

Provider Enrollment

U.S. State & Local Human Services



Agenda

New Enrollments/Re-Enrollments

Revalidations

Expired Credentials

EFT Requirements

Top 5 reasons update request get denied

Top 5 reasons applications get RTP'd

Submitting Updates and Applications

Updated Provider Enrollment Documents

The difference between enrolling, revalidating, and re-enrolling in Arkansas Medicaid as a provider:

New Enrollment:

- This is for providers who are applying to participate in Arkansas Medicaid for the first time. You'll need to submit all required documents and information so the Medicaid program can determine if you meet the qualifications to provide services to Medicaid patients.

Revalidation:

- Revalidation is required for providers who are already enrolled but need to renew their status. Medicaid programs require revalidation every 5 years to make sure that providers are still meeting all the necessary requirements and qualifications to stay in the program.

Re-enrollment:

- Re-enrollment happens when a provider was previously enrolled in Medicaid but their enrollment status has expired or been terminated. In this case, you need to apply again, similar requirements to a new enrollment, to participate in Medicaid.

In short:

- **New Enrollment** = First-time application.
- **Revalidation** = Renewing your status every 5 years.
- **Re-enrollment** = Applying again after your enrollment was terminated or expired.

Revalidations

- Providers due for revalidation will receive a 30, 60, and 90 day letter.
- Revalidation due dates can be viewed on the portal login.
- Pre-filled revalidation applications will be available on the portal with a hyper link below their due date.
- Providers who don't submit their revalidation application by the deadline will be terminated.

The screenshot displays a user interface for a provider. At the top, there is a 'User Details' section with a welcome message 'Welcome tsts provider' and two menu items: 'My Profile' and 'Manage Accounts'. Below this is a 'Provider' section showing the provider's name, ID (930105755), and a revalidation due date of 08/19/2023. A yellow warning banner highlights the revalidation date. At the bottom, there is a 'Characteristics' menu item and another yellow warning banner labeled 'Re-Validation'.

User Details

Welcome tsts provider

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name

Provider ID 930105755

Revalidation 08/19/2023
Date

▶ [Characteristics](#)

Re-Validation

Expired Credentials

- Providers with an expired License/Cert/DEA will be sent a 30 day notification.
- Current License/Cert dates can be viewed on the portal login.
- Providers who don't submit their expired credentials by the deadline will be terminated.
- If the provider is terminated for expired credentials, they can submit the Lic/Cert credentials requested within 6 months of their termination and be reactivated with no gap in coverage.
- Recommend to submit the updated documents through the portal.

The screenshot shows a user profile page with two main sections: 'User Details' and 'Provider'. The 'User Details' section includes a welcome message and links for 'My Profile' and 'Switch Provider'. The 'Provider' section displays the provider's name, ID, revalidation date, license information, and certification information.

User Details	
Welcome	First Name, Last Name
My Profile	
Switch Provider	

Provider	
Name	First Name, Last Name
Provider ID	180020002 (NPI)
Revalidation Date	01/19/2028
License	SP0011 (Expiration Date: 06/30/2024)
Certification	990011 (Expiration Date: 12/31/2023)
Characteristics	

Requirements for submitting EFT

Submitting EFT doesn't change who the claim is paid to Individual VS Group. The claim will pay to the provider listed as the biller on the claim.

Individual Providers:

- Completed EFT Form
- Must submit voided check or bank letter with EFT form.
 - Voided Check: Voided check must match the individuals name on the application or must submit a bank letter.
 - Bank Letter:
 - Must be signed by the bank.
 - Needs to include the following information: account holder name, account number, routing number.
 - If the account name doesn't match the individual providers, then the letter needs to detail the individual has depositing rights into the account.
- Its often easier to submit the individuals EFT information under their personal account rather than submitting the groups.

Group/Facility Providers:

- Completed EFT Form
- Must submit voided check or bank letter with EFT form.
 - Voided Check: Voided check must match the groups legal name or DBA on the application or must submit a bank letter.
 - Bank Letter:
 - Must be signed by the bank.
 - Needs to include the following information: account holder name, account number, routing number.
 - If the account name doesn't match the groups legal name or DBA name listed on the application, then the letter needs to detail the individual has depositing rights into the account.

