

Rehabilitative Services for Persons with Mental Illness

RSPMI Re-certification Requirements

Policy effective January 1, 2011

Demographics

- 52 certified providers
- 291 certified sites
- 13 (of 52) Community Mental Health Centers
 - 101 CMHC sites
- 3 (of 52) are Specialty Clinics
 - 17 Specialty Clinic sites
- 173 other sites



Bridget Atkins, LCSW

Manager of Certification & Licensing

Andrea Fresh, LCSW

Certification & Licensing Specialist

Certification & Licensure Staff

DBHS Role: To assure care & services comply with applicable laws.

DBHS tracks:

- Minimum staffing requirements
- Policy requirements
- Accreditation status
- Service site information
- Provider contact information
- Adverse actions
- Agency Ownership

DBHS requires:

- Cultural competency
- Compliance with laws
- Emergency services
- Service requirements
- Adequate supervision
- Professionally recognized standards
- Quality Assurance/Quality Improvement

RSPMI Maintenance Requirements

1. Provider and all sites must be compliant with all policy and regulations stated in the RSPMI manual (revised 1/1/2011).
2. Provider must notify DBHS within 30 calendar days of any changes effecting certification records (some exceptions).
3. Display RSPMI certificate in a prominent location at each site.
4. Submit Annual Report or Annual Plan/Basic Service Plan to DBHS within required timeframe (more details later).

RSPMI Maintenance Requirements, cont.

5. Provider must provide DBHS with copies of all correspondence to and from accrediting agency within 30 calendar days----4 exceptions:
- a. Correspondence related to provider's request for re-accreditation **within 5 days.**
 - b. Provider must notify DBHS **within 3 days** if there is any interruption or change in the accreditation status.
 - c. Provider must **immediately** forward the final report from the accrediting agency.
 - d. Correspondence related to changes in service delivery, site location, or organizational structure must be sent **within 10 days.**

Noncompliance

Noncompliance with RSPMI regulations may result in one or more of the following:

1. Submission & implementation of an acceptable Corrective Action Plan as a condition of retaining certification.
2. Suspension of RSPMI certification (for a specified time or until provider meets all conditions specified in suspension notice).
3. Termination of RSPMI certification.
4. RSPMI providers may appeal DBHS adverse actions within 30 calendar days.

DBHS staff are here to assist you by....

- Providing technical assistance
- Compiling documentation for a variety of activities

AND

- Facilitating and coordinating notification to Provider Enrollment

Provider Recertification

- DBHS notifies providers 30-45 days prior to expiration of certification.
- Certification is concurrent with national accreditation cycle PLUS 6 months.
- Allows for provider to receive final report, which is immediately forwarded to DBHS.
- DBHS reviews DBHS forms and/or DMS documents for completion/accuracy with previous records.

Provider Recertification cont.

- If DBHS has not recertified provider and all sites before expiration,

certification is void
beginning at midnight
(12:00am) the next day.

Provider Recertification cont.

- Documents must be received at least 15 days before certification expires to allow time for review or receipt of additional information.
 - All correspondence from CARF, TJC, or COA
 - Final accreditation certificate/letter **AND** report from CARF, TJC, or COA
 - Completed recertification application (DBHS Form 3, and info/attachments listed on pages 2-3 of form)
 - Release of Info for Accrediting body (DBHS attachment 1)
 - DMS-675 (Ownership & Conviction Disclosure)
 - DMS-689 (Disclosure of Significant Business Transactions)

Provider Recertification, cont.

<http://humanservices.arkansas.gov/dbhs/Documents/DBHS>

- Menu on left: chose Publications & Documents
- Scroll down to RSPMI section
 - Certification Manual
 - Appendices

Change of Administrative Staff

- DBHS must be notified of changes in:
 - CEO/Executive Director
 - Clinical Director
 - Medical Director
 - Corporate Compliance Officer

Change of Administrative Staff

- Documents required:
 - written notification of specific change, including names, effective date, and if full-time or equivalent position
 - resume & license of newly appointed staff
 - notification to National Accrediting body & their acceptance
 - DMS-675 (Ownership & Conviction Disclosure)
 - DMS-689 (Disclosure of Significant Bus. Transactions)
- Corporate Compliance officer (no DMS forms required)

Service Site Transactions

- Site Relocation/Transfer (within 50 miles)
- Site Suspension (can be up to one year)
- Site Closure (planned or unplanned)
- Adding a New Site (requires exception approval)

Service Site Transfer

- Documents required:
 - Written request
 - DBHS form 4 (and attachments listed on page 2)
 - DMS-673 (Address Change Form)
 - DMS-653 (New Medicaid Contract)
- Notification to: Clients, DBHS, National Accrediting body & confirmation
 - DBHS will forward notification to Provider Enrollment and ValueOptions

Service Site Suspension

Only if temporarily closing AND unrelated to adverse action.

