



Secure Provider Portal Training

Housekeeping

- Please mute your phone.
- Please do not put this call on hold-we can hear your hold music.
- **Please hold all questions until the end of the presentation.**

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Agenda

- Account Registration
- Account Details
- Portal Functionality:
 - Patient Eligibility
 - Patient Listings
 - Authorizations
 - Claims
 - Secure Messaging
- Helpful Tips
- Contact
- Q&A

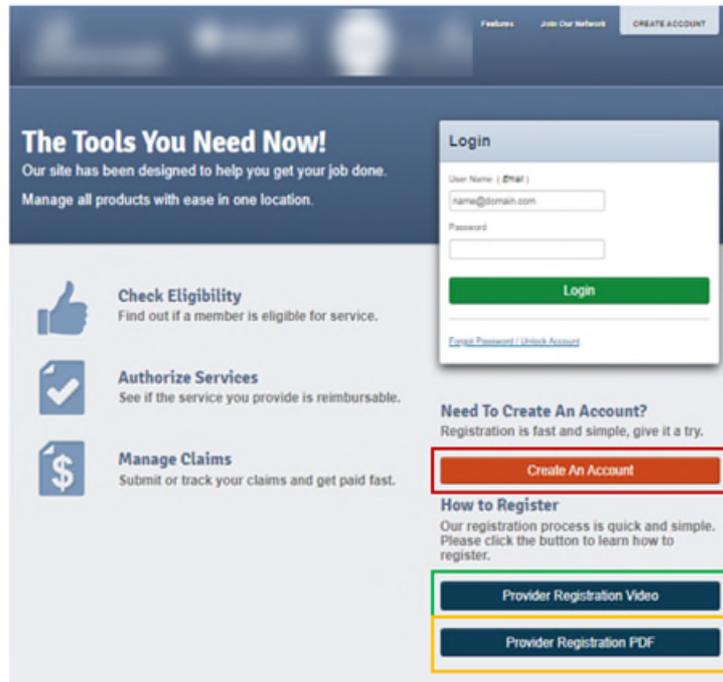
Secure Provider Portal Overview

- Portal is available 24/7 and Free
- Cost savings - portal is free
- Better management of patient's care, i.e. care gaps
- Efficiency of electronic authorizations and claim submissions
- Accessible features:
 - Verify patient eligibility
 - View and print your patient listings
 - Submit and view authorizations
 - Submit, view, correct and copy claims
 - Send and receive secure messaging
- Ability to switch between Multiple Provider Tax ID's
- Ability to switch between multiple products

Account Registration

Portal Registration

provider.arhealthwellness.com
 provider.arkansastotalcare.com



The Tools You Need Now!
 Our site has been designed to help you get your job done.
 Manage all products with ease in one location.

- Check Eligibility**
Find out if a member is eligible for service.
- Authorize Services**
See if the service you provide is reimbursable.
- Manage Claims**
Submit or track your claims and get paid fast.

Login

User Name (Email)

 Password

[Forgot Password / Unlock Account](#)

Need To Create An Account?
 Registration is fast and simple, give it a try.

How to Register
 Our registration process is quick and simple. Please click the button to learn how to register.



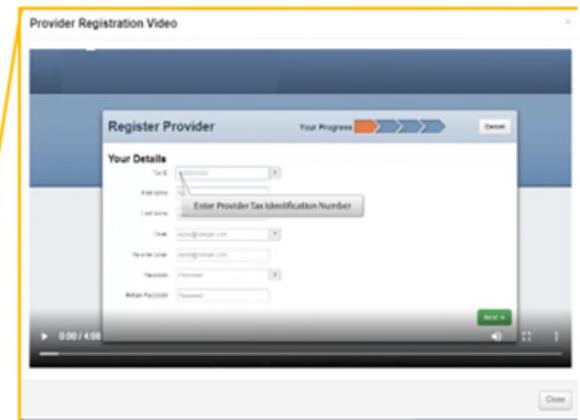
CENTENE Secure Provider Website Registration

1. Register for the Secure Provider Portal, follow the instructions below.
2. Return to the public website, click "The Provider" and "Join Provider".
3. Select "Forgot" information and click the button, "Create an Account".
4. Start your registration. Enter your State ID Number, and Email Address, and create a Password. Password must be at least 8 characters long, contain at least one letter and one number, and be unique from any other accounts you have.
5. Enter the verification code that the system sends you via "text" or "email".
6. Select your profile information and provide your account.

NOTE: If you receive the error message "We could not find your ID in our system" and have not already registered, please return to our public site and click "Join Our Network". Once you click on our website and if the site is unable to create your account, if you have already passed our network, and received the error message, please contact provider services, as no provider login can be re-activated.

NOTE: You will need to use the same email address for all accounts.

NOTE: You will need to use the same email address for all accounts.



