ***Name on license must perfectly match all other documentation.*** ***Must be scanned and uploaded to the online application.***
Malpractice/Liability Insurance	Must provide proof that the provider is covered with Malpractice/Liability Insurance. ***Must be scanned and uploaded to the online application.***
Medicare	Some providers must also be enrolled in Medicare to enroll in Medicaid. No document required, but Medicare enrollment must be completed first.

PCP Required	Managed Care Primary Care Physician Agreement Form (DMS 2608). A maximum of 20 counties may be selected. Must be signed and dated. ***Must be scanned and uploaded to the online application.***
Practitioner ID Request Form	Practitioner Identification Number Request Form (DMS 7708). ***Must be scanned and uploaded to the online application.***
Section II: Pharmacy Facilities Form	Division of Medical Services Medial Assistance Program Provider Application: Section II: Facilities Only Form (DMS 652). ***Must be scanned and uploaded to the online application.***
Section III: Pharmacy Respiratory Therapist	Division of Medical Services Medial Assistance Program Provider Application: Section III: Pharmacists/Registered Respiratory Therapist Only Form (DMS 652). ***Must be scanned and uploaded to the online application.***
Section IV: Group Affiliation Form	Division of Medical Services Medial Assistance Program Provider Application: Section IV: Provider Group Affiliations Form (DMS 652) ***Must be scanned and uploaded to the online application.***
SOS/Articles for DBA Groups	Secretary of State documentation of Doing Business As (DBA). ***Must be scanned and uploaded to the online application.***
Supervisory Letter	Letter from supervisor authorizing the provision of services. ***Must be scanned and uploaded to the online application.***
Surety Bond	Must provide proof of position of Surety Bond as required by CMS. ***Must be scanned and uploaded to the online application.***
EFT with Voided Check or Bank Letter	All providers who will bill Medicaid directly must enroll in EFT. To complete the Electronic Funds Transfer (EFT) enrollment, provide a voided check for the account listed for EFT. The name on the check ***must match*** the name on the application. If a check that matches the applicant is not available, substitute a letter from the bank that lists the account number on the EFT request ***and*** the name of the applicant as an authorized user for that account. ***Must be scanned and uploaded to the online application.***
W9	Request for Taxpayer Identification Number and Certification (W9). Must include: • Provider Name (middle name must be initial only) which must match the name on the application • Address • Social Security Number (Individual Provider) or Tax ID Number (Provider Group) • ***Signature with Date*** ***Must be scanned and uploaded to the online application.***

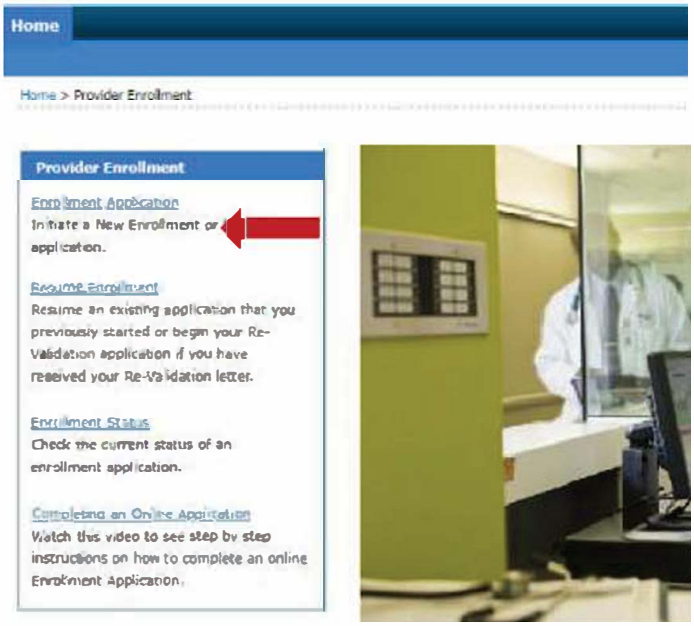
Processing an Online Application

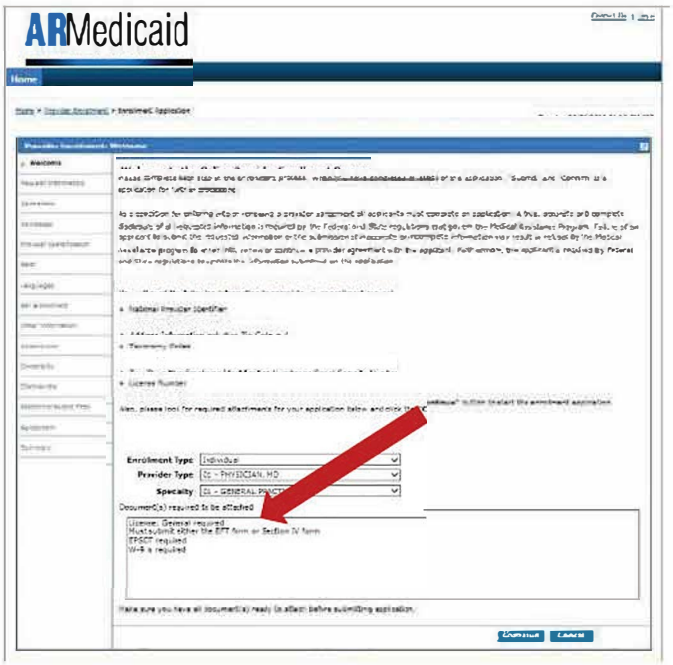
The online application has red asterisks to indicate required fields. However, there may be fields that have a red asterisk that do not apply to your provider type. If a field or dropdown does not apply to your provider type, leave it blank and continue, regardless of the red asterisk.