Documents required:

- Written request
- Transition plan to assure continuity of care for clients/families
- Notification to: Clients, DBHS, National Accrediting body & confirmation
 - DBHS will forward notification to Provider Enrollment and ValueOptions
- Recertification and Annual Updates still apply

Service Site Closure Planned or Unplanned

- Documents needed:
 - Written request/notice
 - DBHS form 4
 - Transition Plan to assure and document continuity of care for clients/families
 - Notification to: Clients, DBHS, and National Accrediting body & confirmation
 - DBHS will forward notification to Provider Enrollment and ValueOptions

Adding a New Site

- Due to the moratorium-this will involve a request for an exception to the moratorium. We suggest providers **submit a request the exception in writing FIRST**, before completing other tasks.
- The latest version of the moratorium is Amendment 4, but will typically be listed under publications on the DBHS website.
- The Division Director makes the decision on granting an exception to the moratorium, or not.

Adding a New Site

- Documents needed:
 - DBHS form 5
 - DMS-653 (New Medicaid Contract)
 - DMS-675 (Ownership & Conviction Disclosure)
 - DMS-689 (Disclosure of significant bus. trans.)
 - Notification to National Accrediting body & confirmation

Change of Ownership

- Documentation needed:
 - Written notification
 - Notification of administrative changes/governance
 - DMS-652 (Application)
 - DMS-689 (Disclosure of significant bus. trans.)
 - DMS-675 (Ownership & Conviction Disclosure)
 - DMS-0688 (Change of Ownership Info)
 - DMS-653(New Medicaid Contract)

Change of Ownership cont.

- Documentation cont.
 - Notification to National Accrediting body of change & confirmation
 - All legal contracts/agreements documenting changes
 - **If TAX ID changes**, refer to Medicaid manual for additional documentation.

(<https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/rspmi.aspx>) §1, 142.100, F

New Provider Application

- Documentation required:

We strongly suggest that providers take the first step by **requesting an exception to the moratorium in writing FIRST.**

- DBHS form 1 (and other listed information, including release of information to accrediting body).
- DBHS form 2 (and other listed information).
- Home office in Arkansas (may be administrative only).
- All sites must be nationally accredited & documents must ID each RSPMI site specifically.
- Provider and sites must be accredited to provide behavioral health services.

Legal Name Change

- Documentation required:
 - Written notification
 - DMS-653 (New Medicaid Contract)
 - DMS-675 (Ownership & Conviction Disclosure)
 - DMS-689 (Disclosure of Significant Bus. Trans.)
 - Notification to National Accrediting body of change & confirmation.
 - Updated release of information if the provider's organization name has changed.

Annual Update

Documents needed from most RSPMI providers :

- a. DBHS form 6 and other listed information.
- b. Copy of Attestation Letter sent to Provider Enrollment by June 15 annually.
- c. Due June 30th annually. Reminders sent out in May.

Exception

CMHCs and Specialty Clinics may submit the Annual Plan/Basic Services Plan to designed DBHS staff, but please forward a courtesy copy of the Attestation Letter required by Provider Enrollment/Medicaid.