Provider Registration Video

Register Provider Your Progress

Your Details

First Name:

Last Name:

City:

Provider Email:

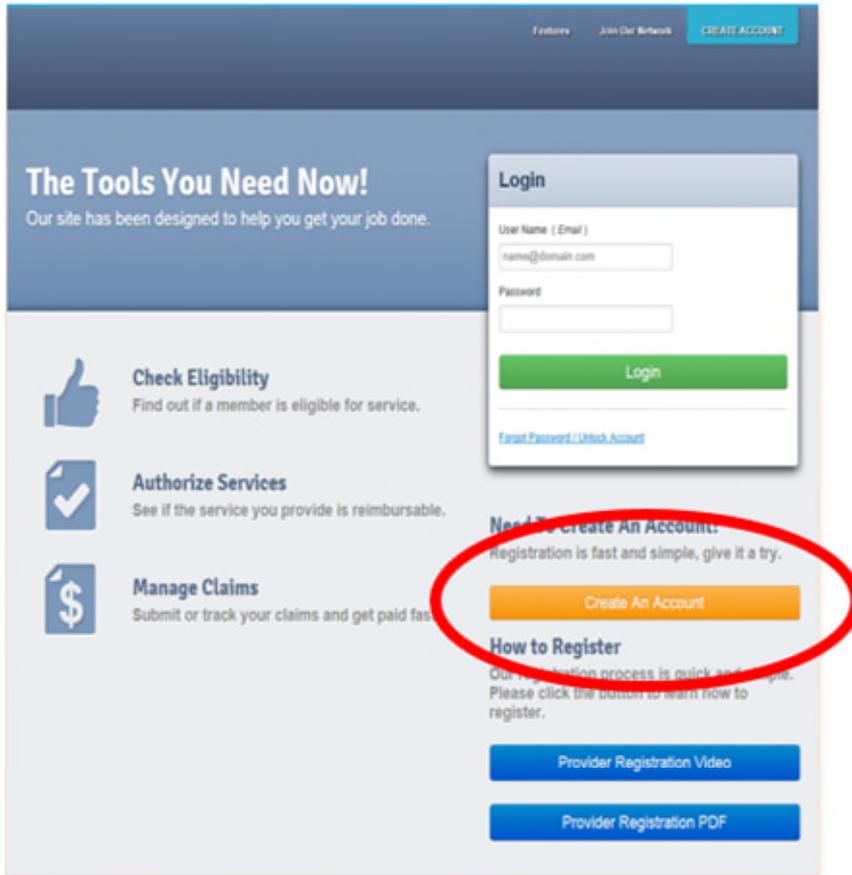
Network:

Address:

Enter Provider Tax Identification Number

0:00 / 4:58

Account Creation



Secure Provider Portal:

- Verify member eligibility
- Submit and view status for claims and authorizations
- View detailed patient list
- Information contained on our Secure Provider Portal includes:
 - Member Eligibility
 - Patient Listings
 - Health Records & Care Gaps
 - Authorizations
 - Case Management Referrals
 - Claims Submissions & Status
 - Corrected Claims & Adjustments
 - Payments History
 - PCP Reports
- A login is required to access the secure portal
- If you have not logged in for more than 90 days, your account will automatically lock and require you to contact us for a password reset

Register Provider

Register Provider

Your Progress



Cancel

Your Details

Tax ID

?

Tax ID is a required field

First Name

Last Name

Email

?

Re-enter Email

Password

?

Retype Password

Next →

Error Message



If you receive error message: "We could not find your Tax ID in our system. If you have not already, please join our network." Please return to our public site to join the network. Once your data is in our systems you'll be able to create your account.

