MEDICAID APPLICATION DIRECTIONS/CHECKLIST FOR SCHOOLS

(For assistance, please call 1-866-280-8300)

ALL SCHOOL APPLICATIONS MUST BE EMAILED TO MITS: sherri.pettit@arkansas.gov

When the application is received a required ADE Approval letter will be attached to the application by the MITS specialist.

Only answer the numbers and forms indicated below: Where signatures are required, it must be the superintendent's signature.

__**Number 1 Date of Application:** Date application is completed

__**Number 2 Last Name, First Name, Middle Initial and Title**: N/A

__**Number 3 Group Organization or Facility Name:** Legal Name of District/ESC

__**Number 4 Application Type:** Circle number two (2)

___ Attach IRS Letter Form SS-4 or LTR 147C

Call 1-800-829-0115 to obtain the IRS letter. The letter will need to include the district's legal name (which should match with the name on the Medicaid application) and the district tax ID number.

__**Number 5 SSN/FEIN Number**: Tax ID number

__**Number 6 National Provider Identification Number (NPI and Taxonomy Code)**: NPI number and taxonomy code. NPI can be found at: https://nppes.cms.hhs.gov/#/

__**Number 7 Place of Service –Street Address:** Place of Service Address

__**Number 8(a) Billing Street Address:** Billing Address

__**Number 8(b) Provider Manuals and Updates:** Choose how you want to be updated on changes. This should be the district level personnel responsible for monitoring Medicaid reimbursements.

__**Medicare Verification Form (DMS 652):** N/A Discard Form

__**Number 9 County:** County code needs to be entered.

__**Number 10 Provider Category (A-C):** Please just choose one service per application. If you want to apply to provide more than one Medicaid service, another application should be completed.
Use the following codes: PS for Personal Care; PF for Private Duty Nursing; VV for SBMH, use SA, **and** E3 for Vision and Hearing Screens; and SB for Audiology. If requesting a number for therapy (OT, PT, and SLP), use the following codes (all on one application): T6, T1, and T2

__**Number 11 Certification Code:** Check box five (5)

__**Number 12 Certification Number:** N/A

__**Number 13 End Date:** N/A

__**Number 14 Fiscal Year:** Enter 06/30

__**Number 15 DEA Number:** N/A

__**Number 16 End Date:** N/A

__**Number 17 License Number:** Insert your four digit LEA number.

__**Number 18 End Date:** N/A

__**Number 19 Clinical Laboratory Improvement Amendments:** N/A

__**Section II, III, IV:** N/A Discard sections

__**Authorization of Automatic Deposit:** This must be completed regardless of initial or renewal status.

___ Attach a voided check.

__**Managed Care Program (DMS 2608):** N/A Discard Section

__**EPSDT Agreement (DMS 831):** This is to be signed by the supervising RN when the district is applying for a vision/hearing screen number.

__**W-9:** The W-9 needs to be an original, signed and dated. Must be signed by the superintendent regardless of who has the right to sign financial papers.

__**Disclosure Form DMS-675:**

___On page 2 of 5 (second blank under Corporation information) add the following: district name, address, "100%", and the Tax ID.

___On page 3 of 5, complete the second section. This is the superintendent. The complete SSN and DOB is required.

___The superintendent's signature is required on page 5 of 5

__**Disclosure Form DMS-689**: This form is to be completed and signed by the superintendent. If a superintendent has a vested interest in any therapy or other health related partnerships, list them here.

__Contract (DMS 653):

___ District Name at top of page 2 of 4,
___ District Name in Provider Name on page 4 of 4,
___ Superintendent signs under Provider on left hand side of page 4 of 4.

__Data Sharing Agreement (DMS 652): N/A. Discard form

Medicaid requires an Application Fee for Vision and Hearing, Personal Care, and SBMH applications (not required for Therapy and Audiology). You can pay this fee at https://www.ark.org/ina_dhs_medprod/index.php. The fee must be paid online by check or credit card. A copy of the paid receipt must be included in the application. The application will not be processed until payment is received.