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| section V – FORMS  500.000 |  |

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| --- | --- |
| 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 |
| [Professional – CMS-1500](https://humanservices.arkansas.gov/wp-content/uploads/SampleCMS-1500.pdf) | Business Form Supplier |
| [Institutional – CMS-1450\*](https://humanservices.arkansas.gov/wp-content/uploads/SampleCMS-1450.docx) | Business Form Supplier |

\* 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 |
| [Alternatives Attendant Care Provider Claim Form –  AAS-9559](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9559.docx) | Client Employer |
| [Dental – ADA-J430](https://humanservices.arkansas.gov/wp-content/uploads/SampleADA-J430.pdf) | Business Form Supplier |

|  |  |
| --- | --- |
| Arkansas Medicaid Forms |  |

The forms below can be printed from this manual for use. Arkansas Medicaid will accept electronic signatures; many of these forms can be completed, signed \*electronically using Adobe Acrobat Reader, and submitted by [upload](https://humanservices.arkansas.gov/wp-content/uploads/MMIS_JobAid_UploadingDocuments.pdf) to the provider portal.

\*To access the digital signature field, the form must be opened using the Acrobat Reader desktop application. Forms viewed with Acrobat Reader within an internet browser window may not show the digital signature field. Download the form to your computer, open with Acrobat Reader, enter required information, and save the file before uploading to the portal.

In order by form name:

| Form Name | Form Link |
| --- | --- |
| Acknowledgement of Hysterectomy Information | [DMS-2606](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2606.docx) |
| Address/Email Change Form | [DMS-673](https://humanservices.arkansas.gov/wp-content/uploads/DMS-673.pdf) |
| Adjustment Request Form – Medicaid XIX | [HP-AR-004](https://humanservices.arkansas.gov/wp-content/uploads/HP-AR-004.pdf) |
| Adjustment Request Form – Medicaid XIX – Pharmacy Program | [DMS-802](https://humanservices.arkansas.gov/wp-content/uploads/DMS-802.docx) |
| Adverse Effects Form | [DMS-2704](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2704.docx) |
| AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components | [DMS-679A](https://humanservices.arkansas.gov/wp-content/uploads/DMS-679A.docx) |
| Amplification/Assistive Technology Recommendation Form | [DMS-686](https://humanservices.arkansas.gov/wp-content/uploads/DMS-686.docx) |
| Applied Behavior Analysis (ABA) Therapy Services for Medicaid Eligible Beneficiaries under Age 21 Initial Evaluation Referral | [DMS-641 ER](https://humanservices.arkansas.gov/wp-content/uploads/DMS-641-ER.pdf) |
| Applied Behavior Analysis (ABA) Therapy Services for Medicaid Eligible Beneficiaries under Age 21 Treatment Prescription | [DMS-641 TP](https://humanservices.arkansas.gov/wp-content/uploads/DMS-641-TP.pdf) |
| Approval/Denial Codes for Inpatient Psychiatric Services | [DMS-2687](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2687.docx) |
| Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services | [DDS/FS#0001.a](https://humanservices.arkansas.gov/wp-content/uploads/DDS-FS-0001-a.docx) |
| Arkansas Medicaid Patient-Centered Medical Home Practice Participation Agreement | [DMS-844](https://humanservices.arkansas.gov/wp-content/uploads/DMS-844.pdf) |
| Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form | [DMS-845](https://humanservices.arkansas.gov/wp-content/uploads/DMS-845.pdf) |
| Arkansas Medicaid Patient-Centered Medical Home Program Practice Withdrawal Form | [DMS-846](https://humanservices.arkansas.gov/wp-content/uploads/DMS-846.pdf) |
| ARKids First Behavioral Health Services Provider Qualification Form | [DMS-612](https://humanservices.arkansas.gov/wp-content/uploads/DMS-612.docx) |
| Authorization for Electronic Funds Transfer (Automatic Deposit) | [autodeposit](https://humanservices.arkansas.gov/wp-content/uploads/autodeposit.pdf) |
| Authorization for Payment for Services Provided | [MAP-8](https://humanservices.arkansas.gov/wp-content/uploads/MAP-8.docx) |
| Certification of Need – Medicaid Inpatient Psychiatric Services for Under Age 21 | [DMS-2633](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2633.docx) |
| Certification of Schools to Provide Comprehensive EPSDT Services | [CSPC-EPSDT](https://humanservices.arkansas.gov/wp-content/uploads/CertificationEPSDT.docx) |
| Certification Statement for Abortion | [DMS-2698](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2698.docx) |
| Change of Ownership Information | [DMS-0688](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0688.pdf) |
| Child Health Management Services Enrollment Orders | [DMS-201](https://humanservices.arkansas.gov/wp-content/uploads/DMS-201.docx) |
| Child Health Management Services Discharge Notification Form | [DMS-202](https://humanservices.arkansas.gov/wp-content/uploads/DMS-202.docx) |
| CHMS Benefit Extension for Diagnosis/Evaluation Procedures | [DMS-699A](https://humanservices.arkansas.gov/wp-content/uploads/DMS-699A.docx) |
| CHMS Request for Prior Authorization | [DMS-102](https://humanservices.arkansas.gov/wp-content/uploads/DMS-102.docx) |
| Claim Correction Request | [DMS-2647](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2647.docx) |
| CMS 1500 Professional and CMS 1450/UB04 Medicare EOMB Information (Crossover Cover Sheet) | [DMS-600](https://humanservices.arkansas.gov/wp-content/uploads/DMS-600.pdf) |
| Consent for Release of Information | [DMS-619](https://humanservices.arkansas.gov/wp-content/uploads/DMS-619.docx) |
| Contact Lens Prior Authorization Request Form | [DMS-0101](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0101.docx) |
| Contract to Participate in the Arkansas Medical Assistance Program | [DMS-653](https://humanservices.arkansas.gov/wp-content/uploads/DMS-653.pdf) |
| Cost Report Forms for Long-Term Care Facilities | [CRF](https://humanservices.arkansas.gov/wp-content/uploads/CRF.xls) |
| EIDT/ADDT Transportation Log | [DMS-638](https://humanservices.arkansas.gov/wp-content/uploads/DMS-638.docx) |
| EIDT/ADDT Transportation Survey | [DMS-632](https://humanservices.arkansas.gov/wp-content/uploads/DMS-632.docx) |