Register Provider

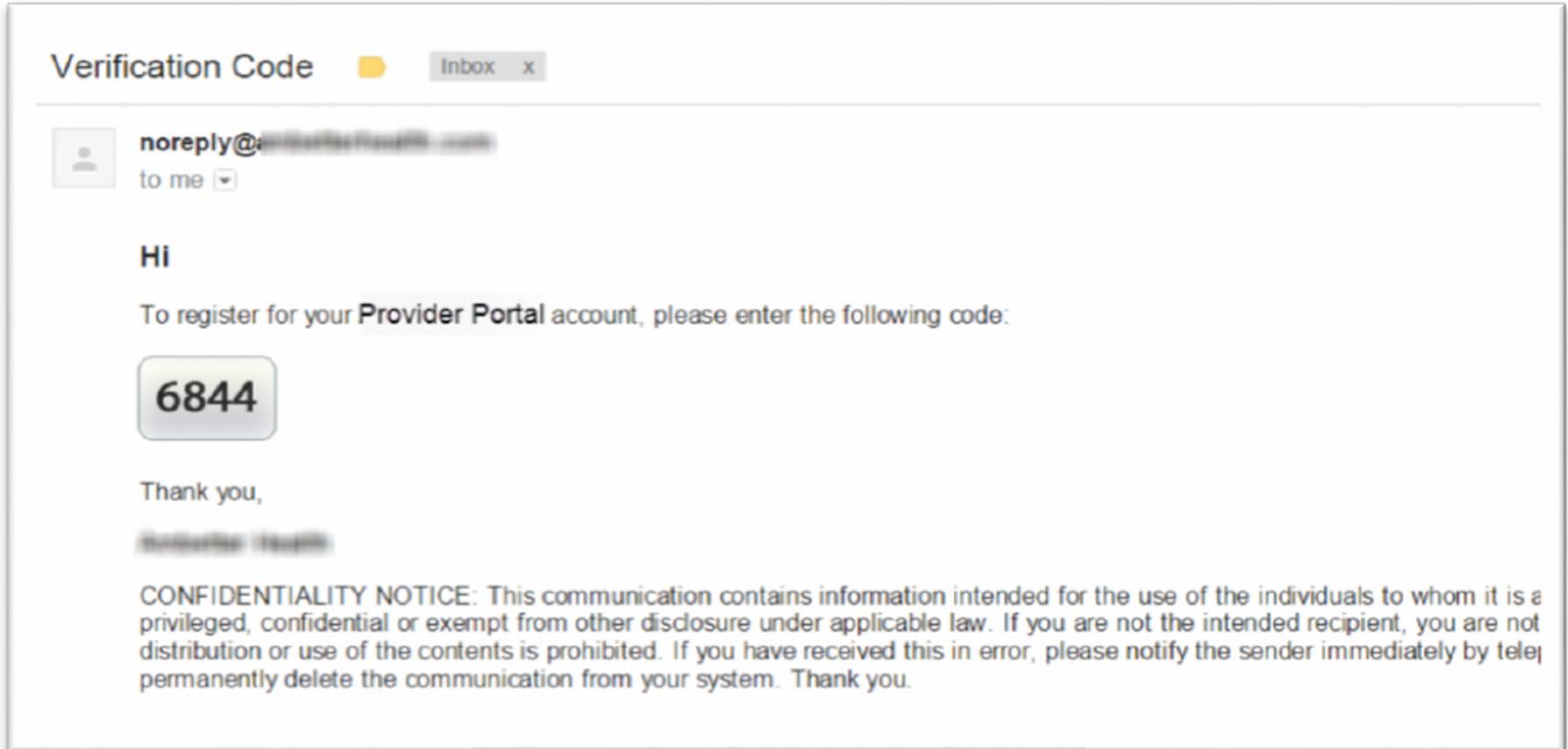
Your Progress



Cancel

We could not find your Tax ID in our system. If you have not already, please visit our public site to join the network.

Confirmation Email



Verification Code

Register Provider

Your Progress 

Cancel

Registering Provider 331149829 at supervisor@gmail.com

Confirm Email

We've sent you an email with a 4-digit code to validate your email address.
If you didn't receive it, please check your Spam or Junk folder.

Account Setup

Register Provider

Your Progress 

Cancel

Registering Provider 582129865 at anearly@centene.com

Account Setup

Enter your secret questions and contact information below, and then click "Submit" to complete your registration.
Please do not close this window or your charges will be lost.

Secret Questions

Question 1: What city were you born in?

Answer:

Question 2: What is your favorite pet's name?

Answer:

Question 3: What is your mother's maiden name?

Answer:

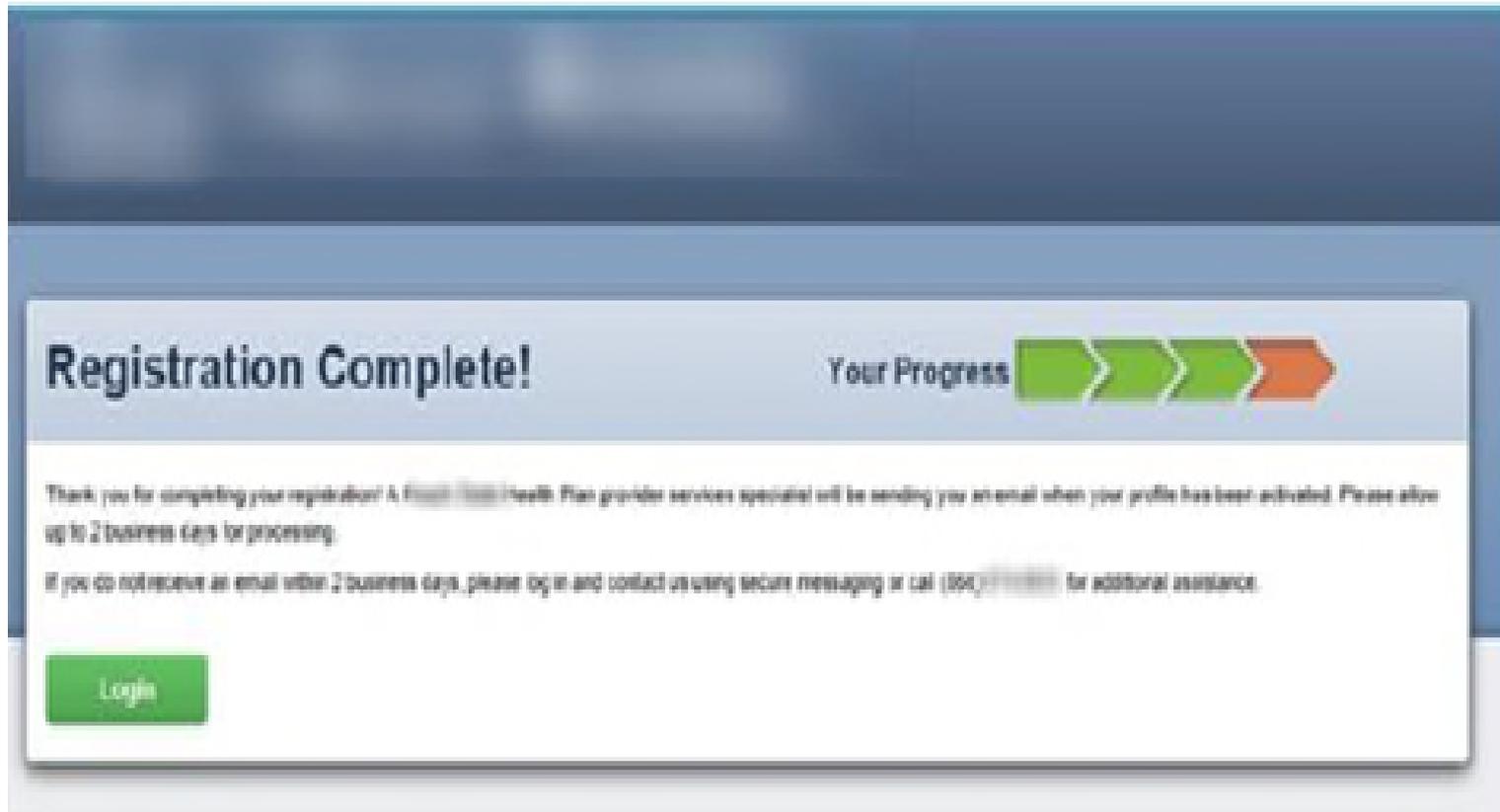
Contact Information

Telephone Number:

Fax Number:

