



Name Change Guide for Arkansas Medicaid Providers

This guide is intended for individual providers, provider groups, and agencies who need to update their name with Arkansas Medicaid. It outlines the verification process, required documentation, and submission instructions.

Step 1: Verify Current Name in the System

For Agencies Verifying Caregiver Names:

- Call the **Provider Assistance Center** at **1-800-457-4454**.
- The representative will **verbally verify the name** and **review the spelling**.
- If the name does **not match** the system, the analyst will request the **provider’s maiden name**.

For Individual Providers or Groups:

- Log in to the [Arkansas Medicaid Healthcare Portal](#) using your **User ID** and **Password**.
- If not registered, see [“Registering on the Portal—Provider”](#) for assistance.
- Upon log in, the system will display the relevant provider or group name and associated information.

The screenshot shows the ARMedicaid provider portal interface. At the top, there is a navigation bar with links for Home, Eligibility, Claims, Care Management, Provider Functions, Files Exchange, and Resources. The main content area is divided into several sections:

- Header:** ARMedicaid logo and navigation links (Contact Us, Logout).
- Home:** A breadcrumb trail and the date/time: Friday 08/22/2025 11:08 AM CST.
- Provider Information:** A box containing "Provider Name KYLER TESTED" (highlighted with a red box) and "Role IDs Provider - In Network - 1699742759 (NPI)".
- User Details:** A section with "Welcome CM tester4" (highlighted with a red box) and links for My Profile and Manage Accounts.
- Provider Information (Detailed):** A section with "Name KYLER TESTED", "Provider ID 1699742759 (NPI)", and "Revalidation Date 08/07/2030" (highlighted with a red box). It also includes a link for Characteristics.
- Provider Services:** A section with a link for Search Payment History.
- Welcome Message:** A central message: "Welcome Health Care Professional!" with an image of a doctor and patient.
- Contact Us:** A link for Contact Us and a section for Secure Correspondence with address information: "All Claim Inquiries should be submitted to the following Address: Claims Gainwell Technologies PO BOX 8034 LITTLE ROCK, AR 72203".
- Feedback:** A link: "Help us provide better service to you! Click here to give us your feedback".
- Authenticare Demo:** A link: "Authenticare Demo – For Personal Care Providers required to participate in Electronic Visit Verification".
- Footer:** A link for Privacy Notice.

Step 2: Prepare Required Documentation

If a name update is deemed necessary, **the following documents will be required** based on provider type:

For Group Name Changes:

- Signed Letter of Request
- Updated Contract ([DMS-653](#))
- Disclosure Forms ([DMS-675](#) and [DMS-689](#))
- Updated [W9](#)
- Updated IRS Letter
- Updated License/Certificate/DEA/Surety Bond (based on provider type)

For Individual Name Changes:

- Signed Letter of Request
- Updated Contract ([DMS-653](#))
- Disclosure Forms ([DMS-675](#) and [DMS-689](#))
- Updated [W9](#)
- Updated SSN Card
- Updated License/Certificate/MCR/DEA (based on provider type)

For PT 95 Providers:

- Signed Letter of Request
- Updated SSN Card
- License (*NW specialty only*)
- [W9](#) (*NV specialty only*)

For Groups Adding a Doing Business As (DBA) Name

- SOS (Secretary of State) Documents
 - Must reflect **registered DBA**
 - Must be from the **same state as the service location**
- Signed Letter of Request
- Updated W9 reflecting DBA
- Updated Contract ([DMS-653](#))

Step 3: Submit Documentation

- Required documents can be uploaded via the [Arkansas Medicaid Healthcare Portal](#). (If you are unsure how to complete this step, please refer to “[How to Upload Documents](#)” job aid for detailed instructions.)
 - Please note: If you're submitting information for an individual provider while logged in under a group account, enter the individual provider number as instructed and upload the required documentation.

ARMedicaid [Contact Us](#) | [Logout](#)

Home | **Eligibility** | **Claims** | **Care Management** | **Provider Functions** | **Files Exchange** | **Resources**

PCP Information | Provider LTC Census | Search Update Requests | **Submit an Update Request** | Life 360 Hospital Information

[Provider Functions](#) > Submit an Update Request Friday 08/22/2025 11:45 AM CST

Provider Name KYLER TESTED **Role IDs**

Submit an Update Request ?

Select the Request type that is being made and add any necessary attachments before submitting. Once the documents have been uploaded, click the submit button to allow your request to be processed.

* Request Type

Attachments -

Fill out all required fields before submitting.

File Name	Attachment Status	Action
<input type="checkbox"/> Collapse		
Upload File: <input type="text"/> <input type="button" value="Select"/>		
Individual Provider ID: <input type="text"/> <input type="button" value="Search"/>		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

[Privacy Notice](#)

- Ensure all documents are **accurate, complete,** and **reflect the new name** before submission.

Need Help?

- **Provider Assistance Center:** 1-800-457-4454
- [Arkansas Medicaid Healthcare Portal](#)