| EIDT Initial Evaluation Referral | [DMS-642-ER](https://humanservices.arkansas.gov/wp-content/uploads/DMS-642-ER.pdf) |
| EIDT Summer Only Treatment Prescription | [DMS-642-STP](https://humanservices.arkansas.gov/wp-content/uploads/DMS-642-STP.pdf) |
| EIDT Year-Round Treatment Prescription | [DMS-642-YTP](https://humanservices.arkansas.gov/wp-content/uploads/DMS-642-YTP.pdf) |
| Dental Lab Request Form | [DentalLabReqFrm](https://humanservices.arkansas.gov/wp-content/uploads/DentalLabReqFrm.pdf) |
| Dental Treatment Additional Information | [DMS-32-A](https://humanservices.arkansas.gov/wp-content/uploads/DMS-32-A.docx) |
| Disclosure of Significant Business Transactions | [DMS-689](https://humanservices.arkansas.gov/wp-content/uploads/DMS-689.pdf) |
| Disproportionate Share Questionnaire | [DMS-628](https://humanservices.arkansas.gov/wp-content/uploads/DMS-628.docx) |
| 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](https://humanservices.arkansas.gov/wp-content/uploads/DMS-693.docx) |
| Early Childhood Special Education Referral Form | [ECSE-R](https://humanservices.arkansas.gov/wp-content/uploads/ECSEReferral.docx) |
| Emergency Medicaid Transportation Access Payment Application | [DMS-0601](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0601.docx) |
| EPSDT Provider Agreement | [DMS-831](https://humanservices.arkansas.gov/wp-content/uploads/DMS-831.pdf) |
| Evaluation for Wheelchair and Wheelchair Seating | [DMS-0843](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0843.docx) |
| Explanation of Check Refund | [CheckRefund](https://humanservices.arkansas.gov/wp-content/uploads/CheckRefund.pdf) |
| Financial and Statistical Report Schedules for Long-Term Care Facilities | [FSRS](https://humanservices.arkansas.gov/wp-content/uploads/FSRS.xls) |
| Gait Analysis Full Body | [DMS-647](https://humanservices.arkansas.gov/wp-content/uploads/DMS-647.docx) |
| Home Health Agency (Provider Type 14) Annual Surety Bond Form | [HomeHealthSuretyBond](https://humanservices.arkansas.gov/wp-content/uploads/HomeHealthSuretyBond.pdf) |
| Home Health Certification and Plan of Care | [CMS-485](https://humanservices.arkansas.gov/wp-content/uploads/CMS-485.docx) |
| Hospice Lock-In Information Notification Sheet | [DMS-9939](https://humanservices.arkansas.gov/wp-content/uploads/DMS-9939.pdf) |
| Hospital/Physician/Certified Nurse-Midwife Referral for Newborn Infant Medicaid Coverage | [DCO-645](https://humanservices.arkansas.gov/wp-content/uploads/DCO-645.docx) |
| Initial Medical Transportation Access Payment Revenue Survey | [DMS-0600](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0600.docx) |
| Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet | [DMS-2685](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2685.docx) |
| Individual Renewal Form for School-Based Audiologists | [DMS-7782](https://humanservices.arkansas.gov/wp-content/uploads/DMS-7782.docx) |
| Living Choices Person-Centered Service Plan | [AAS-9503](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9503.pdf) |
| Lower-Limb Prosthetic Evaluation | [DMS-650](https://humanservices.arkansas.gov/wp-content/uploads/DMS-650.docx) |
| Lower-Limb Prosthetic Prescription | [DMS-651](https://humanservices.arkansas.gov/wp-content/uploads/DMS-651.docx) |
| Medicaid Attestation Form on the Appropriateness of the Qualified Clinical Trial | [QCT-Attestation](https://humanservices.arkansas.gov/wp-content/uploads/QCT-Attestation.pdf) |
| Medicaid Claim Inquiry Form | [HP-CI-003](https://humanservices.arkansas.gov/wp-content/uploads/HP-CI-003.docx) |
| Medical Equipment Request for Prior Authorization & Prescription | [DMS-679](https://humanservices.arkansas.gov/wp-content/uploads/DMS-679.docx) |
| Medical Transportation and Personal Assistant Verification | [DMS-616](https://humanservices.arkansas.gov/wp-content/uploads/DMS-616.docx) |
| Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC | [DMS-633](https://humanservices.arkansas.gov/wp-content/uploads/DMS-633.docx) |
| Notice Of Noncompliance | [DMS-635](https://humanservices.arkansas.gov/wp-content/uploads/DMS-635.docx) |
| NPI Change Request Form | [NPIchange](https://humanservices.arkansas.gov/wp-content/uploads/NPIchange.pdf) |
| NPI Reporting Form | [DMS-683](https://humanservices.arkansas.gov/wp-content/uploads/DMS-683.pdf) |
| Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral | [DMS-640](https://humanservices.arkansas.gov/wp-content/uploads/DMS-640.docx) |
| Ownership and Conviction Disclosure | [DMS-675](https://humanservices.arkansas.gov/wp-content/uploads/DMS-675.pdf) |