Submit

Registration Complete



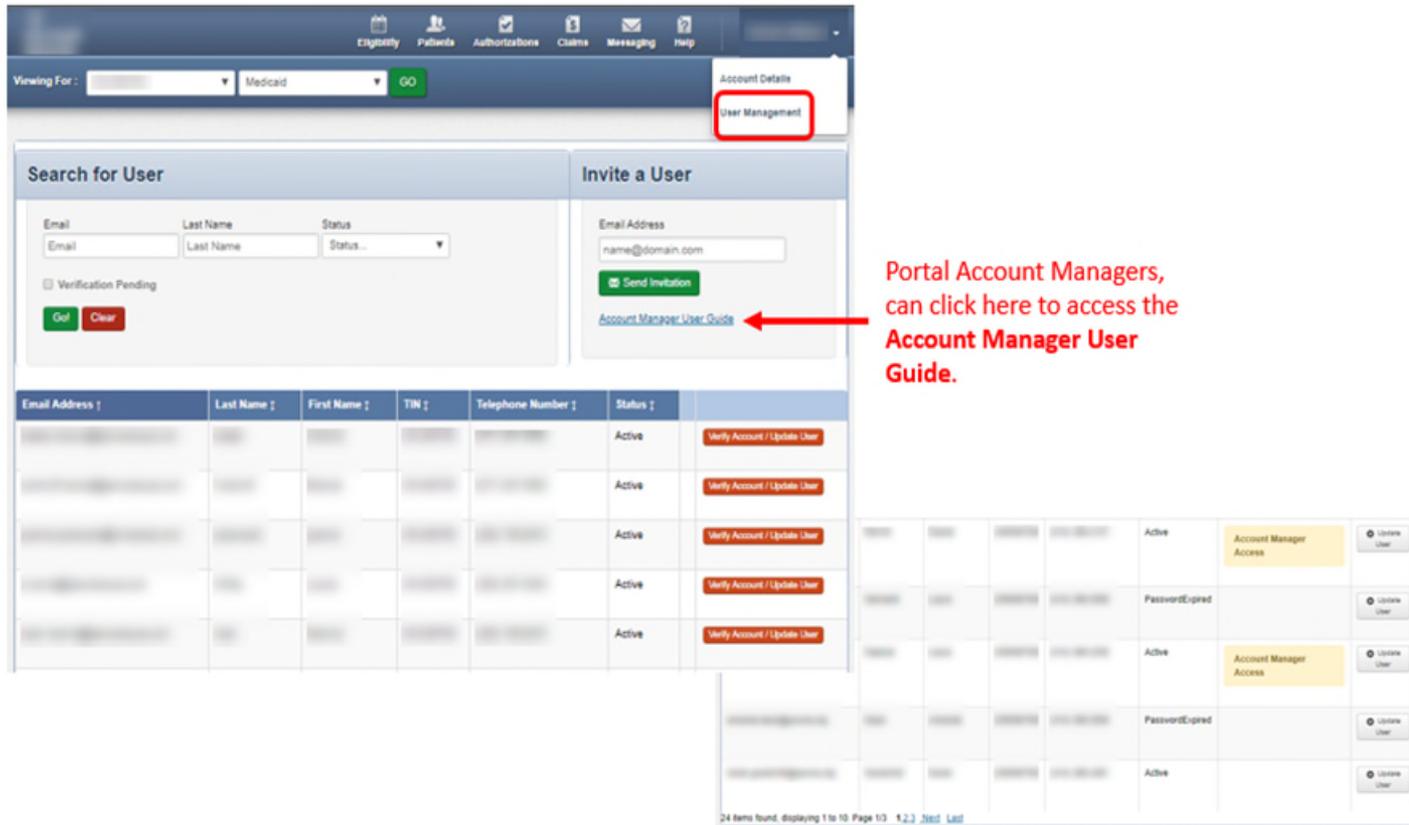
Registration Complete! Your Progress 

Thank you for completing your registration! A [Financial Health Plan](#) provider services specialist will be sending you an email when your profile has been activated. Please allow up to 2 business days for processing.

If you do not receive an email within 2 business days, please log in and contact us using secure messaging or call (866) [866-866-8666](#) for additional assistance.

[Login](#)

Portal User Management



Account Details
User Management

Viewing For: [Medicaid] GO

Search for User

Email: [Email] Last Name: [Last Name] Status: [Status...]

Verification Pending

Go Clear

Invite a User

Email Address: [name@domain.com]

Send Invitation

[Account Manager User Guide](#)

Email Address	Last Name	First Name	TIN	Telephone Number	Status	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active	Verify Account / Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active	Verify Account / Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active	Verify Account / Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active	Verify Account / Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active	Verify Account / Update User

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active	Account Manager Access	Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	PasswordExpired		Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active	Account Manager Access	Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	PasswordExpired		Update User
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Active		Update User

24 items found, displaying 1 to 10 Page 1/3 Next Last

Portal Account Managers, can click here to access the Account Manager User Guide.

Portal Account Manager

SECURE PORTAL ACCOUNT MANAGER

WHAT YOU NEED TO KNOW

What is an Account Manager?

Account Manager is a role within the Secure Portal that is assigned to your health plan's primary contact within your practice. The purpose of this role is to help us maintain the safety and integrity of patient data.

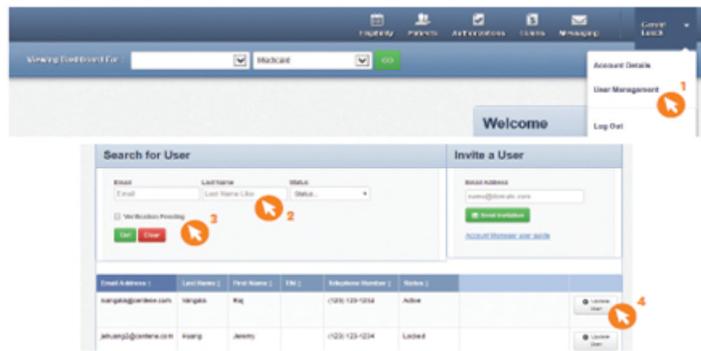
The Account Manager is responsible for day-to-day support of all Secure Portal user accounts that are registered under the same Tax Identification Number (TIN). These responsibilities include:

- Approving access for new Secure Portal users
- Assigning permissions for users based on their job responsibilities
- Regularly adjusting the permissions of users whose roles may have changed
- Terminating users who no longer work at the practice.

Your health plan is responsible for verifying and setting up the original user/registrant for your TIN. Please contact your Provider Relations rep or Provider Services to get set up.

Accessing Account Manager Tasks

- 1) Click the **User Management** dropdown in order to complete Account Manager actions.
- 2) Search for a specific user by entering their name and email address, or view a list of all users in your practice.
- 3) For new user accounts that need to be verified, select the **Verification Pending** box, click the **Verify Account** button, and follow instructions on the back page.
- 4) To view and edit details of existing accounts, click the **Update User** button and follow instructions on the back page.