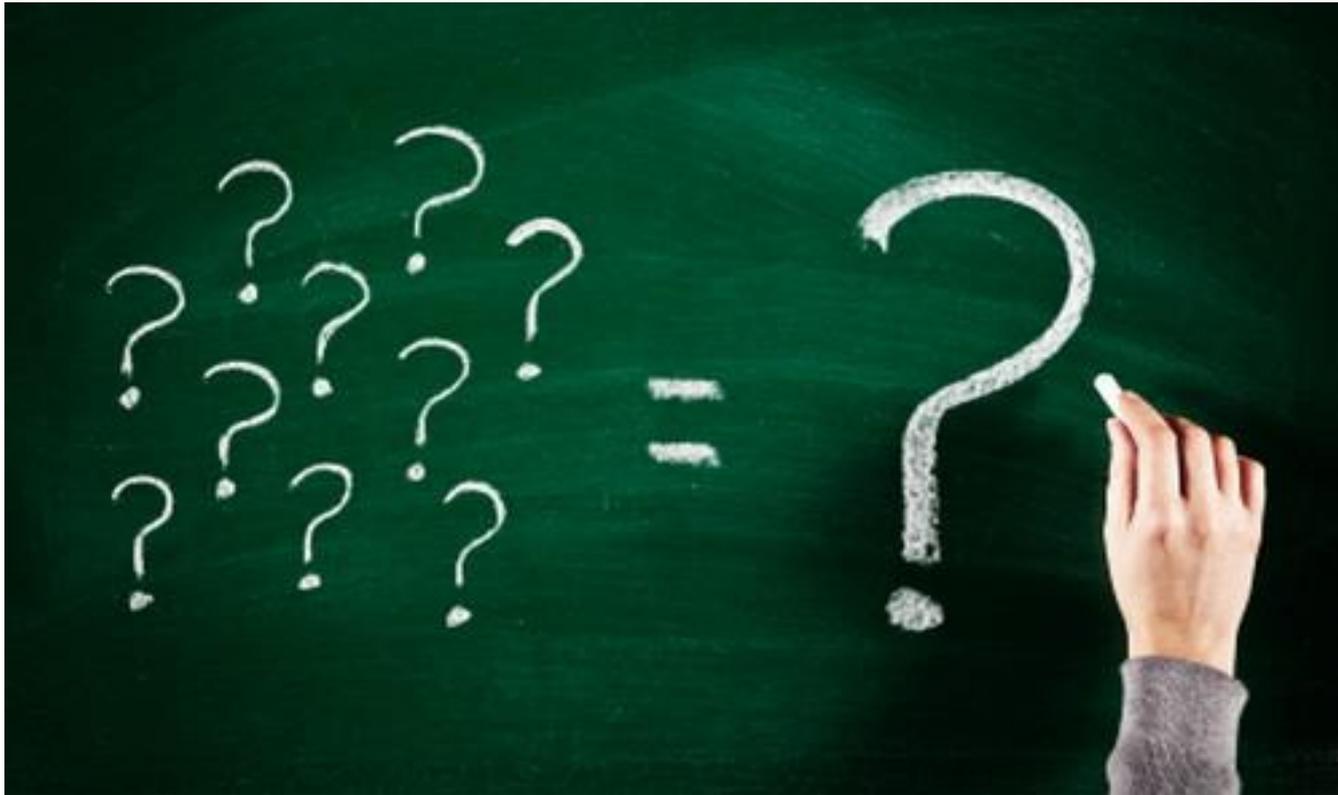
DBHS Licensing & Certification

Contacts

- Bridget Atkins, LCSW
Manager of Certification & Licensing
Bridget.atkins@dhs.arkansas.gov
501.686.9515
- Andrea Fresh, LCSW
Certification & Licensing Specialist
Andrea.fresh@dhs.arkansas.gov
501.683.6971

Fax number: 501.686.9182 (please use cover sheet)

Questions



Provider Enrollment

HP - Fiscal Agent for the
Arkansas Division of Medical Services

Agenda

- Provider Enrollment Information
- Applications: New and Re-Enroll
- Prescriber Enrollment
- RSPMI Web Inquiry
- HP Medicaid Contacts

Provider Enrollment

Welcome to Arkansas Medicaid - Windows Internet Explorer provided by HP - Arkansas Title XIX

https://www.medicaid.state.ar.us/

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McAfee

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What type of information do you want?

EDI, PAC, Provider Enrollment, and AIPT now share the same convenient phone numbers:
In-state toll-free: (800) 457-4454
Local and out-of-state: (501) 376-2211

Select option 0 for "Other inquiries" and then option 1 for "EDI Support Center" when prompted.

Select option 0 for "Other inquiries" and then option 2 for "Provider Assistance Center" when prompted.

Select option 0 for "Other inquiries" and then option 3 for "Provider Enrollment" when prompted.

Select option 0 for "Other inquiries" and then option 4 for "Arkansas Incentive Payment Team"

General Provider
Consumer Research

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Timely Information for Medicaid Providers

- Go to www.medicaid.state.ar.us.
- Click on "Provider."

Provider Enrollment

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Provider Information

Provider information is a collection of tools for individuals and organizations that provide health care to Arkansas Medicaid beneficiaries. Navigate this section using the links on the left.



All systems are currently online.