| Personal Care Assessment and Service Plan | [DMS-618 English](https://humanservices.arkansas.gov/wp-content/uploads/DMS-618.docx) [DMS-618 Spanish](https://humanservices.arkansas.gov/wp-content/uploads/DMS-618Spanish.docx) |
| Practitioner Identification Number Request Form | [DMS-7708](https://humanservices.arkansas.gov/wp-content/uploads/DMS-7708.pdf) |
| Prescription & Prior Authorization Request For Nutrition Therapy & Supplies | [DMS-2615](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2615.docx) |
| Primary Care Physician Managed Care Program Referral Form | [DMS-2610](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2610.docx) |
| Primary Care Physician Participation Agreement | [DMS-2608](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2608.pdf) |
| Primary Care Physician Selection and Change Form | [DMS-2609](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2609.docx) |
| Provider Application | [DMS-652](https://humanservices.arkansas.gov/wp-content/uploads/DMS-652.pdf) |
| Provider Communication Form | [AAS-9502](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9502.docx) |
| Provider Communications Form, Change of Client Status | [AAS-9511](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9511.pdf) |
| Provider Data Sharing Agreement – Medicare Parts C & D | [DMS-652-A](https://humanservices.arkansas.gov/wp-content/uploads/DMS-652A.pdf) |
| Provider Enrollment Application and Contract Package | [Application Packet](https://humanservices.arkansas.gov/wp-content/uploads/ApplicationPacket.pdf) |
| Quarterly Monitoring Form | [AAS-9506](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9506.docx) |
| Referral for Audiology Services – School-Based Setting | [DMS-7783](https://humanservices.arkansas.gov/wp-content/uploads/DMS-7783.docx) |
| Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21 | [DMS-2634](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2634.docx) |
| Referral for Medical Assistance | [DMS-630](https://humanservices.arkansas.gov/wp-content/uploads/DMS-630.docx) |
| Request for Appeal | [DMS-840](https://humanservices.arkansas.gov/wp-content/uploads/DMS-840.docx) |
| Request for Extension of Benefits | [DMS-699](https://humanservices.arkansas.gov/wp-content/uploads/DMS-699.docx) |
| Request for Extension of Benefits for Clinical, Outpatient, Diagnostic Laboratory, and Radiology/Other Services | [DMS-671](https://humanservices.arkansas.gov/wp-content/uploads/DMS-671.docx) |
| Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21 | [DMS-602](https://humanservices.arkansas.gov/wp-content/uploads/DMS-602.docx) |
| Request for Molecular Pathology Laboratory Services | [DMS-841](https://humanservices.arkansas.gov/wp-content/uploads/DMS-841.docx) |
| Request for Orthodontic Treatment | [DMS-32-0](https://humanservices.arkansas.gov/wp-content/uploads/DMS-32-0.docx) |
| Request for Prior Approval for the Special Pharmacy Therapeutic Agents and Treatments | [DMS-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-6.docx) |
| Request for Private Duty Nursing Services Prior Authorization and Prescription – Initial Request or Recertification | [DMS-2692](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2692.docx) |
| Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21 | [DMS-601](https://humanservices.arkansas.gov/wp-content/uploads/DMS-601.docx) |
| Research Request Form | [HP-0288](https://humanservices.arkansas.gov/wp-content/uploads/HP-0288.docx) |
| Service Log – Personal Care Delivery and Aides Notes | [DMS-873](https://humanservices.arkansas.gov/wp-content/uploads/DMS-873.docx) |
| Sterilization Consent Form | [DMS-615 English](https://humanservices.arkansas.gov/wp-content/uploads/DMS-615Checklist.docx) [DMS-615 Spanish](https://humanservices.arkansas.gov/wp-content/uploads/DMS-615Spanish.docx) |
| Sterilization Consent Form – Information for Men | [PUB-020](https://humanservices.arkansas.gov/wp-content/uploads/PUB-020.docx) |
| Sterilization Consent Form – Information for Women | [PUB-019](https://humanservices.arkansas.gov/wp-content/uploads/PUB-019.docx) |
| Targeted Case Management Contact Monitoring Form | [DMS-690](https://humanservices.arkansas.gov/wp-content/uploads/DMS-690.pdf) |
| Upper-Limb Prosthetic Evaluation | [DMS-648](https://humanservices.arkansas.gov/wp-content/uploads/DMS-648.docx) |
| Upper-Limb Prosthetic Prescription | [DMS-649](https://humanservices.arkansas.gov/wp-content/uploads/DMS-649.docx) |
| Vendor Performance Report | [Vendorperformreport](https://humanservices.arkansas.gov/wp-content/uploads/VendorPerformReport.docx) |
| Verification of Medical Services | [DMS-2618](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2618.docx) |