Accessing the Medicaid Provider Application on the Provider Portal

Access the AR Medicaid Provider Portal by clicking here.

If you would like to watch a video of the application process, you can click on "Completing an Online Application". If you prefer to use this guide and continue directly to the application, select "Enrollment Application".



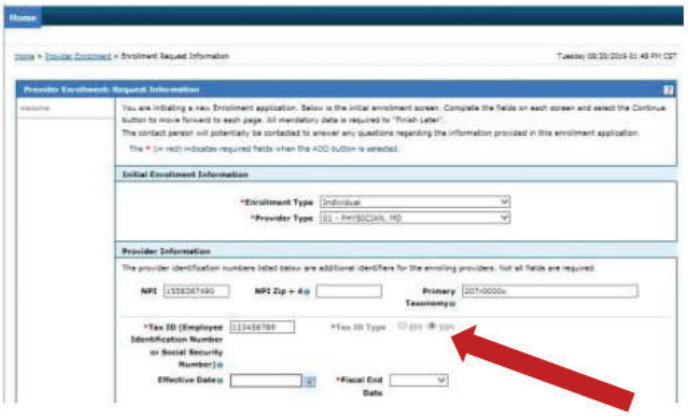


Welcome Section of the Application

You will first be prompted to choose/enter your enrollment type, provider type, specialty, NPI (if required), and tax ID. You can find your type and specialty in the Required Documents Finder. After completing these, click continue, and you will be navigated to the Welcome section.

The Welcome section provides some instructions and lists some of the information you need to have ready to complete the application. Your required attached documents will be listed under Document(s) required to be attached. Once you are ready, click Continue.

Request Information Section



Enter all applicable information in the Provider Information section.

If you are enrolling as an Individual provider, you will notice the SSN has already been selected and cannot be changed. All individuals must enroll with their social security number. Individual providers will use their date of birth as the effective date of their social security number (SSN).

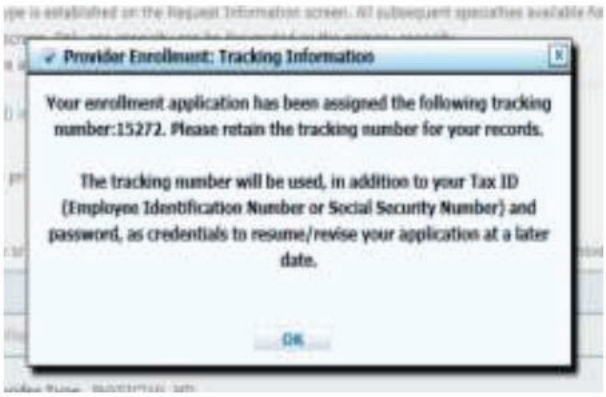
Group and organizational providers will use their Employer Identification Number as their Tax ID and the date on their IRS letter will be the effective date.

Note: An IRS letter must be provided in the attachments for each tax ID listed.

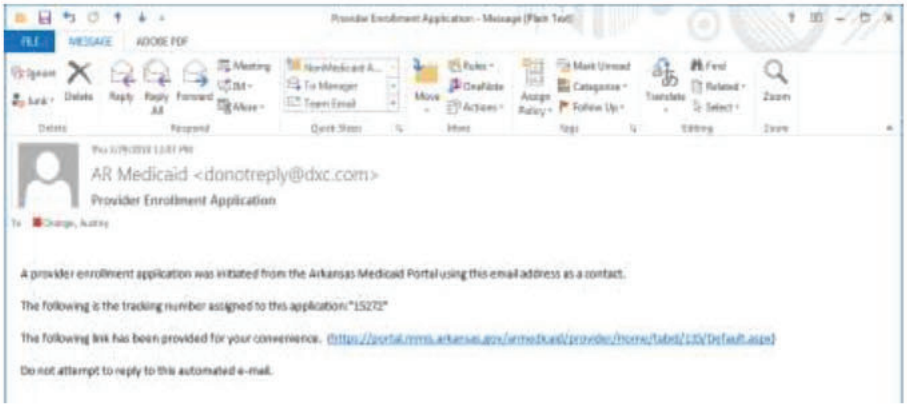
Complete the Contact Information section, then create a password and answer the security questions. This will create your login for the Provider Portal.

Remember your password and the answers to your security questions, as these cannot be reset or recovered.