Provider Enrollment

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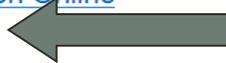
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Provider Enrollment Forms

All Forms, except Applications, May Be Faxed

Printable Enrollment-Related Forms

[Address Change Form](#)

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[Data Sharing Agreement](#)

[Electronic Fund Transfer \(EFT\) Authorization for Automatic Deposit](#)

[EPSDT Agreement](#)

[Disclosure of Significant Business Transactions](#)

[Media Selection/e-Mail Address Change Form](#)

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[NPI Reporting Form](#)

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Provider Enrollment Forms

FOR OFFICE USE ONLY	
Provider ID Number _____	Pending _____
Taxonomy Code _____	Computer _____
Specialty Code _____	OK to Key _____
Provider Type _____	Keyed _____
Effective Date _____	Maintenance Checked _____

SECTION I: ALL PROVIDERS

This section **MUST** be completed by all providers.

- (1) **Date of Application:** Enter the current date in month/day/year format.

MM / DD / Year

- (2) **Last Name, First Name, Middle Initial, and Title:** Enter the legal name of the applicant. The title spaces are reserved for designations such as MD, DDS, CRNA or OD. If the space is insufficient, please abbreviate.

If entering any other name such as an organization, corporation or facility, enter the full name of the entity in item 3. **NOTE:** Item 2 or 3 must be completed, **BUT NOT BOTH.**

Last Name _____ First Name _____ M. I. _____ Title _____

- (3) **Group, Organization or Facility Name:** Enter full name of the entity.
Examples: John R. Doe, PA; Adam B. Corn, Inc.; Arkansas Emer. Phys. Group; Pulaski County Hospital; John Thompson, M. D., DBA Thompson Clinic

Corporation Name _____

Fictitious Name (Doing Business As) _____

Must submit documentation that the above fictitious name is registered with the appropriate board within your state, (i.e., Secretary of State's, County Clerk) of the county in which the corporation's registered office is located.

- (4) **Application Type:** Circle one of the following codes which coincide with fields 2 or 3. Each application type listed below will be required to complete Disclosure Forms (DMS-675 – Ownership and Conviction Disclosure and DMS-689 – Disclosure of Significant Business Transactions.)

***NOTE: IF THE FORMS ARE NOT COMPLETED AND ATTACHED, THE APPLICATION WILL BE DENIED.**

- 0. Individual Practitioner (i.e., physician, dentist, a licensed, registered or certified practitioner)
- 1. Sole Proprietorship (This includes individually owned businesses)
- 2. Government Owned
- 3. Business Corporation, for profit
- 4. Business Corporation, non-profit: *** copy of Tax Form 501 (c) (3) must accompany this application**
- 5. Private, for profit
- 6. Private, non-profit: *** copy of Tax Form 501 (c) (3) must accompany this application**
- 7. Partnership

The only forms that Provider Enrollment will not accept faxed are the Arkansas Medicaid Provider Application and Re-Enrollment Application (and attachments).

Provider Enrollment

Providers should call to verify that faxes and mail were received.

- Wait two days to check on a fax.
- Wait one week to check on mail.

Applications: New and Re-Enroll

New Provider Application

Complete Online or by Paper

Enrollment

Start an application

We encourage providers to enroll in the Medicaid program. We offer providers two ways to complete an application.

Online



Applying online is easy and saves you time. You will be guided through a series of steps that should take no longer than one hour to complete, however. If you are short on time, you may start an application, save it after completing only the first step, and then return to continue the application at a more convenient time.

To start an online application click **Start**.

Start

NOTICE: Use of this application is restricted to authorized users. User activity is monitored and recorded by system personnel. Anyone using this application expressly consents to such monitoring and recording. BE ADVISED: if possible criminal activity is detected, system records, along with certain personal information, may be provided to law enforcement officials.

Paper

 You may [print an application](#), complete it and mail it to us. This document opens with Microsoft Word (.doc). When you click the link, the document opens in a new window. To return to this page, close the window. If you click the link and the document doesn't open, [download Microsoft Word Viewer](#) free so you can view and print the document.

Re-Enrollment Application

Complete Online Only

Enrollment

Re-Enrollment

Enter a SSN or TaxID and click **Start**.

Applicant identification

If enrolling an individual practitioner, type the Social Security Number. If an individual has a Federal Taxpayer ID, you will need to complete two applications and two contracts. One as an individual and one as an organization. If enrolling a sole proprietorship, type either the Social Security Number or Federal Taxpayer ID.

SSN Federal Tax ID

NOTICE: Use of this application is restricted to authorized users. User activity is monitored and recorded by system personnel. Anyone using this application expressly consents to such monitoring and recording. **BE ADVISED:** if possible criminal activity is detected, system records, along with certain personal information, may be provided to law enforcement officials.



