

Dear Medicaid Provider:

Please be aware of the following information related to Electronic Visit Verification (EVV).

Providers using a third party vendor system will now see claims denied if they are submitted with the incorrect Provider Medicaid ID. The Provider Medicaid ID that is submitted on the claim must be the appropriate Provider Medicaid ID for the service provided. The last two digits of your Provider Medicaid ID identifies the provider type:

Provider Type	Procedure Code
32 - Personal Care Services	T1019U3 21 and Over T1019 21 and Under
57 - Respite	S5150
97 – Agency Attendant Care	S5125U2

Please work with your third party vendor to ensure the appropriate Provider Medicaid ID is used. Thank you for your continued patience and participation as we work towards a successful Arkansas EVV system.

If you have additional questions or concerns regarding the above, please contact evvarkansas@dhs.arkansas.gov.

Thank you.