In order by form number:

[AAS-9502](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9502.docx)

[AAS-9503](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9503.pdf)

[AAS-9506](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9506.docx)

[AAS-9511](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9511.pdf)

[AAS-9559](https://humanservices.arkansas.gov/wp-content/uploads/AAS-9559.docx)

[Address Change](https://humanservices.arkansas.gov/wp-content/uploads/DMS-673.pdf)

[Autodeposit](https://humanservices.arkansas.gov/wp-content/uploads/autodeposit.pdf)

[CheckRefund](https://humanservices.arkansas.gov/wp-content/uploads/CheckRefund.pdf)

[CMS-485](https://humanservices.arkansas.gov/wp-content/uploads/CMS-485.docx)

[CRF](https://humanservices.arkansas.gov/wp-content/uploads/CRF.xls)

[CSPC-EPSDT](https://humanservices.arkansas.gov/wp-content/uploads/CertificationEPSDT.docx)

[DCO-645](https://humanservices.arkansas.gov/wp-content/uploads/DCO-645.docx)

[DDS/FS#0001.a](https://humanservices.arkansas.gov/wp-content/uploads/DDS-FS-0001-a.docx)

[DentalLabReqFrm](https://humanservices.arkansas.gov/wp-content/uploads/DentalLabReqFrm.pdf)