Top 5 reasons applications get RTP'd

EFT information

- EFT form not being submitted with the voided check or bank letter.
- Voided Check not matching enrolling provider name.
- Bank Letter not signed by the bank or the bank letter not listing the individual provider as having depositing rights if the account holder doesn't match the enrolling provider.

Individual Providers W9

- W9 submitted for individual providers with the group's name and FEIN tax ID instead of the enrolling provider name and SSN.

Submitting Individual providers under the wrong SSN or TAX ID

- Providers with the incorrect SSN or providers listing their groups FEIN for their SSN.

IRS letters for groups submitted to be enrolled.

- IRS letter is required for all FEIN TAX IDs submitted and any FEIN listed on the ownership disclosure. For example, any business FEIN tax ID listed as the enrolling provider or an owner on the application.

Section IV Forms

- Section IV form missing for applicable group enrollments.

Benefit of using Portal for applications & update requests

The portal is the most efficient way to submit applications or update request.

Submissions can be tracked online

- Search previous submissions on update request online to see if they are approved or denied.
- Review the status of your application and see any request for corrections/documentation pending for the application.

Reduction of errors on submitted applications

- The online wizard will help guide you through the required information and provide a list of supporting documents needed based on the provider type and specialty being applied.

General requirements for individuals (Excluding PT 95)

1. **Contracts & Disclosure Electronic Submission:**

The portal allows groups/organizations to electronically complete contracts, disclosures, and significant business transactions.

Tip: Ensure all electronic submissions are reviewed for accuracy before finalizing.

2. **Licensing Professional License:** A current and valid license in the provider's specialty is required.

3. **Tax Documentation**

W-9 Form: Must be completed using the individual's name and Social Security Number (**SSN**).

Signature: The form must be signed by the individual provider.

Signature:

A managing individual or a listed owner must sign the form.

4. **Eft or Section IV**

– **Electronic Funds Transfer (EFT):**

Required to set up direct deposit for reimbursements. Ensure all specified banking details are included.

– **(Section IV - When Applicable)**

List at least one owner and managing individual on the ownership disclosure form.

**Additional requirements specific to provider types and specialties can be found here or listed in the application submission details through the portal.

[Required Documents Finder](#)

General requirements for groups/organizations

1. Contracts & Disclosure Electronic Submission:

The portal allows groups/organizations to electronically complete contracts, disclosures, and significant business transactions.

Tip: Ensure all electronic submissions are reviewed for accuracy before finalizing.

2. Tax Documentation

W-9 Form:

Must be completed using the **legal business name** and **FEIN (Federal Employer Identification Number)**.

IRS Documentation:

An IRS letter for the enrolling group/organization is required.

Additional IRS letters may be needed for any group/organizational owners listed on the ownership disclosure.

Signature:

A managing individual or a listed owner must sign the form.

3. Electronic Funds Transfer (EFT):

Required to set up direct deposit for reimbursements. Ensure all specified banking details are included.

4.(Section IV - When Applicable)

List at least one owner and managing individual on the ownership disclosure form.

**Additional requirements specific to provider types and specialties can be found here or listed in the application submission details through the portal.

[Required Documents Finder](#)

Linking Provider Types to a Group

- **Eligible Provider Types For BH:**

- Which provider types can be linked (e.g., group practices, multi-disciplinary teams).

Section IV Group Linkage for PT 19 & 95 NW		
02 & 04 MD Groups		
Provider Type	Specialty	Specialty Desc.
19	62	Independently Lic Practitioner (ILP) - LPE-I, LP
19	R5	Independently Lic Practitioner (ILP) - LMFT
19	W2	Independently Lic Practitioner (ILP) - LPC
19	WI	Independently Lic Practitioner (ILP) - LCSW
19	RD	Licensed Alcohol and Drug Abuse Counselor
95	NW	Non-Independently Licensed Clinicians - PLMSW, LMSW, LAC, Provisional Psychology