Click Continue, and a Tracking Information dialog box will appear. This will give the Application Tracking Number (ATN) that has been assigned to this application.



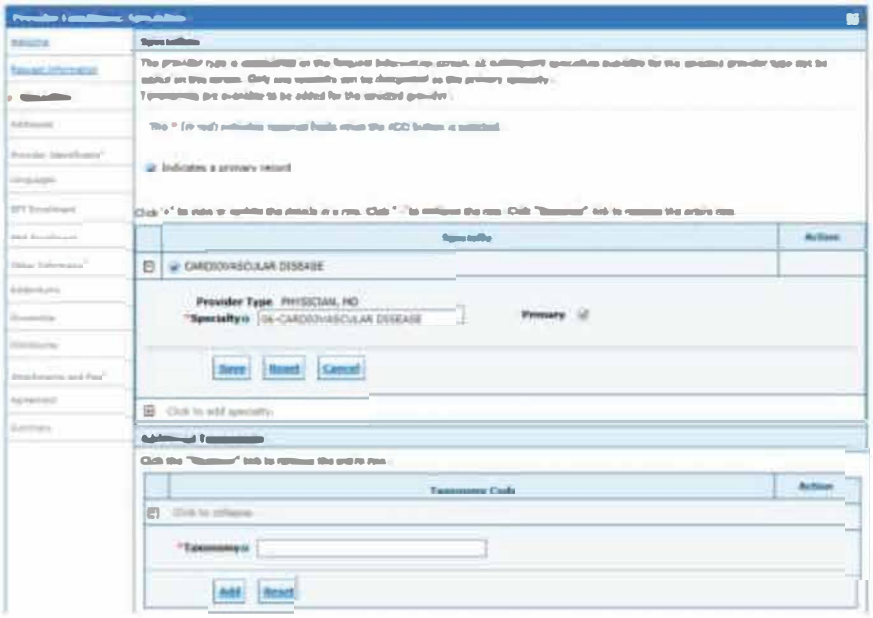
You will also receive an email with the ATN.



Specialties and Taxonomies Sections

On the specialties page, the specialty you selected from the Required Documents Finder prior to starting your application will be populated. You can badd other specialties if necessary. At least one specialty must be marked as primary.

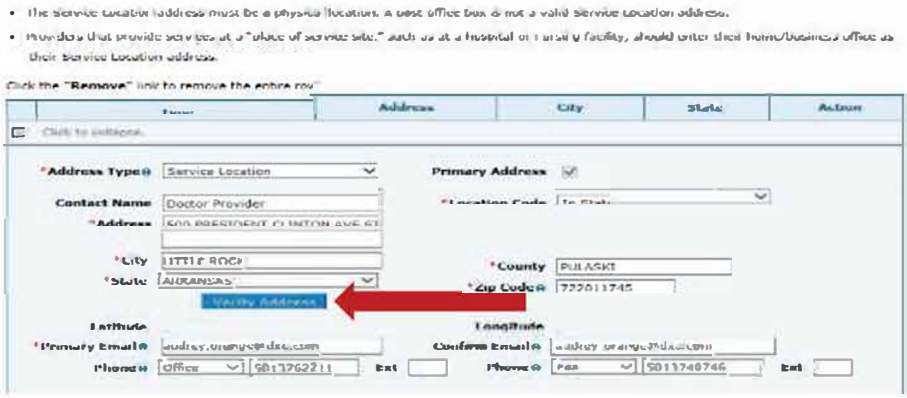
Additional Taxonomies is only for providers with more than one taxonomy code. If you only use one taxonomy code, leave this section blank.



Addresses Section

Enter your service location address and click the Verify Address button. You must verify the address before clicking Add.

A dialog box will appear that lets you know if the address has been entered in a valid format.



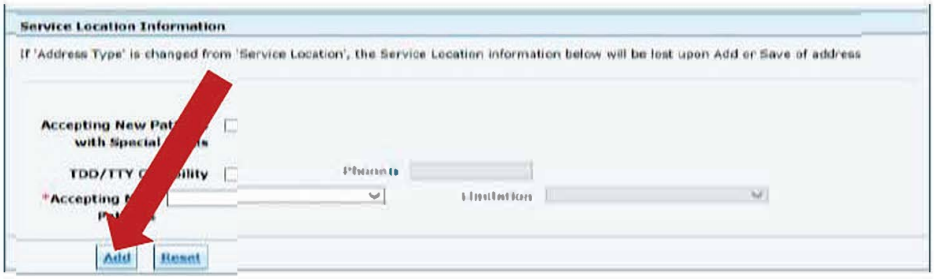
You can choose to use your original address, or the USPS suggested address. It is recommended to use the USPS suggested address.

If you want to keep the address in the format that you keyed it, click the Use Original Address button.

