Provider Enrollment

U.S. State & Local Human Services

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ARKANSAS DEPARTMENT OF HUMAN SERVICES

Agenda

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

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Revalidations

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

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Expired Credentials

o Providers with an expired License/Cert/DEA will be sent a 30-day notification.

o Current License/Cert dates can be viewed on the portal login.

o Providers who don't submit their expired credentials by the deadline will be terminated.

o 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.

o Recommend to submit the updated documents through the portal.

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 individual's 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.
- It's often easier to submit the individual's EFT information under their personal account rather than submitting the group's.

Group/Facility Providers:

- Completed EFT Form
- Must submit voided check or bank letter with EFT form.
    - Voided Check: Voided check must match the group's 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 group's 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 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.

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Top 5 reasons update request get denied

EFT information

o EFT form not being submitted with the voided check or bank letter.

o Voided Check not matching enrolling provider name.

o 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.

Request Types

o Submitting a request under the incorrect request type.

Listing incorrect Medicaid ID on documents or request ticket (Groups)

o Groups submitting their individual provider updates not listing the correct Medicaid ID for each provider they are submitting the same request for.

Missing Signatures
Incomplete forms for requested change

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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

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

Reduction of errors on submitted applications

- o 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.

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Applications submitted on portal

You can **check the status** of any application submitted and see any notes for corrections or documents needed to complete your application.