[DMS-0101](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0101.docx)

[DMS-0600](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0600.docx)

[DMS-0601](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0601.docx)

[DMS-0688](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0688.pdf)

[DMS-0843](https://humanservices.arkansas.gov/wp-content/uploads/DMS-0843.docx)

[DMS-102](https://humanservices.arkansas.gov/wp-content/uploads/DMS-102.docx)

[DMS-201](https://humanservices.arkansas.gov/wp-content/uploads/DMS-201.docx)

[DMS-202](https://humanservices.arkansas.gov/wp-content/uploads/DMS-202.docx)

[DMS-2606](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2606.docx)

[DMS-2608](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2608.pdf)

[DMS-2609](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2609.docx)

[DMS-2610](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2610.docx)

[DMS-2615](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2615.docx)

[DMS-2618](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2618.docx)

[DMS-2633](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2633.docx)

[DMS-2634](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2634.docx)

[DMS-2647](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2647.docx)

[DMS-2685](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2685.docx)

[DMS-2687](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2687.docx)

[DMS-2692](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2692.docx)

[DMS-2698](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2698.docx)

[DMS-2704](https://humanservices.arkansas.gov/wp-content/uploads/DMS-2704.docx)

[DMS-32-A](https://humanservices.arkansas.gov/wp-content/uploads/DMS-32-A.docx)

[DMS-32-0](https://humanservices.arkansas.gov/wp-content/uploads/DMS-32-0.docx)

[DMS-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-6.docx)

[DMS-600](https://humanservices.arkansas.gov/wp-content/uploads/DMS-600.pdf)

[DMS-601](https://humanservices.arkansas.gov/wp-content/uploads/DMS-601.docx)

[DMS-602](https://humanservices.arkansas.gov/wp-content/uploads/DMS-602.docx)

[DMS-612](https://humanservices.arkansas.gov/wp-content/uploads/DMS-612.docx)

[DMS-615 English](https://humanservices.arkansas.gov/wp-content/uploads/DMS-615Checklist.docx)

[DMS-615 Spanish](https://humanservices.arkansas.gov/wp-content/uploads/DMS-615Spanish.docx)

[DMS-616](https://humanservices.arkansas.gov/wp-content/uploads/DMS-616.docx)

[DMS-618 English](https://humanservices.arkansas.gov/wp-content/uploads/DMS-618.docx)

[DMS-618 Spanish](https://humanservices.arkansas.gov/wp-content/uploads/DMS-618Spanish.docx)

[DMS-619](https://humanservices.arkansas.gov/wp-content/uploads/DMS-619.docx)

[DMS-628](https://humanservices.arkansas.gov/wp-content/uploads/DMS-628.docx)

[DMS-630](https://humanservices.arkansas.gov/wp-content/uploads/DMS-630.docx)

[DMS-632](https://humanservices.arkansas.gov/wp-content/uploads/DMS-632.docx)

[DMS-633](https://humanservices.arkansas.gov/wp-content/uploads/DMS-633.docx)

[DMS-635](https://humanservices.arkansas.gov/wp-content/uploads/DMS-635.docx)

[DMS-638](https://humanservices.arkansas.gov/wp-content/uploads/DMS-638.docx)

[DMS-640](https://humanservices.arkansas.gov/wp-content/uploads/DMS-640.docx)

[DMS-641 ER](https://humanservices.arkansas.gov/wp-content/uploads/DMS-641-ER.pdf)

[DMS-641 TP](https://humanservices.arkansas.gov/wp-content/uploads/DMS-641-TP.pdf)

DMS-[642](https://humanservices.arkansas.gov/wp-content/uploads/DMS-642-ER.pdf)-ER

[DMS-642-STP](https://humanservices.arkansas.gov/wp-content/uploads/DMS-642-STP.pdf)

[DMS-642-YTP](https://humanservices.arkansas.gov/wp-content/uploads/DMS-642-YTP.pdf)

[DMS-647](https://humanservices.arkansas.gov/wp-content/uploads/DMS-647.docx)

[DMS-648](https://humanservices.arkansas.gov/wp-content/uploads/DMS-648.docx)

[DMS-649](https://humanservices.arkansas.gov/wp-content/uploads/DMS-649.docx)

[DMS-650](https://humanservices.arkansas.gov/wp-content/uploads/DMS-650.docx)