Section IV Group Linkage for PT 19		
44 Behavioral Health Group		
Provider Type	Specialty	Specialty Desc.
19	62	Independently Lic Practitioner (ILP) - LPE-I, LP
19	R5	Independently Lic Practitioner (ILP) - LMFT
19	W2	Independently Lic Practitioner (ILP) - LPC
19	WI	Independently Lic Practitioner (ILP) - LCSW
19	RD	Licensed Alcohol and Drug Abuse Counselor

Section IV Group Linkage for PT 06 Autism		
06 Autism (Group)		
Provider Type	Specialty	Specialty Desc.
06	AW	Consultant
06	AX	Lead-Line Therapist

Section IV Group Linkage for PT 90 Autism Treatment		
90 Autism Treatment (Group)		
Provider Type	Specialty	Specialty Desc.
90	BC	Autism Behavior Treatment EPSDT

Who Should Apply for a PIN?

Provider Type	Provider Type Desc.	Specialty	Specialty Desc.
95	Registered, Noncredentialed Providers	NW	Non-Independently Licensed Clinicians (PLMSW, LMSW, LAC, Provisional Psych)
95	Registered , Noncredentialed Providers	NT	Qualified Behavioral Health Provider (QBHP)
95	Registered , Noncredentialed Providers	BP	Board Certified Behavior Analyst Paraprofessional

What is a pin?

- A PIN is often called the ID a provider receives when applying for a PT 95. It is the same as their **Medicaid ID**. PIN ID and Medicaid ID refer to the provider's individual Medicaid ID.

PDF Fillable Provider Enrollment Forms/Documents.

Provider enrollment forms are now a PDF fillable format with an digital signature built into the form.

Using the new PDF editable forms will help reduce errors from handwriting and be more efficient to submit without having to print the form.

Please make sure you are using the most current version when submitting applications or updated.

To use the digital signature the document must be saved on the computer or device first.



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SECTION IV: PROVIDER GROUP AFFILIATIONS

- (23) If the applicant is affiliated with a group practice or an organization that is authorized to submit Medicaid claims on their behalf, the applicant must complete this section and sign the Appointment of Billing Intermediary Statement. Add extra sheets if necessary.

Brickey	Tyler		DO
Last Name	First Name	M.I.	Title
Arkansas Department of Health			
Group Organization Name			
100050002			
Group Provider ID Number			
05/01/23			
Effective Date (Date Provider Joined Group)	Expiration Date (Date Provider Left Group)		

The undersigned Provider authorizes the above-listed Group Practice Organization to submit claims to the Arkansas Division of Medical Services (hereinafter the Division) on his/her/its behalf, in accordance with the applicable Division regulations. The Provider also authorizes the Division to issue payment checks on his/her/its behalf to the above listed Group Practice Organization, in accordance with applicable Division requirements.

The Provider accepts full liability to the Division for all acts committed by each Group Practice Organization listed above which relate in any manner to said Group Practice Organization's performance of duties in preparing and submitting claims on the Provider's behalf within the scope of its actual or apparent authority. Should any such acts result in the violation of any of the laws, rules or regulations governing the Medical Assistance Program or the Provider's agreement with the Division, the Provider shall be fully liable to the Division as if such acts were the Provider's own acts.

The Provider agrees to notify the Division at least ten days prior to the effective date of the revocation of this Appointment of Billing Intermediary. In such event, the Provider's liability for the acts of the Group Practice Organization shall continue until the tenth day after the Department's receipt of such notification or the effective date of the revocation, whichever date is later.

An original or approved electronic signature of the individual provider is mandatory. (No stamped or copied signature is allowed; "approved electronic signature" is described as those which comply with Arkansas Code § 25-31-103 et seq.)

Digitally signed by Tyler Brickey Date: 2023.08.15 13:18:50 -05'00'	MD	06/01/23
Provider Signature	Title	Date
Tyler Brickey	100100301	
Typed or Printed Name	Provider Medicaid ID	

Primary Care Physicians must complete the Primary Care Physician Agreement to have their managed care fees paid to a new group Provider ID Number.

Questions?



Thank you!