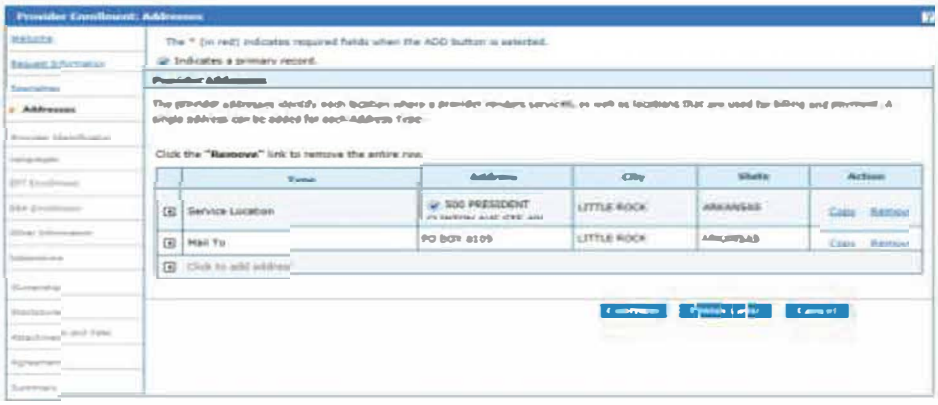
If you want to use the address format suggested by the USPS, click the Select button.

Select an option from the Accepting New Patients drop down menu, and then click Add.

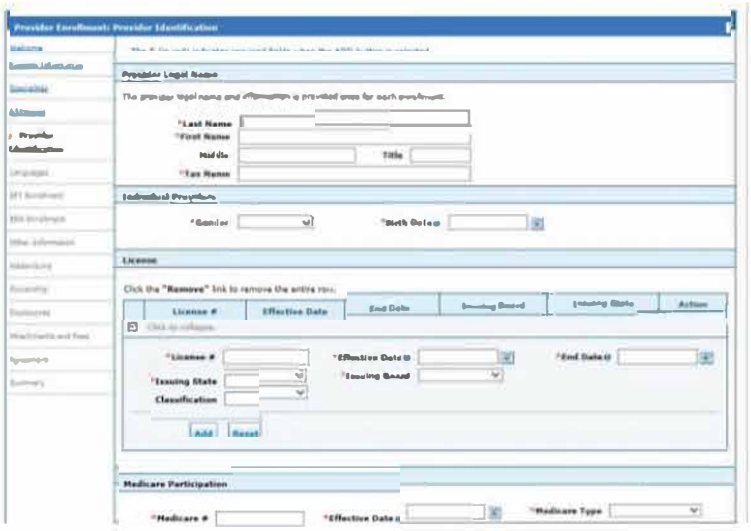
Repeat the same steps to add any other addresses.



Once all addresses are entered, click continue.



Provider Identification Section



NOTE: Only Enter Medicare and/or CLIA information if it is required for your provider type.

Enter the enrolling providers First and Last Name. Include a middle initial if a middle initial is listed on the W9 you will be uploading.

In the Tax Name field, key the name of the individual provider or the name of the business/group.

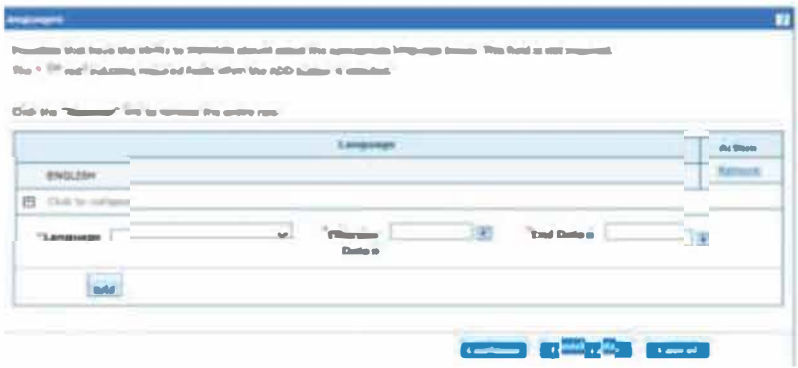
Choose gender and enter the date of birth.

Enter all license information as it appears on the license. If your license issuing board is NOT listed in the drop-down box, select "UNKNOWN" from the list.

Click the Add button after entering your license information.

Languages Section

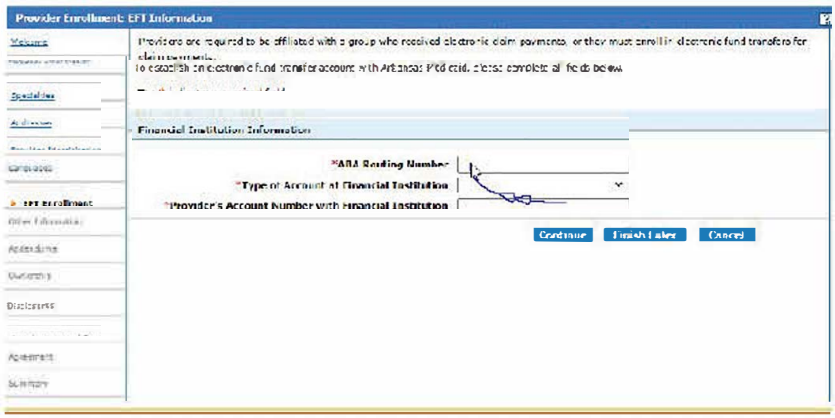
Select a language from the drop-down menu. The effective date is the date of the application, the expiration date is the default “open” date of 12/31/2299.