Provider Enrollment Tips

Tips for a Smooth Enrollment/Re-Enrollment

- Contract
- Section IV-group affiliation
- Electronic Fund Transfer (EFT) Authorization for Automatic Deposit
- Name change forms
- Change of ownership forms (if applicable)
- Address change forms
- PCP agreement (if applicable)
- EPSDT agreement (if applicable)
- When submitting credentials for re-enrollment, always write your provider number on the form. This will help us process your renewal more quickly if there are several providers under the same tax ID number.
- When enrolling for Electronic Fund Transfer (EFT) Authorization for Automatic Deposit, you must attach a voided check or a letter from the bank. Deposit slips are not accepted to set up EFTs.
- W-9 forms and contracts for individual providers must be submitted in their name, with their Social Security number and their original signature. If the W-9 or contract is for a group or facility, it must include the tax ID number and an original signature. A tax coupon is also acceptable in place of a W-9 form.

Provider Enrollment Tips

- If you have been inactive with Arkansas Medicaid for six months, you must submit a new application.
- You must submit credentials annually. A good rule of thumb is to fax a current copy to Provider Enrollment when you mail your license/certification renewal fees to your state. When faxing state licenses, please make certain you fax the current license. Always check the expiration date before faxing.

Prescriber Enrollment

Prescriber Enrollment

Effective July 1, 2013, a new federal regulation requires that prescribing providers must be enrolled in the state's Medicaid program before a prescription can be paid by Medicaid.

RSPMI Web Inquiry

Arkansas Medicaid Website

www.medicaid.state.ar.us

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Select option 0 for "Other inquiries" and then option 4 for "Arkansas Incentive Payment Team (AIPT)" when prompted.

Welcome to Arkansas Medicaid

What type of information do you want?



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Timely Information from Arkansas Medicaid

Arkansas Medicaid supports healthy initiatives for improving the lives of Arkansans. To read more about some of these programs, click the links below. The links will open in new windows. To return to this site, close the window.



Arkansas Medicaid Website

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Provider Information



Provider information is a collection of tools for individuals and organizations that provide health care services to Arkansas Medicaid beneficiaries. Navigate this section using the links on the left.

Current Providers

To verify patient eligibility and benefits, file claims, check a previously filed claim's status, update provider demographic information or utilize other Medicaid applications, type your user ID and password and click **Submit**.

If you have difficulty logging on, please contact the EDI support center.

- In-state toll-free: (800) 457-4454
- Local and out-of-state: (501) 376-2211

Log on

User ID: Password:

RSPMI Web Inquiry

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What's New for Arkansas
Medicaid Providers
[Provider Web Newsletter](#)
(see PDF)

RSPMI Web Inquiry

Tracking
No.:

Date: 12/09/2014

Provider ID: Provider Name:

Enter Recipient
ID:

Last Name:

First Name:

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[Transforming Arkansas](#)

Audit Number	Benefit Limitation	Current SFY (Used)	Prior SFY (Used)
U21	RSPMI RECIPIENTS ALLOWED 1 UNIT FOR DIAG ASSESS BY PHY PER SFY	0	0
U22	RSPMI RECIPIENTS ALLOWED 8 UNITS FOR MASTER TREAT PLAN PER SFY	4	0
U23	RSPMI RECIPIENTS ALLOWED 10 UNITS FOR REV OF TREATMENT PER SFY	2	0
U24	RSPMI RECIPIENTS ALLOWED 12 UNITS FOR PHYSICIAN VISITS PER SFY	0	0
U25	RSPMI RECIPIENTS ALLOWED 12 UNITS FOR NURSE PRACTITIONER PER SFY	0	0
U26	RSPMI RECIPIENTS ALLOWED 12 UNITS FOR ROUTINE VENI PER SFY	0	0
U27	RSPMI RECIPIENTS ALLOWED 16 UNITS FOR MENTAL EVAL & DIAG PER SFY	0	0
U28	RSPMI RECIPIENTS ALLOWED 16 UNITS FOR INTERP OF DIAG PER SFY	0	0
U29	RSPMI RECIPIENTS ALLOWED 24 UNITS FOR PHARM MANAGT PER SFY	0	0
U30	RSPMI RECIPIENTS ALLOWED 32 UNITS FOR PSYCH EVAL PER SFY	0	0
U31	RSPMI RECIPIENTS ALLOWED 48 UNITS FOR IND PSYCHOTHERAPY PER SFY	4	0
U32	RSPMI RECIPIENTS ALLOWED 48 UNITS FOR MAR/FAM THERAPY PAT PER SFY	0	0
U33	RSPMI RECIPIENT ALLOWED 72 UNITS FOR CRISIS INTERVENTION PER SFY	0	0
U34	RSPMI RECIPIENTS ALLOWED 72 UNITS FOR CRISIS STABIL PER SFY	0	0
	RSPMI RECIPIENT ALLOWED 72 UNITS FOR		