If corrections are needed, you can click the "Resume Enrollment" to access the previously submitted application and upload any document or make changes need for your application and resubmit.
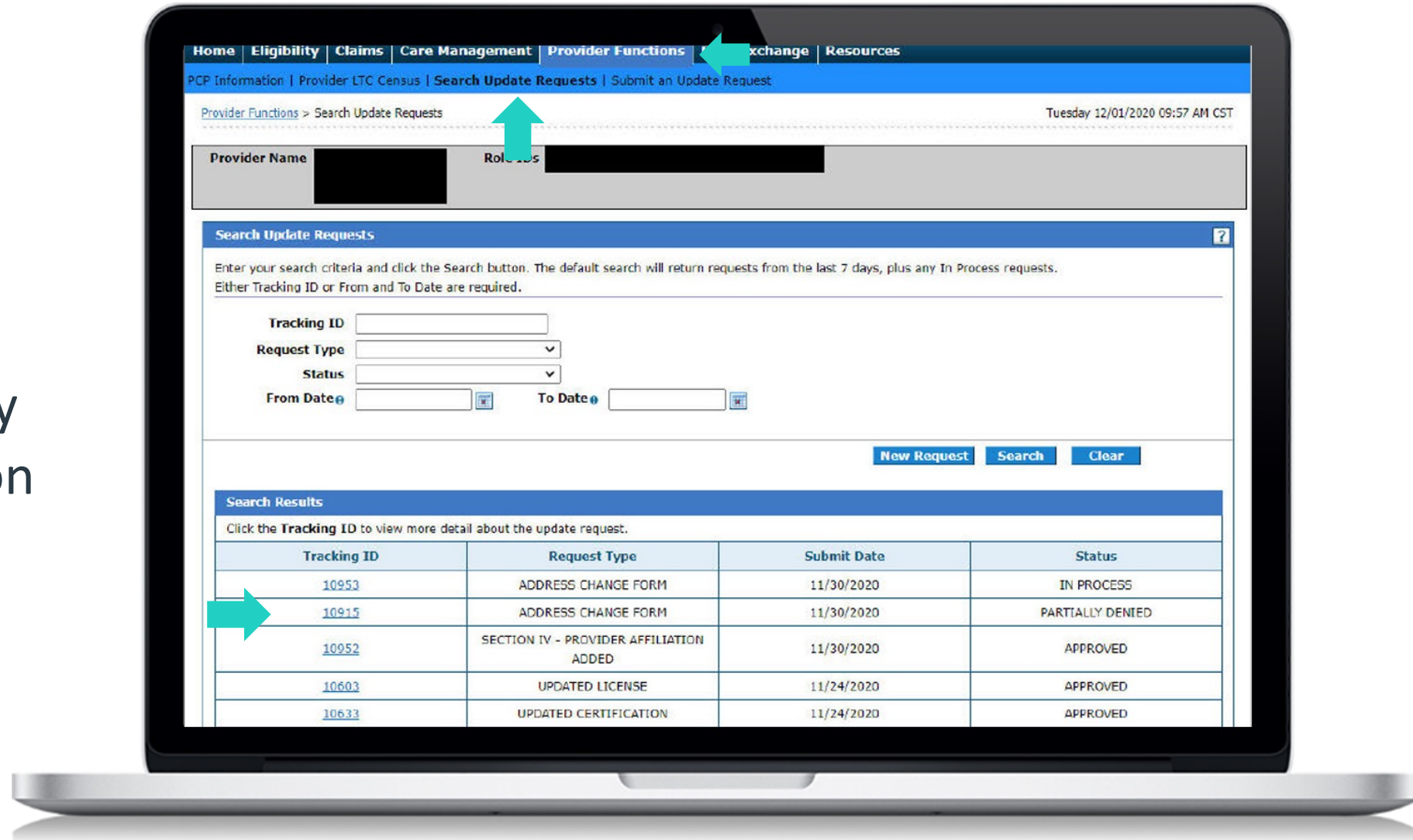
