

MEDICAID APPLICATION DIRECTIONS/CHECKLIST FOR SCHOOLS

(For assistance, please call 1-866-280-8300, option 2)

Only answer the numbers and forms indicated below:

Where signatures are required, it **must** be the superintendent's signature.

Number 1: Date of application

Number 2: N/A

Number 3: Name of District/ESC

Number 4: Circle number two (2)

Number 5: Tax ID number

Number 6: NPI number and taxonomy code

Number 7: Place of Service Address (central office of your district)

Number 8(a): Billing Address

Number 8(b): Choose how you want to be updated on changes.

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

Number 9: County code needs to be entered.

Number 10: 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, **C6** for Targeted Case Management, **VV** for SBMH, **SA**, **E3** for Vision and Hearing Screens, and **SB** for Audiology. If requesting a number for therapy (OT, PT, SLP), use the following codes (all on one application): **T6, T1, T2**

Number 11: Check box five (5)

Number 12: N/A

Number 13: N/A

Number 14: Enter 06/30

Number 15: N/A

Number 16: N/A

Number 17: Please insert your LEA number, it will not fill in the blanks completely, but Medicaid has requested that it be there.

Number 18: N/A

Number 19: N/A

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

Authorization of Automatic Deposit: This is optional, but must be completed if you want this implemented. 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: When submitting this form to Medicaid, it needs to be the original, signed and dated. **Must be signed by the superintendent** regardless of who has the right to sign financial papers.

Disclosure Form DMS-675: Most blanks will be N/A. On page 2 of 4 (second blank under Corporation information) add the following: district name, address, "100%", and the Tax ID. **The managing employee section will need to be completed as well (first blank on page 3). This is the superintendent.** Their signature is required on page 4 of 4. **Please include the IRS**

SS4 Tax Form, LTR 147C or a letter from the IRS. 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.

__Disclosure Form DMS-689: Include all therapy and other health related partnerships when completing this form. #2 will be N/A most of the time. Superintendent signs.

__Contract (DMS 653): School Name at top of page 2 of 3, District Name in Provider Name blank on page 3 of 3, superintendent signs under Provider on left hand side of page 3 of 3.

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

With each submitted application, Provider Enrollment is required to obtain an ADE approval letter. It is advised to contact the MITS office when beginning the application, so that a letter can be written and sent to the district in order for the letter to be included with the application. Contact MITS at 1-866 280-8300, option 2. Failure to include the ADE letter with the application will prolong the process of getting a Medicaid number activated.

On July 1, 2013, Medicaid began requiring an Application Fee to accompany applications. 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. Medicaid will not accept paper checks.

A few provider types are exempt from this fee. Therapy (individual and group) and Audiology applicants do not have to pay the application fee.