RSPMI Web Inquiry

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[\(www.arkmedicaid.gov\)](#)

RSPMI Web Inquiry

Date: 12/09/2014

Tracking No.:

Provider ID: Provider Name:

Enter Recipient ID:

Last Name:

First Name:

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[Arkansas Payment Improvement Initiative \(see website\)](#)
[Transforming Arkansas](#)

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U25	RSPMI RECIPIENTS ALLOWED 12 UNITS FOR NURSE PRACTITIONER PER SFY	0	0
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U30	RSPMI RECIPIENTS ALLOWED 32 UNITS FOR PSYCH EVAL PER SFY	0	0
U31	RSPMI RECIPIENTS ALLOWED 48 UNITS FOR IND PSYCHOTHERAPY PER SFY	4	0
U32	RSPMI RECIPIENTS ALLOWED 48 UNITS FOR MAR/FAM THERAPY PAT PER SFY	0	0
U33	RSPMI RECIPIENT ALLOWED 72 UNITS FOR CRISIS INTERVENTION PER SFY	0	0
U34	RSPMI RECIPIENTS ALLOWED 72 UNITS FOR CRISIS STABIL PER SFY	0	0
	RSPMI RECIPIENT ALLOWED 72 UNITS FOR		

HP Medicaid Contacts

HP Enterprise Services

Provider Enrollment

Monday through Friday (8 a.m. – 5 p.m.)

- Toll-free in Arkansas (800) 457-4454
- Local or out-of-state (501) 376-2211
- Dedicated fax (501) 374-0746

When calling, select option 0 for Other Inquiries.
Then select option 3 for Provider Enrollment.

HP Enterprise Services
Provider Enrollment Unit
PO Box 8105
Little Rock, AR 72203-8105



HP Enterprise Services

Provider Assistance Center (PAC)

- Your first point of contact for billing, claim status and other general questions is the Provider Assistance Center:

Monday through Friday (8 a.m. – 5 p.m.)

- Toll-free in Arkansas (800) 457-4454
- Local or out-of-state (501) 376-2211



Please Note: Provider Assistance no longer verifies eligibility.

HP Enterprise Services

Electronic Data Interchange (EDI)

- The HP Enterprise Services EDI Support Center assists providers with electronic claim submission issues, 997 batch responses, PES software delivery and setup support, software training and data transmission failures.

Monday through Friday (8 a.m. – 5 p.m.)

- Toll-free in Arkansas (800) 457-4454
- Local or out-of-state (501) 376-2211
- Email Address ARKEDI@HP.COM



HP Enterprise Services

Research Analyst

The HP Enterprise Services Research Analyst answers emails sent to region mailboxes, researches claims issues from providers and submits eligible claims with appropriate override.

Providers need to attach a cover letter explaining the reason for their inquiry and attach an original red and white claim form with their cover letter to the address below.

HP Enterprise Services
Attn: Research Analyst
PO Box 8036
Little Rock, AR 72203



HP Enterprise Services

Provider Representatives

Provider representatives handle billing and policy issues that have been escalated from the Provider Assistance Center. They are also available to visit your office by appointment.

Don't know who your Provider Representative is?

- Locate your county on the map in your handouts to see who your Provider Rep is.
- On the Medicaid website, click on "Meet your HP Enterprise Services Provider Rep" and then click on your county.



Thank you!

Access to ProviderConnect

ValueOptions Arkansas

Home Screen

<http://Arkansas.valueoptions.com>



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In the Spotlight...

- Arkansas Healthcare Payment Improvement Initiative (AHPII): www.paymentinitiative.org
Available on the AHPII website are tools and resources such as the [ADHD Toolkit](#) and [ODD Toolkit](#).

ValueOptions® Arkansas



News & Events

- » [Add your email address](#) to the ValueOptions® Arkansas provider email distribution list in order to receive valuable updates pertinent to Arkansas.
- » [The Provider Wire](#) is a quarterly newsletter for Arkansas Medicaid Providers. The newsletter often features news, tips, suggestions and interesting articles about providers and programs.

» *For the latest*
ICD-10
updates,
[Click here](#)

For Providers

For Members

ValueOptions® Arkansas

In Arkansas, ValueOptions® serves as the QIO-like organization, responsible for assisting the State of Arkansas Department of Human Services Division of Medical Services in administering the state's mental health care delivery system. Under this agreement, ValueOptions® operates two contracts.