Account Manager Tasks

Within the Update User Status and Permissions screen as shown below, the Account Manager has three tasks:

1) Enabling and Disabling Users

- Account Managers will receive an email when a user from their practice creates a new user account. The Account Manager will click **Enable User** to grant access to the user.
- User accounts are disabled after 90 days of inactivity. Account Managers can use this button to re-enable these users.
- If a user leaves the practice or no longer needs access to the Secure Portal information for that specific TIN, the Account Manager will click **Disable User**.

2) Send email to verify user accounts and to reset passwords

- Once a user is enabled, their status will change to "Unverified." The Account Manager can click **Send Registration Email** for the user to be notified that they must complete their registration.
- If a user has forgotten their password, the account manager can click **Send Password Reset Email**.

3) Selecting/modifying access levels for users

- Account Managers are responsible for selecting and managing the appropriate access for each user in their practice.
- Access levels include:

Health Records: View a patient's health records for number and type of visits, medications, immunizations and labs, care gaps, etc.

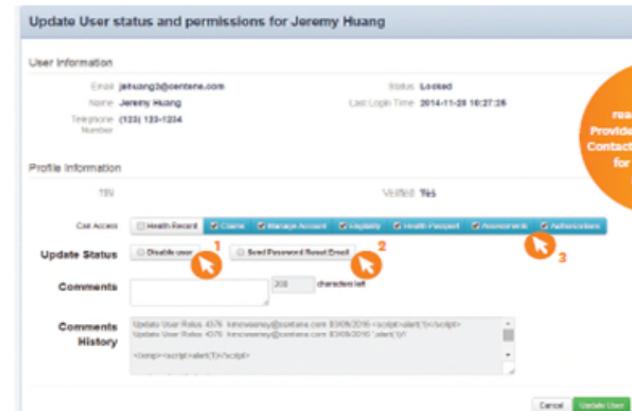
Claims: View and submit claims.

Manage Account: Enable, disable, modify permissions for a specific TIN, and invite users to set up an account.

Eligibility: View and check eligibility for a specific patient.

Assessments: Complete or view a Health Risk Assessment (HRA) or Notification of Pregnancy (NOP) for a patient.

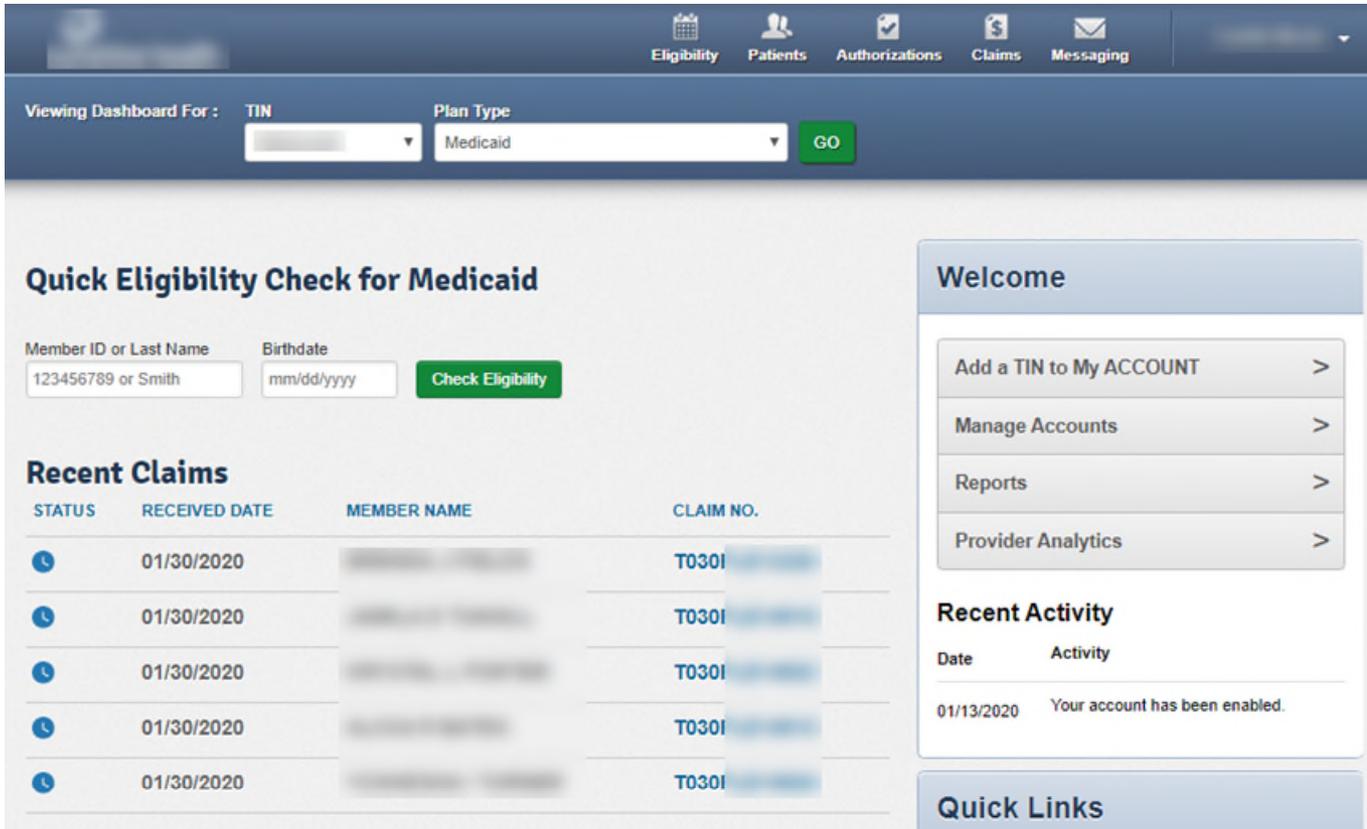
Authorizations: View and submit authorizations.