EFT Enrollment Section

EFT (Electronic Funds Transfer) Enrollment allows Medicaid to deposit payments directly into your bank account. You may recognize this as a “direct deposit”.

Per Medicaid policy, Medicaid will only submit payment to providers using direct deposit. Therefore, all providers who plan to bill Medicaid are required to sign up for direct deposit.



Some Medicaid providers can render services but do not bill Medicaid directly. In these cases, the provider’s group bills Medicaid, Medicaid pays the group via direct deposit, and the group distributes the funds to their individual providers. If this case applies to you, you do not have to sign up for direct deposit.

NOTE: You must provide either a voided check or bank letter to verify the account you listed in EFT Enrollment. The name on the check/bank letter must match the name of the applicant. For more information, see the Required Documents Finder.

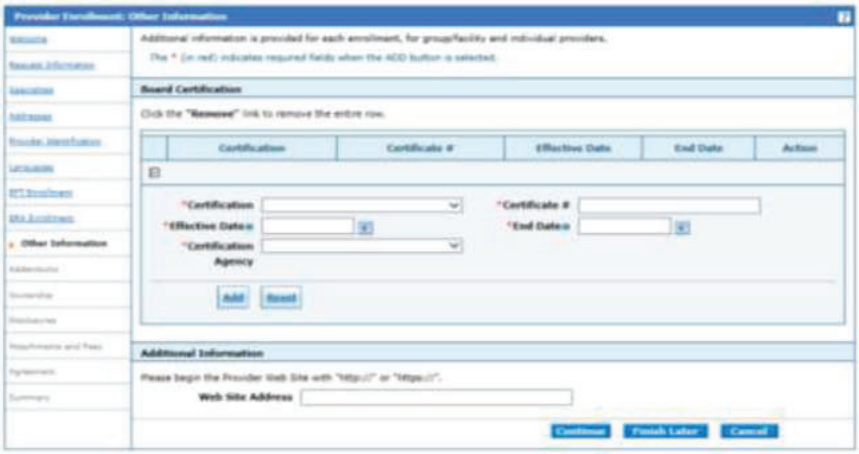
Complete all required fields and click Continue.

Other Information Section

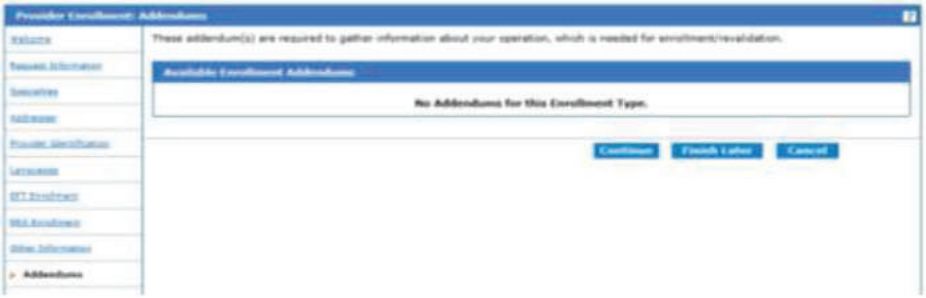
If your provider type does *not* require any certifications, do not enter anything under Board Certification, regardless of the red asterisks. If your provider type does require a certification, enter all data and click Add.

If you have a Web Site Address, enter it ensuring that you begin with “http://” or “https://”.

Click Continue.



Addendums Section



If any addendums are needed, they will be listed here. Any addendums listed must be completed before continuing.

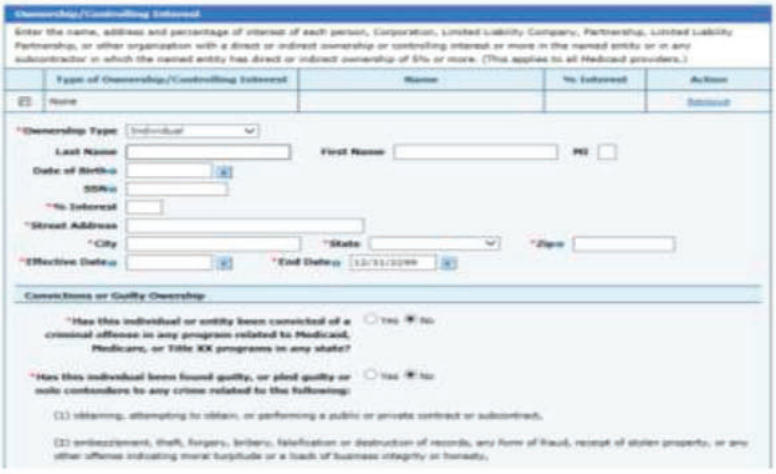
If nothing is listed, click Continue.