ValueOptions® provides utilization review (UR) for prior authorization through a free, secure, web-enabled system, for inpatient services for beneficiaries who are under 21 years of age as well as for outpatient services for children, adolescents and adults. The organization also provides UR for substance abuse services for beneficiaries ages 9 through 20 and pregnant females.

In addition to UR services, ValueOptions® provides Care Coordination for

For Providers



for providers



Provider Online Services

- Home
- **Provider Home**
- Provider Handbook
- **Provider Forms & Reference Documents**
- Provider Training & Education
- Provider Alerts
- Provider Newsletter
- Provider Contacts
- Focus Groups
- Proposed
- Frequently Asked Questions
- Bi-Annual Stakeholder

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Provider Online Services

Welcome to ValueOptions® Arkansas Provider Online Services!

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

[LOG IN](#)

[REGISTER](#)

[DEMO](#)

ValueOptions®, the QIO-like organization for the Arkansas Division of Medical Services (DMS), provides utilization and quality control peer review for outpatient behavioral health services to qualifying Arkansas Medicaid beneficiaries.

ValueOptions also is the QIO-like organization which provides utilization and quality control peer review for inpatient psychiatric services for Arkansas Medicaid beneficiaries under the age of twenty-one.

Inpatient utilization and quality control peer review activities include the following:

- Certification of Need and determination of medical necessity for admission
- Continued stay and quality of care for inpatient psychiatric treatment by providers who are enrolled in the Arkansas Medicaid inpatient psychiatric program
- Care coordination in connection with admission diversion
- Discharge planning

Provider Forms and Reference Documents



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for providers



Provider Online Services

- [Home](#)
- [Provider Home](#)
- [Provider Handbook](#)
- [Provider Forms & Reference Documents](#)**

Provider Forms & Reference Documents

[Administrative Forms](#) | [Care Coordination](#) | [Clinical Forms](#) | [Inspection of Care](#) | [Reference Documents](#) | [FAQs](#)

Administrative Forms

- [Frequently Asked Questions \(FAQ\) \(PDF\)](#)
- [Online Services Account Request Form](#)
- [ProviderConnect Account Request Form for Access to Multiple Providers](#)

Care Coordination

- [Care Coordination Program Brochure \(PDF\)](#)
- [Care Coordination Program Presentation \(PPT\)](#)
- [Care Coordination Map \(PDF\)](#)

Clinical Forms

Online Provider Service Request Form



Online Provider Services
Account Request Form

Required fields are marked with an asterisk. *
Fax pages 1 & 2 of completed form to 866-698-6032.
Questions on this form? Read instructions on page 3.

Special Setup: (See page 3)

- Additional Login Account
- Super User Account
- New Combined Account
- Existing Combined Account:

Login ID: _____

ABC Counseling Center

*Provider, Practice or Facility Name

ARK # assigned by ValueOptions Facility NPI #

*ValueOptions assigned Provider ID. If not known, please see page 3 *NATIONAL PROVIDER IDENTIFIER # (NPI)

0001112223

*Provider, Practice or Facility Tax IDs to be associated to this online account. If more than one, please list all.

1122 Counseling Circle

*Address

Little Rock Ar 72201

*City *State *Zip Code

501 555 5555 Ext. 5 (501) 555 5554

*Telephone Number Fax Number

*Please check which Online Provider Services options you would like to have access to:

- Electronic Batch Claims Submission (837 HIPAA format)
- Direct Claims Submission
- Military OneSource Case Activity Form
- Horizon Behavioral Health Authorizations

Automatically included:

- Eligibility Inquiry
- Claim Status Inquiry
- Authorization Inquiry & Submission
- Provider Summary Vouchers/EOBs

Provider has retained a 3rd party Billing Agent or Clearinghouse to submit claims on their behalf. (Other than office staff) (If yes, please complete the Billing Intermediary Authorization Form)

Yes No

Online Provider Service Request Form

Depending on the state in which you are practicing, you may need multiple accounts created to ensure the claims are processed accurately (i.e. Medicaid vs. Commercial). Therefore, to help us in setting up your account(s) correctly, if you are located in...