[DMS-651](https://humanservices.arkansas.gov/wp-content/uploads/DMS-651.docx)

[DMS-652](https://humanservices.arkansas.gov/wp-content/uploads/DMS-652.pdf)

[DMS-652-A](https://humanservices.arkansas.gov/wp-content/uploads/DMS-652A.pdf)

[DMS-653](https://humanservices.arkansas.gov/wp-content/uploads/DMS-653.pdf)

[DMS-671](https://humanservices.arkansas.gov/wp-content/uploads/DMS-671.docx)

[DMS-673](https://humanservices.arkansas.gov/wp-content/uploads/DMS-673.pdf)

[DMS-675](https://humanservices.arkansas.gov/wp-content/uploads/DMS-675.pdf)

[DMS-679](https://humanservices.arkansas.gov/wp-content/uploads/DMS-679.docx)

[DMS-679A](https://humanservices.arkansas.gov/wp-content/uploads/DMS-679A.docx)

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[DMS-873](https://humanservices.arkansas.gov/wp-content/uploads/DMS-873.docx)

[DMS-9939](https://humanservices.arkansas.gov/wp-content/uploads/DMS-9939.pdf)

[ECSE-R](https://humanservices.arkansas.gov/wp-content/uploads/ECSEReferral.docx)

[FSRS](https://humanservices.arkansas.gov/wp-content/uploads/FSRS.xls)

[HomeHealthSuretyBond](https://humanservices.arkansas.gov/wp-content/uploads/HomeHealthSuretyBond.pdf)

[HP-0288](https://humanservices.arkansas.gov/wp-content/uploads/HP-0288.docx)

[HP-AR-004](https://humanservices.arkansas.gov/wp-content/uploads/HP-AR-004.pdf)

[HP-CI-003](https://humanservices.arkansas.gov/wp-content/uploads/HP-CI-003.docx)

[MAP-8](https://humanservices.arkansas.gov/wp-content/uploads/MAP-8.docx)

[NPIchange](https://humanservices.arkansas.gov/wp-content/uploads/NPIchange.pdf)

[Performance Report](https://humanservices.arkansas.gov/wp-content/uploads/VendorPerformReport.docx)

[Provider Enrollment Application and Contract Package](https://humanservices.arkansas.gov/wp-content/uploads/ApplicationPacket.pdf)

[PUB-019](https://humanservices.arkansas.gov/wp-content/uploads/PUB-019.docx)

[PUB-020](https://humanservices.arkansas.gov/wp-content/uploads/PUB-020.docx)

[QCT-Attestation](https://humanservices.arkansas.gov/wp-content/uploads/QCT-Attestation.pdf)

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| Arkansas Medicaid Contacts and Links |  |

Click the link to view the information.