Ownership Section

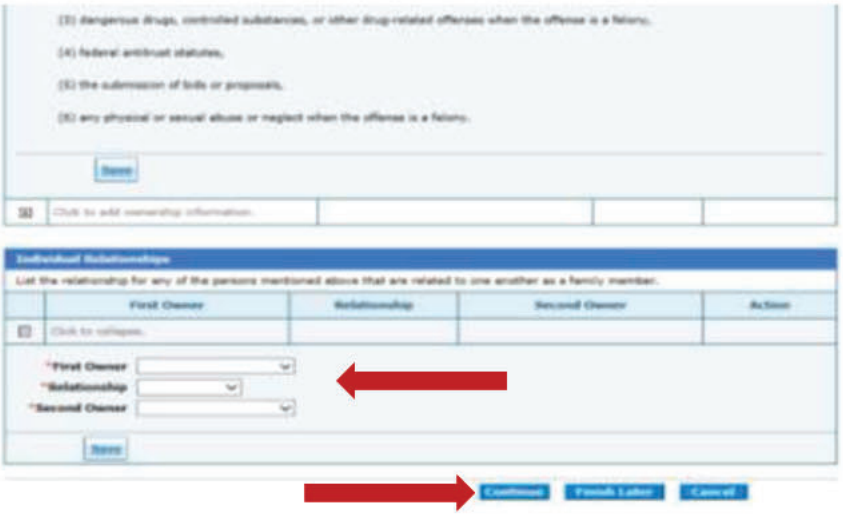
Click the Add button and select the appropriate Ownership Type.

If you are enrolling an individual, the effective date will be the owner's date of birth. If you are enrolling a group, use the date on the group’s IRS letter.

Repeat the steps for each owner. You must click Save after each entry.

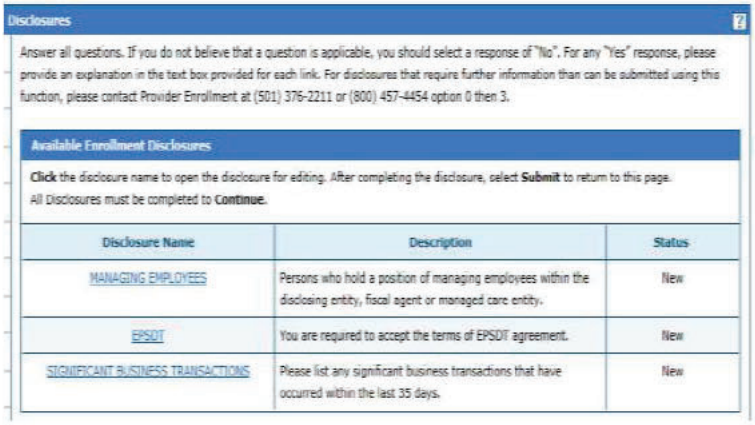


Only enter Individual Relationship information if applicable.
Click Continue.



Disclosures Section

Click on each item in the Disclosure Name column to open the item. You must complete each form before continuing.



Managing Employees

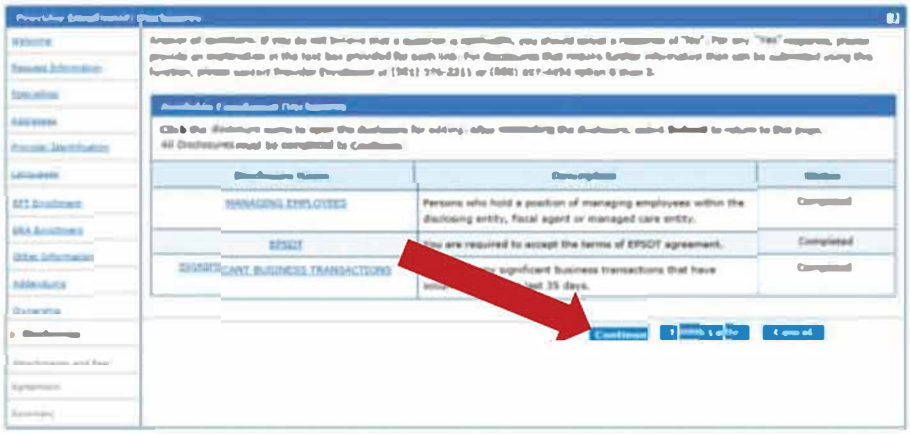
If you are enrolling an individual provider, you will select “No” in the Managing Employee form.

If you are enrolling a group or organization, select “Yes” and enter the information of the manager at that location.