Colorado, will you be submitting CO Medicaid clients? Yes No, Commercial Only Both

Kansas, will you be submitting either KS Medicaid Claims or AAPS Block Grant clients? Yes No, Commercial Only Both

Maryland, will you be submitting MD MHA clients? Yes No, Commercial Only Both

Massachusetts, will you be submitting MBHP clients? Yes No, Commercial Only Both

Pennsylvania, will you be submitting SWPA Medicaid clients? Yes No, Commercial Only Both

Pennsylvania, will you be submitting for the Non-HealthChoices Mental Health Program? Yes No Counties: _____

Texas, will you be submitting TX NorthSTAR clients? Yes No, Commercial Only Both

Illinois, will you be submitting Batch Registration Files for Illinois Mental Health Collaborative or ICG clients? Yes No

Employee @ abccounseling.com

*Provider's Contact e-mail address - Please print

URmanager @ abccounseling.com

E-mail address where you would like to receive your batch submission file feedback. - Please print.

Utilization review manager

*Contact Name at Provider's Office

Page 1 of 3

ValueOptions, Inc / EDI Helpdesk / PO Box 1287, Latham, NY 12110/Phone#: 888-247-9311

Forms that are incomplete, incorrect or illegible may delay or prevent proper processing.

Online Provider Service Request Form



Online Provider Services Account Request Form

Required fields are marked with an asterisk. *
Fax pages 1 & 2 of completed form to 866-698-6032.
Questions on this form? Read instructions on page 3.

Agreement Terms:

- A. The undersigned submitter authorizes ValueOptions to receive and process claims or batch registration submissions via the ValueOptions Electronic Transport System (ETS) or ValueOptions Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- B. All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.
- C. The Submitter agrees to comply with any laws, rules and regulations governing the ValueOptions Online Provider Services/EDI program.
- D. The Provider agrees to accept, as payment in full, the amounts paid in accordance with the fee schedules provided for under previously established agreements with ValueOptions.
- E. This is to certify that an exact copy of any claim files submitted via the ValueOptions ETS system or Online Provider Services program will be stored in an electronic medium and held by the originator for a period of 90 days or until the submission has been finalized as to reimbursement or denial of payment, whichever comes first.

Online Provider Service Request Form

***This is to certify that the following is true:**

I am a provider

OR

I am office staff of a Provider, and am authorized to sign on their behalf.

Signatures:

Employee

Credentials

Legal name of Organization

Title of individual signing for organization

Facility Name

3-18-15

***Name of Individual Signing for Organization**

***Authorizing Signature**

***Date**

For Super User Accounts Only:

***First and Last Name of Initial Managed User**

***Managed Users Phone**

@

*** Managed Users e-mail address – Please print**

Page 2 of 3

ValueOptions, Inc / EDI Helpdesk / PO Box 1287, Latham, NY 12110/Phone#: 888-247-9311

Forms that are incomplete, incorrect or illegible may delay or prevent proper processing.

Provider Connect Account Request Form

Access to Multiple Provider Numbers



ProviderConnect
Account Request Form
Access to Multiple Provider Numbers

Required fields are marked with an asterisk. *
Fax completed form to 866-698-6032.

John Doe

*Name of staff member

1122 Counseling Circle

*Address

Little Rock

AR

72201

*City

*State

*Zip Code

(501) 555 5555

(501) 555 5554

*Telephone Number

Fax Number

*Please check which Online Provider Services options you would like to have access to:

- Electronic Batch Claims Submission
(837 HIPAA format)
- Online Claims Adjustment

- Direct Online Functions:
- Direct Claims Submission
 - Online Claims Adjustment

- Automatically included:
- Eligibility Inquiry
 - Claim Status Inquiry
 - Authorization Inquiry & Submission
 - Provider Summary Vouchers/EOBs

Provider Connect Account Request Form

Access to Multiple Provider Numbers

Employee _____ @ abccounseling.com

* Staff member's contact e-mail address – Please print

Urmanager _____ @ abccounseling.com

E-mail address where you would like to receive your batch submission file feedback. - Please print.

This is for a new login ID

We are adding a provider number to an existing Additional Login. Existing Login ID: _____

*Please list the names and provider number of all the providers you will need access to with this account (Online Provider Services Account Request Forms must have been previously submitted, or with this form):

You must also indicate what specific tax IDs that this user should be allowed access to under that provider number. All fields are required.

Provider Name	Provider ID (VO/State/ contract assigned unique ID – not NPI)	Tax ID(s)	NPI
<i>John Doe</i>	<i>123456</i>	<i>123456789</i>	<i>9999999995</i>
<i>John Doe</i>	<i>UAW123456</i>	<i>123456789</i>	<i>9999999995</i>

You may use additional sheets of paper if needed.

Contact

Linda M. “Shelly” Rhodes, LPC

Provider Relations Manager

ValueOptions®

Shelly.rhodes@valueoptions.com

1401 W Capitol Ste. 330 | Little Rock | Arkansas | 72201

p)501.707.0920

Questions?