

Arkansas Department of Human Services (AR DHS)

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Provider Enrollment Updates

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Provider Enrollment Overview

Provider enrollment is the essential administrative process that healthcare professionals and organizations must complete to participate in the Arkansas Medicaid program. Managed by the Arkansas Department of Human Services through the online Health Care Provider Portal, this process allows providers to electronically submit initial applications, revalidate their credentials, and maintain ongoing program participation.

Provider Enrollment Overview

Steps for Success

- Initial, re-enrollment, and revalidation provider enrollment applications (except Long Term Care Facilities) must be submitted electronically through the provider portal
- All providers must revalidate at least every five years. Some will be required to revalidate more often
- When revalidating, submit your revalidation application at least **60 days** prior to the revalidation due date
- If you have questions during enrollment, call Arkansas Medicaid Provider Enrollment at (501) 376-2211 or toll free at (800) 457-4454

Provider Enrollment Overview

Steps for Success (Continued)

- When a required form is needed for enrollment, please use the current form
- Please read Official Notices- these are important
- Log into the Health Care Provider Portal on a regular basis
- Review and update contact information frequently

Provider Enrollment Resources

Resources:

- **Arkansas Provider Enrollment Web Page:** https://humanservices.arkansas.gov/divisions-shared-services/medical-services/provider-enrollment/
- **Department of Human Services Official Notices:** https://humanservices.arkansas.gov/divisions-shared-services/medical-services/official-notices/
- **AFMC Provider Outreach Specialists:** https://medicaid.afmc.org/images/Provider-Relations/Educational-Outreach/2026/PROREL_AFMCProviderRelationsOutreachSpecialistsMap_20260406_v1.1.pdf
- **Arkansas Medicaid Provider Enrollment:** (501) 376-2211 or toll free at (800) 457-4454

Provider Revalidation Strategy

The Arkansas Medicaid Provider Revalidation Comprehensive Two-Year Strategy is a structured roadmap designed to meet CMS recommendations by optimizing provider data integrity and intensifying oversight of high-risk entities.

The strategy transitions Arkansas Medicaid from standard, point-in-time checks to continuous monitoring and aggressive, off-cycle revalidation timelines that exceed federal minimums.

Provider Revalidation Strategy Objectives

Objectives

- **Mitigate Risk:** Rapidly clear high- and moderate-risk provider revalidations
- **Ensure Data Integrity:** Align disparate managed care and state systems into a single source of truth
- **Enhance Fraud Oversight:** Build direct pipelines between screening protocols and law enforcement units

Provider Revalidation Strategy Stage I

High-Risk Acceleration & Foundational Integrity (Deadline: January 1, 2027)

- **Swift Revalidations:** Immediate off-cycle screening for all high-risk and moderate-risk providers not verified in the last 12 months
- **Data Integration:** Creates a single-source master provider file requiring PASSE-MCOs to reconcile data monthly against State Medicaid Agency (SMA) records
- **Enhanced Verification:** Mandates monthly database sweeps (LEIE, SAM, Lexis-Nexis) and 100% fingerprinting and site visits for swift-phase high-risk providers
- **Enforcement Pipeline:** Integrates a formal process with MFCU and OMIG to trigger immediate revalidations for providers under active investigation

Provider Revalidation Strategy Stage II

Full Cycle Optimization & Sustainable Oversight (Deadline: April 30, 2028)

- **Stricter Policy Cycles:** Establishes a 3-year revalidation cycle for high/moderate-risk categories (surpassing the 5-year federal baseline) or upon risk triggers like billing spikes.
- **Continuous Monitoring:** Shifts from periodic checks to automated monthly logic tracking licensure lapses and address changes.
- **Non-NPI & Medicaid-Only Oversight:** Implements a specialized risk-scoring framework and triennial review cycle for atypical/non-NPI providers.
- **Public Transparency:** Introduces a quarterly public Program Integrity Dashboard tracking terminations and data metrics.

Payment Error Rate Management (PERM) Audit

Regulatory Foundation

- **Driven by the PIIA of 2019:** The Payment Integrity Information Act requires federal agencies to annually review programs, estimate improper payments, and report reduction plans to Congress.
- **OMB Risk Designation:** The Office of Management and Budget explicitly identified Medicaid and CHIP as high-risk programs susceptible to significant improper payments.
- **CMS Compliance:** CMS established the PERM program to directly comply with these statutory mandates and OMB guidance.
- **Provider Responsibilities:** Providers must respond to PERM audit requests as soon as possible. This is mandatory.

Provider Enrollment, Provider Revalidation, and PERM Audit

Summary

Provider Enrollment

- Keep your provider information updated
- Log into the Health Care Portal Frequently
- Utilize Resources
- Start revalidation as soon as possible

Provider Revalidation Strategy

- Driven by guidance from CMS
- Two phases over the next two years
- Focuses on risk mitigation

PERM Audit

- Respond to audit requests and follow-up quickly