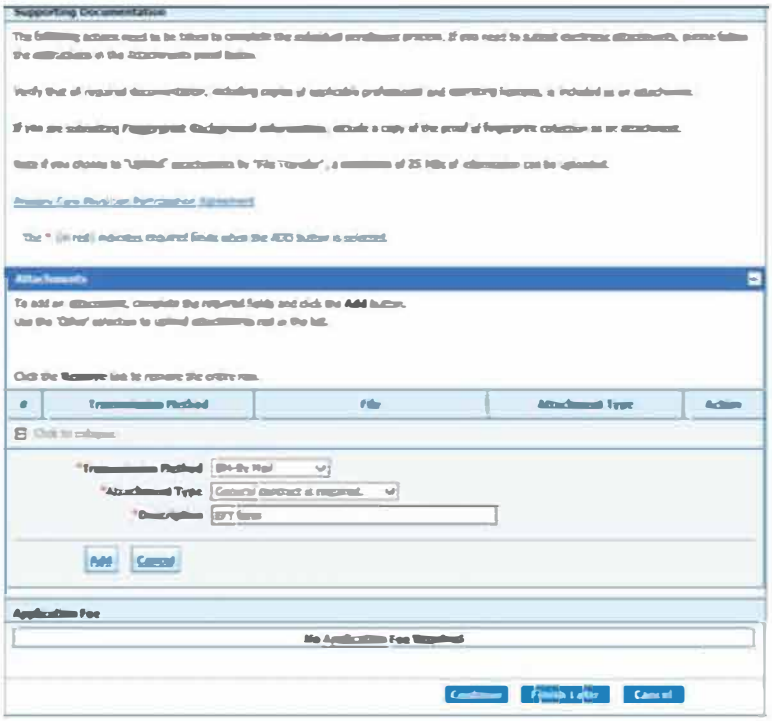
Click Add, then click Submit. After submitting, you will be navigated back to the Disclosure page.

Repeat the steps for the EPSDT and Significante Business Transactions disclosure items until the status for each reads “Completed.”

Click Continue.



Attachments and Fees Section



Providers must upload their required documents.

To ensure timely processing, all required documents (except fingerprints) must be uploaded as attachments. NOTE: All required attachments are listed as such in the Attachment Type dropdown and *must* be included before continuing the application. Any attachment listed as “(OPTIONAL)” is not required.

Refer to the Required Information and Documentation and Document Specifications sections at the beginning of this document as well as the Required Documents Finder for a list of attachments and requirements.

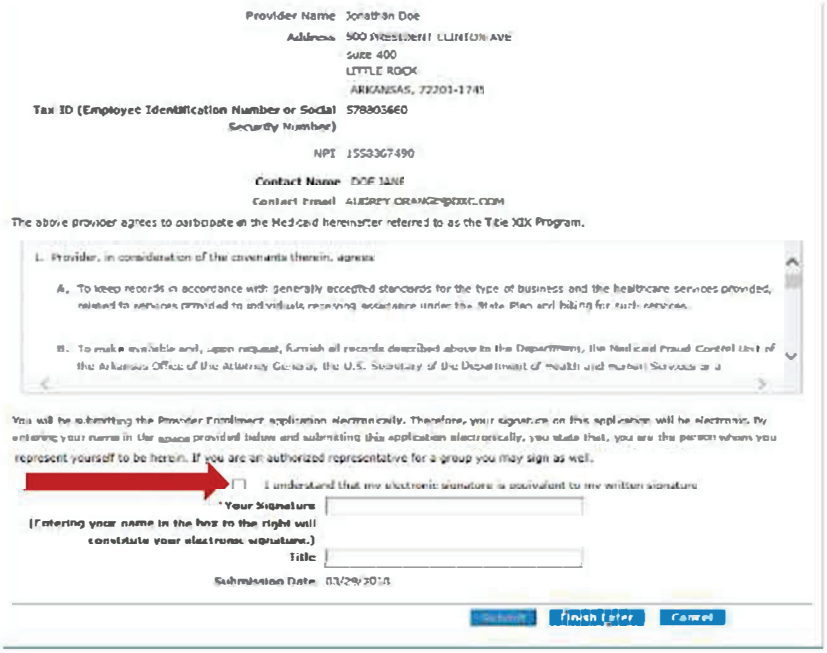
For each attachment, select the Transmission Method and Attachment Type. Type in a Description of the document you are attaching. Browse for and upload the document, then click Add. Repeat auntil all required documents are attached. *NOTE: Each file is limited to 5 MB.*

If your provider type requires an application fee, follow the instructions for submission. If not, click Continue.

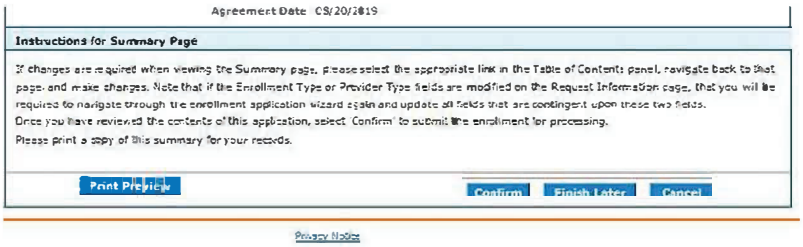
Agreement Section

In the Agreement section, click the “I accept” check box to indicate your agreement to all terms.