Account Details

Portal Landing Page



The screenshot shows the portal landing page with a navigation bar at the top containing icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a section for 'Viewing Dashboard For:' with dropdown menus for 'TIN' and 'Plan Type' (set to 'Medicaid') and a 'GO' button. The main content area is divided into three sections: 'Quick Eligibility Check for Medicaid' with input fields for 'Member ID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy) and a 'Check Eligibility' button; 'Recent Claims' with a table of claim data; and a right-hand sidebar with a 'Welcome' section containing links for 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Provider Analytics', and a 'Recent Activity' section showing a message from 01/13/2020: 'Your account has been enabled.' Below the sidebar is a 'Quick Links' section.

Viewing Dashboard For : TIN [] Plan Type Medicaid [] GO

Quick Eligibility Check for Medicaid

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy [Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
🕒	01/30/2020	[REDACTED]	T030I [REDACTED]
🕒	01/30/2020	[REDACTED]	T030I [REDACTED]
🕒	01/30/2020	[REDACTED]	T030I [REDACTED]
🕒	01/30/2020	[REDACTED]	T030I [REDACTED]
🕒	01/30/2020	[REDACTED]	T030I [REDACTED]

Welcome

- [Add a TIN to My ACCOUNT >](#)
- [Manage Accounts >](#)
- [Reports >](#)
- [Provider Analytics >](#)

Recent Activity

Date	Activity
01/13/2020	Your account has been enabled.

Quick Links

Portal Account Details

Eligibility Patients Authorizations Claims Messaging Help

Go to Dashboard For : Medicaid GO

Account Details
User Management

Account Details

[Update Account](#)

Name
User Name (Email)
Password *****
Telephone Number
Fax Number
Secret Question What is your favorite pet's name?
Secret Question What city were you born in?
Secret Question What is your mother's maiden name?

Add a TIN

Please note, provider services will need to validate any additional TINs, which could take several days. You will be notified by email when verification is complete.

Name TIN
Enter Name
Tax ID
123456789
[Add TIN](#)

Your TINs

[Provider Demographic Update Instructions](#)

TIN	
★ Mark as Primary	Allwell ✕
★ Mark as Primary	Ambetter ✕
★ Mark as Primary	Behavioral Health ✕
★ Current Primary	Medicaid ✕

Update Portal Account Details

Update Your Information

Next Cancel

Your Information

Email

Password

Retype Password

Telephone Number

Fax Number

First Name

Last Name

Secret Questions

Question 1

Answer

Question 2

Answer

Question 3

Answer

Update Portal Account Details

(cont.)

Review Your Changes

The following changes will be made.