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| [Acentra Health - Arkansas Division](https://humanservices.arkansas.gov/wp-content/uploads/Acentra.docx) |
| [American Hospital Association](https://humanservices.arkansas.gov/wp-content/uploads/AmericanHospAssoc.docx) |
| [Americans with Disabilities Act Coordinator](https://humanservices.arkansas.gov/wp-content/uploads/ADACoordinator.docx) |
| [Appeals Entity](https://humanservices.arkansas.gov/wp-content/uploads/AppealsEnt.docx) |
| [Arkansas Department of Education, Health and Nursing Services Specialist](https://humanservices.arkansas.gov/wp-content/uploads/HlthNrsingSpecialist.docx) |
| [Arkansas Department of Education, Special Education](https://humanservices.arkansas.gov/wp-content/uploads/ADESpecialEd.docx) |
| [Arkansas Department of Finance Administration, Sales and Tax Use Unit](https://humanservices.arkansas.gov/wp-content/uploads/dfatax.docx) |
| [Arkansas Department of Human Services, Appeals and Hearings Section](https://humanservices.arkansas.gov/wp-content/uploads/DHSAppealsHearings.docx) |
| [Arkansas Department of Human Services, Division of Behavioral Health Services](https://humanservices.arkansas.gov/wp-content/uploads/DHSBHS.docx) |
| [Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit](https://humanservices.arkansas.gov/wp-content/uploads/DCCECELicUnit.docx) |
| [Arkansas Department of Human Services, Division of Children and Family Services, Contracts Management Unit](https://humanservices.arkansas.gov/wp-content/uploads/DCFSContractsMgt.docx) |
| [Arkansas Department of Human Services, Children’s Services](https://humanservices.arkansas.gov/wp-content/uploads/FFCMSRC.docx) |
| [Arkansas Department of Human Services, Division of County Operations, Customer Assistance Section](https://humanservices.arkansas.gov/wp-content/uploads/DCOCustAsst.docx) |
| [Arkansas Department of Human Services, Division of Medical Services](https://humanservices.arkansas.gov/wp-content/uploads/DMS.docx) |
| [Arkansas DHS, Division of Medical Services Director](https://humanservices.arkansas.gov/wp-content/uploads/DMSDirector.docx) |
| [Arkansas DHS, Division of Medical Services, Benefit Extension Requests, UR Section](https://humanservices.arkansas.gov/wp-content/uploads/DMSBenefitExtRequests.docx) |
| [Arkansas DHS, Division of Medical Services, Dental Care Unit](https://humanservices.arkansas.gov/wp-content/uploads/DMSDentalCare.docx) |
| [Arkansas DHS, Division of Medical Services, Gainwell Technologies Provider Enrollment Unit](https://humanservices.arkansas.gov/wp-content/uploads/ProviderEnrol.docx) |
| [Arkansas DHS, Division of Medical Services, Financial Activities Unit](https://humanservices.arkansas.gov/wp-content/uploads/DMSFinancialActs.docx) |
| [Arkansas DHS, Division of Medical Services, Hearing Aid Consultant](https://humanservices.arkansas.gov/wp-content/uploads/DMSHearingAidConsultant.docx) |
| [Arkansas DHS, Division of Medical Services, Medical Assistance Unit](https://humanservices.arkansas.gov/wp-content/uploads/DMSMedAsst.docx) |
| [Arkansas DHS, Division of Medical Services, Medical Director for Clinical Affairs](https://humanservices.arkansas.gov/wp-content/uploads/DMSMedDirector.docx) |
| [Arkansas DHS, Division of Medical Services, Pharmacy Unit](https://humanservices.arkansas.gov/wp-content/uploads/DMSPharmUR.docx) |
| [Arkansas DHS, Division of Medical Services, Program Communications Unit](https://humanservices.arkansas.gov/wp-content/uploads/DMSProgramCom.docx) |
| [Arkansas DHS, Division of Medical Services, Provider Reimbursement Unit](https://humanservices.arkansas.gov/wp-content/uploads/DMSProviderReimb.docx) |
| [Arkansas DHS, Division of Medical Services, Third-Party Liability Unit](https://humanservices.arkansas.gov/wp-content/uploads/DMSTPL.docx) |
| [Arkansas DHS, Division of Medical Services, UR/Home Health Extensions](https://humanservices.arkansas.gov/wp-content/uploads/DMSURHomeHlthExt.docx) |
| [Arkansas DHS, Division of Medical Services, UR/Targeted Case Management](https://humanservices.arkansas.gov/wp-content/uploads/DMSUR-TCM.docx) |
| [Arkansas DHS, Division of Medical Services, Utilization Review Section](https://humanservices.arkansas.gov/wp-content/uploads/DMSUR.docx) |
| [Arkansas DHS, Division of Medical Services, Visual Care Coordinator](https://humanservices.arkansas.gov/wp-content/uploads/DMSVisualCoord.docx) |
| [Arkansas DHS, Electronic Visit Verification Vendor](https://humanservices.arkansas.gov/wp-content/uploads/EVV.docx) |
| [Arkansas Department of Health](https://humanservices.arkansas.gov/wp-content/uploads/ADH.docx) |
| [Arkansas Department of Health, Health Facility Services](https://humanservices.arkansas.gov/wp-content/uploads/ADHDivisionHlthFacility.docx) |
| [Arkansas Department of Human Services, Accounts Receivable](https://humanservices.arkansas.gov/wp-content/uploads/DHSAccountsReceivable.docx) |
| [Arkansas Foundation for Medical Care](https://humanservices.arkansas.gov/wp-content/uploads/AFMC.docx) |
| [Arkansas Foundation for Medical Care, Retrospective Review for Therapy and Prior Authorization for Personal Care for Under Age 21](https://humanservices.arkansas.gov/wp-content/uploads/AFMCretroPA.docx) |
| [Arkansas Foundation for Medical Care, Provider Relations Representative](https://humanservices.arkansas.gov/wp-content/uploads/AFMCProvRep.docx) |
| [Arkansas Hospital Association](https://humanservices.arkansas.gov/wp-content/uploads/ARHospitalAssoc.docx) |
| [Arkansas Office of Medicaid Inspector General (OMIG)](https://humanservices.arkansas.gov/wp-content/uploads/AROMIG.docx) |
| [ARKids First-B](https://humanservices.arkansas.gov/wp-content/uploads/ARKidsPhone.docx) |
| [ARKids First-B ID Card Example](https://humanservices.arkansas.gov/wp-content/uploads/ARKidsCard.docx) |
| [Central Child Health Services Office (EPSDT)](https://humanservices.arkansas.gov/wp-content/uploads/CentralCHS.docx) |
| [Classic Optical](https://humanservices.arkansas.gov/wp-content/uploads/Optical.docx) |
| [ConnectCare Helpline](https://humanservices.arkansas.gov/wp-content/uploads/ConnectCareHelpline.docx) |
| [County Codes](https://humanservices.arkansas.gov/wp-content/uploads/CountyCodes.docx) |
| [Dental Lab Contractor](https://humanservices.arkansas.gov/wp-content/uploads/DentalContractor.docx) |
| [Division of Provider Services and Quality Assurance](https://humanservices.arkansas.gov/wp-content/uploads/DPSQA.docx) |
| [Gainwell Technologies Claims Department](https://humanservices.arkansas.gov/wp-content/uploads/Claims.docx) |
| [Gainwell Technologies EDI Support Center (formerly AEVCS Help Desk)](https://humanservices.arkansas.gov/wp-content/uploads/EDISupportCntr.docx) |
| [Gainwell Technologies Inquiry Unit](https://humanservices.arkansas.gov/wp-content/uploads/Inquiry.docx) |
| [Gainwell Technologies Provider Assistance Center (PAC)](https://humanservices.arkansas.gov/wp-content/uploads/PAC.docx) |
| [Example of Beneficiary Notification of Denied ARKids First-B Claim](https://humanservices.arkansas.gov/wp-content/uploads/ExDeniedARKidsClaim.docx) |
| [Example of Beneficiary Notification of Denied Medicaid Claim](https://humanservices.arkansas.gov/wp-content/uploads/ExDeniedMedicaidClaims.docx) |
| [First Connections Infant & Toddler Program, Developmental Disabilities Services](https://humanservices.arkansas.gov/wp-content/uploads/FirstConnections.docx) |
| [First Connections Infant & Toddler Program, Developmental Disabilities Services, Appeals](https://humanservices.arkansas.gov/wp-content/uploads/FirstConnectionsAppeals.docx) |
| [Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment](https://humanservices.arkansas.gov/wp-content/uploads/CHMSFlowChart.docx) |
| [Health Care Declarations](https://humanservices.arkansas.gov/wp-content/uploads/HlthCareDeclarations.docx) |
| [Immunizations Registry Help Desk](https://humanservices.arkansas.gov/wp-content/uploads/ImmuneReg.docx) |
| [Medicaid ID Card Example](https://humanservices.arkansas.gov/wp-content/uploads/MedIDCard.docx) |
| [Medicaid Managed Care Services (MMCS)](https://humanservices.arkansas.gov/wp-content/uploads/mmcs.docx) |
| [Medicaid Reimbursement Unit Communications Hotline](https://humanservices.arkansas.gov/wp-content/uploads/MedReimbComHotline.docx) |
| [Medicaid Tooth Numbering System](https://humanservices.arkansas.gov/wp-content/uploads/MedToothNumbering.docx) |
| [National Supplier Clearinghouse](https://humanservices.arkansas.gov/wp-content/uploads/NatlSupplierClearinghouse.docx) |
| [Partners Provider Certification](https://humanservices.arkansas.gov/wp-content/uploads/PartnersProviderCert.docx) |
| [Primary Care Physician (PCP) Enrollment Voice Response System](https://humanservices.arkansas.gov/wp-content/uploads/PCPEnrolVRS.docx) |
| [Prime Therapeutics Pharmacy Call Center](https://humanservices.arkansas.gov/wp-content/uploads/Pharmacy.docx) |
| [Provider Qualifications, Division of Provider Services and Quality Assurance](https://humanservices.arkansas.gov/wp-content/uploads/PQ-DPSQA.docx) |
| [QIO Administrative Reconsideration](https://humanservices.arkansas.gov/wp-content/uploads/QIOAdminRecon.docx) |
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