Submitting update requests through the portal.
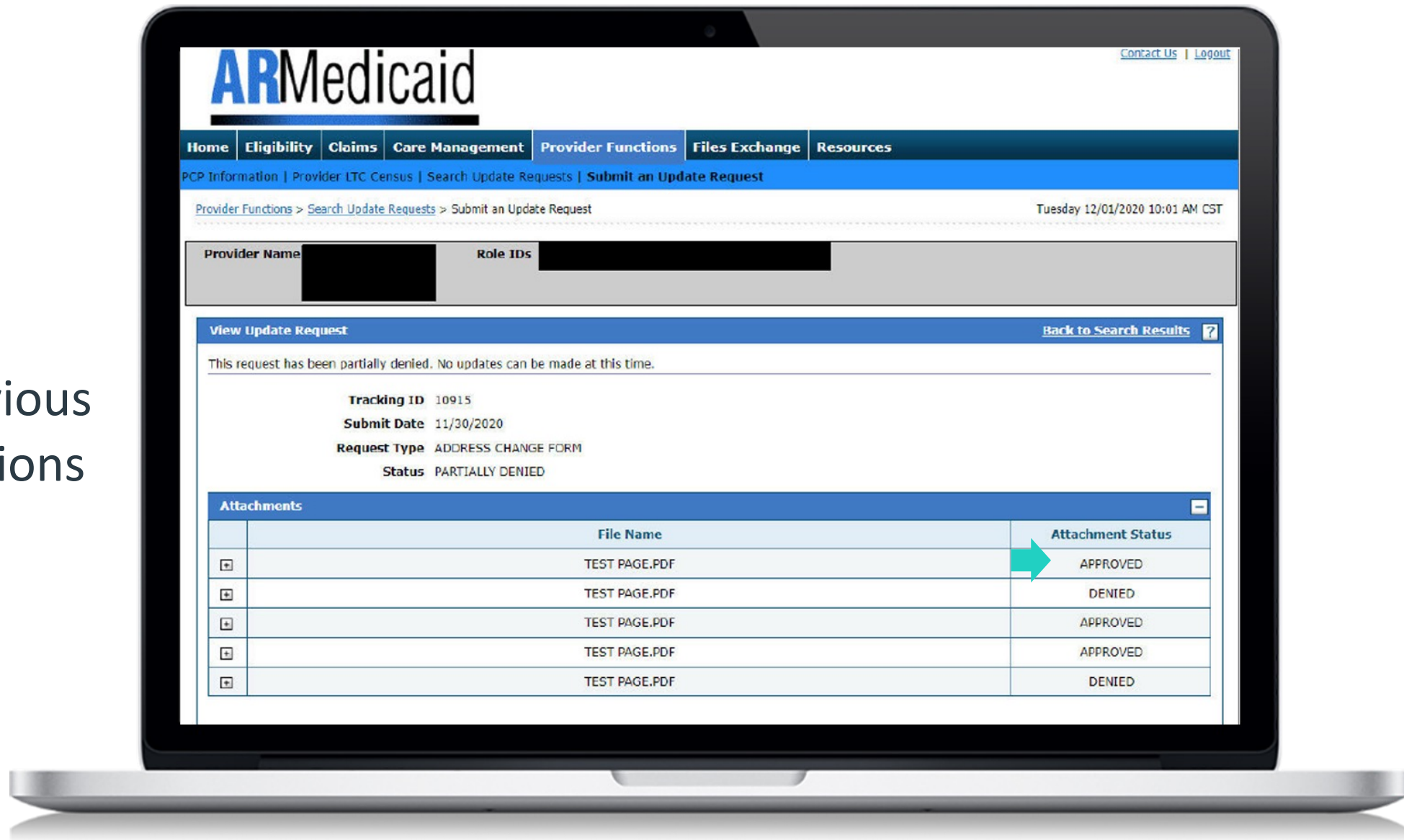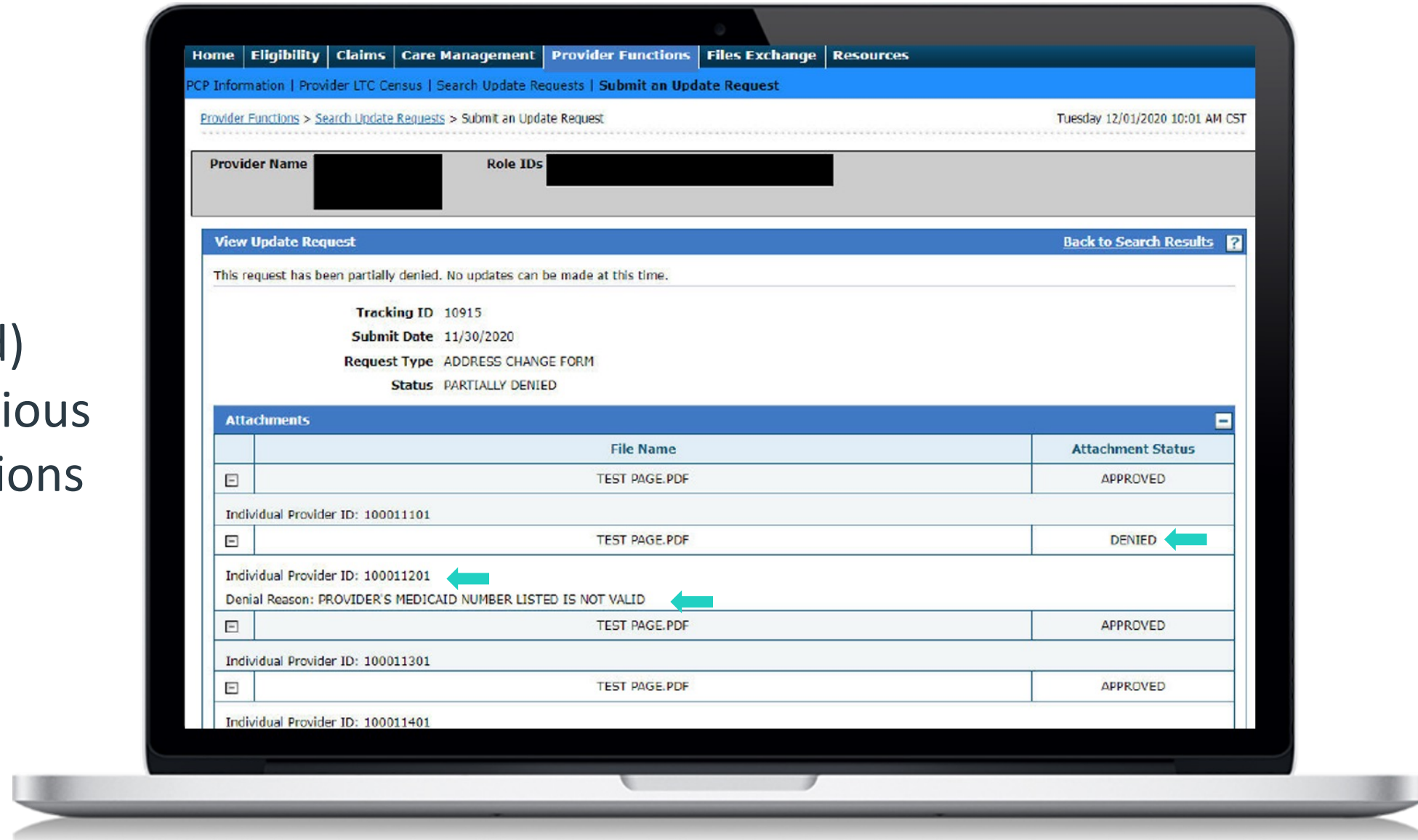
24 Request Types
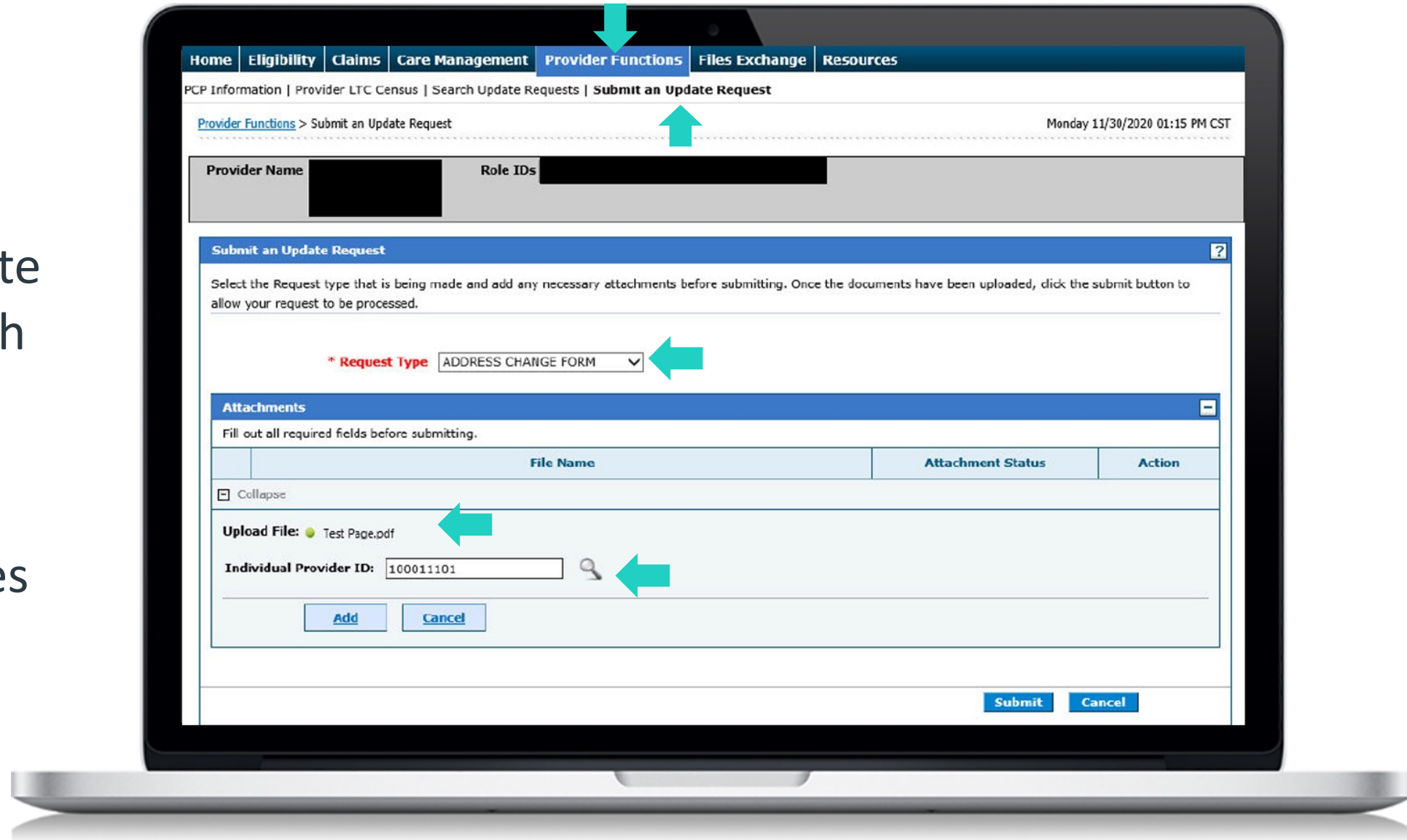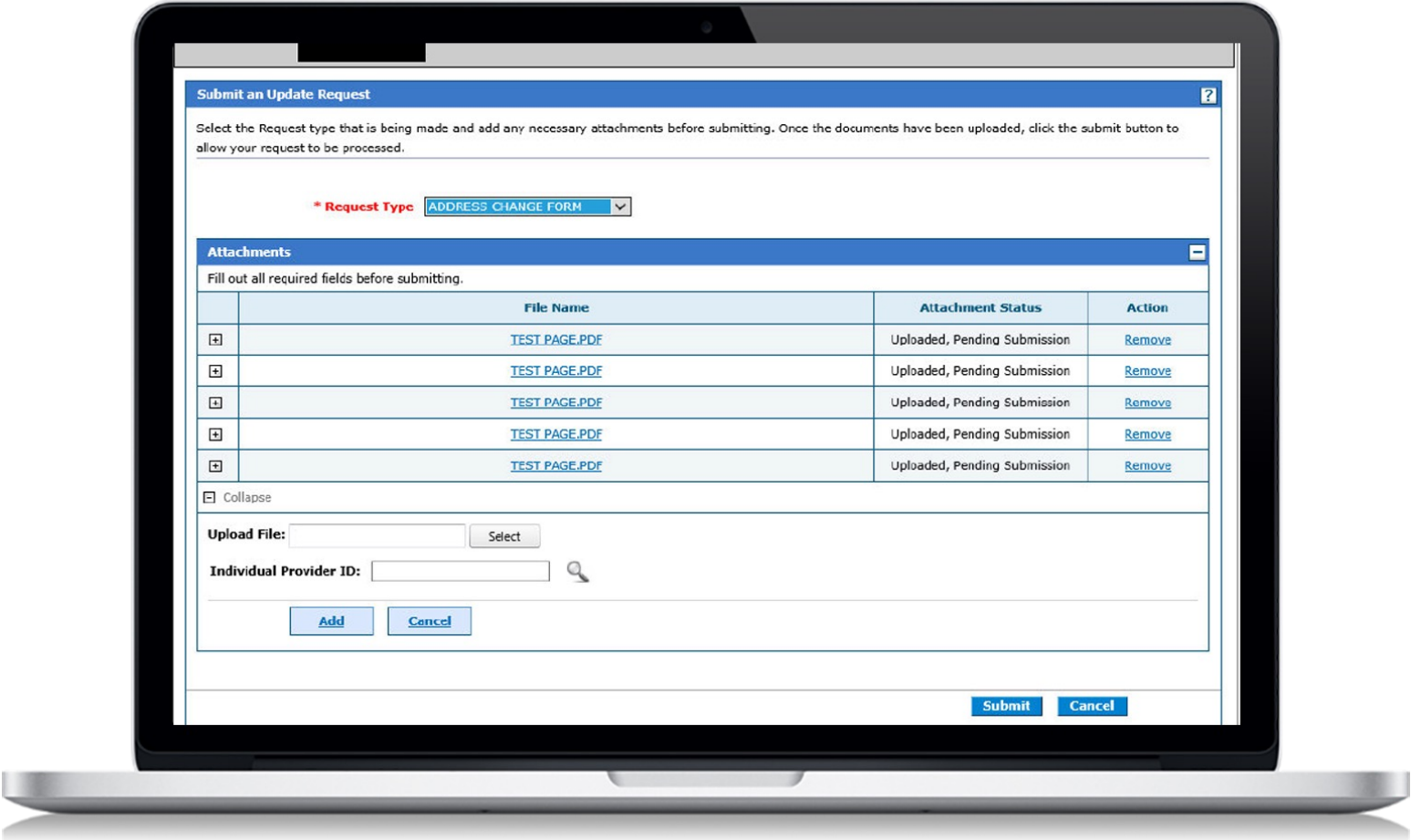
Searching previously submitted updates on the portal

Reviewing previous portal submissions

(...continued)
Reviewing previous portal submissions

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.

Division of Medical Services
Gainwell Technologies Provider Enrollment Unit
P.O. Box 8105, Little Rock, AR 72203-8105
P: (501) 376-2211 WATS: (800) 457-4454 F: (501) 374-0746

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.)

Tyler Brickey *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!