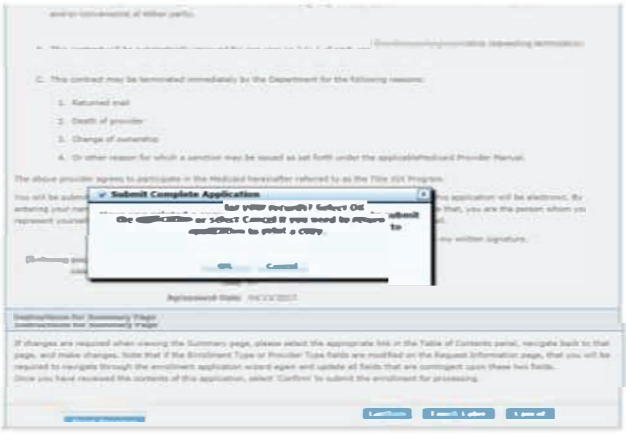
The “Your Signature” field is a legally binding electronic signature. If you are enrolling as an individual, you must sign your name. If you are a group, the signature must be from a person authorized to sign on behalf of the group and should be who completing this application.



Sign the contract electronically and click Submit.

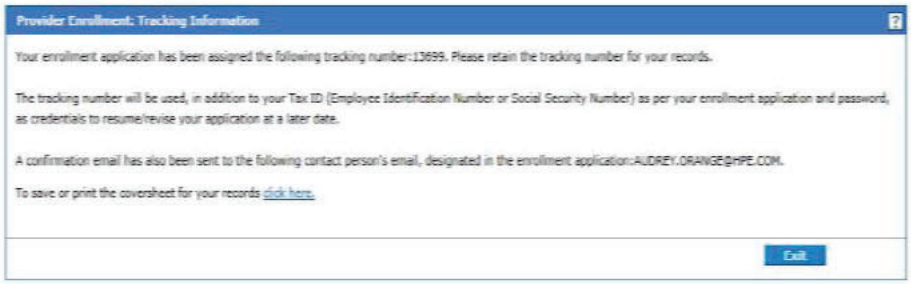


The entire application will populate for your review. You can print a copy of the application for your records. If you see any errors on the application, follow the Instructions for Summary page rules for making changes. If the application is correct, click Confirm.



A dialogue box will pop up asking if you have printed a copy of the application for your records. You can click cancel if you still need to print, or you can click OK to submit the application.

The last page of the application will give you the ATN and a link to print the application cover sheet.



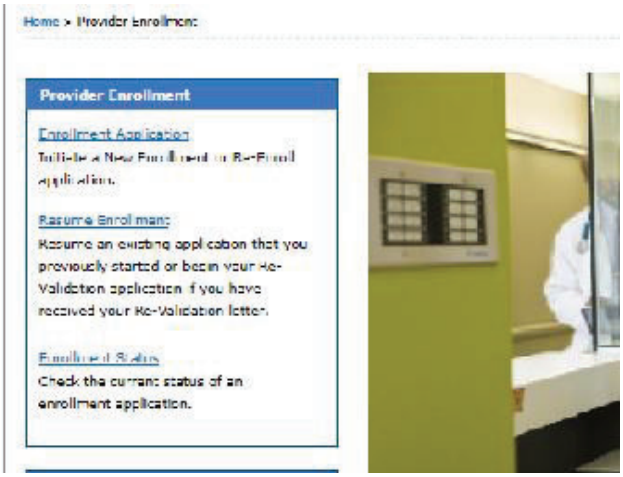
You must print the cover sheet and include it with any attachments you mail in. We highly recommend electronically uploading your attachments to ensure timely processing of your application. If you use multiple envelopes to mail in attachments, a cover sheet must be included in each envelope.

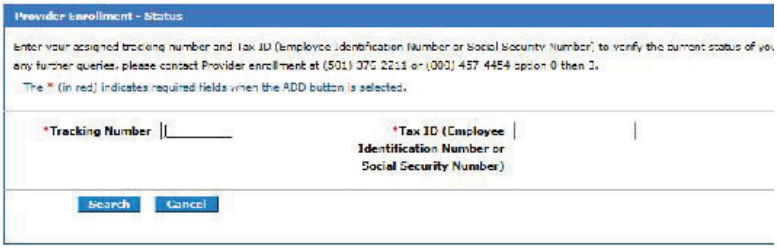
If you are mailing in attachments for your online application, please mail them to provider enrollment within one week of submitting your online application. If your initial attachments are not received within two weeks, your application will be cancelled, and you will have to start another application. **Faxed applications and supporting documentation are not accepted.**

Checking Application Status

To check the status of your application, go to the AR Provider Portal homepage and click Provider.

Then click Enrollment Status.





Enter your Tracking Number (ATN), SSN, or tax ID, and click Search.

If you have questions, you can contact Provider Enrollment.

Hours of Operation: M-F, 8am – 5pm

Local and In-state: 501-376-2211

In-state only: 1-800-457-4454

Mailing address:

Attn: Provider Enrollment

PO Box 8105

Little Rock, AR 72203-8105