Fax Number

Add a TIN

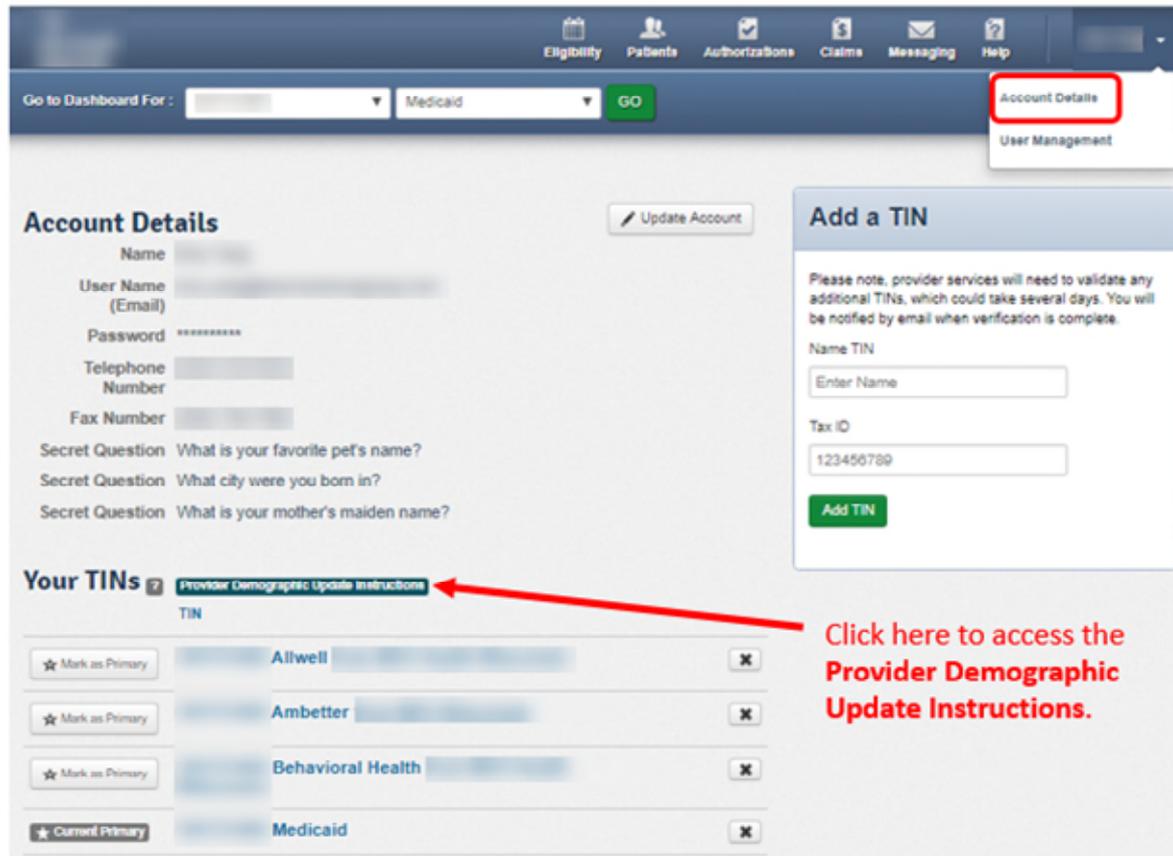
Fax number successfully updated.

Please note, an Administrator will need to validate any additional TINs, which will take 1 business day. You will be notified by email when verification is complete.

Name TIN

Tax ID

Account Details – Provider Demographic Update



Eligibility Patients Authorizations Claims Messaging Help

Go to Dashboard For : Medicaid GO

Account Details
User Management

Update Account

Account Details

Name
User Name (Email)
Password
Telephone Number
Fax Number
Secret Question: What is your favorite pet's name?
Secret Question: What city were you born in?
Secret Question: What is your mother's maiden name?

Add a TIN

Please note, provider services will need to validate any additional TINs, which could take several days. You will be notified by email when verification is complete.

Name TIN
Enter Name
Tax ID
123456789
Add TIN

Your TINs

Provider Demographic Update Instructions

TIN
☆ Mark as Primary Allwell
☆ Mark as Primary Ambetter
☆ Mark as Primary Behavioral Health
☆ Current Primary Medicaid

Click here to access the
**Provider Demographic
Update Instructions.**

Provider Demographic Information Update

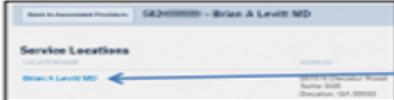
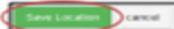
Update Provider Demographic Information

- From the Main Tool Bar - select **Account Details** under the Users Name.
 
- The **Account Details** screen appears.
 
- To modify information about the Specific TIN, click on the individual TIN to update.

Under each TIN, a list of associate providers will appear.


- To update information about one of the Associated Providers, click on the name.

A list of possible **Service Locations** will appear.


- Click on the name associated to the address to update.
 
- Click **Edit Location** to update the provider information – This information will update the Find A Provider website.
 

6. The following Transaction attributes will be available for edits - **only one update within a transaction set is allowed per day.** (if any additional updates are necessary – please contact your provider relations representative)

<p>Transaction Set #1 - Provider Location Address</p> <ul style="list-style-type: none"> Address1 Address2 City <p>Transaction Set #3 - Provider Location Accessibility</p> <ul style="list-style-type: none"> Accessibility (Yes or No) <p>Transaction Set #5 - Practitioner Gender</p> <ul style="list-style-type: none"> Gender 	<p>Transaction Set #2 - Provider Location Phone</p> <ul style="list-style-type: none"> Phone Fax <p>Transaction Set #4 - Provider Office Hours</p> <ul style="list-style-type: none"> Monday-Sunday (7 Date Attributes for each day) <p>Transaction Set #6 - Practitioner Office Hours</p> <ul style="list-style-type: none"> Monday-Sunday (7 Date Attributes for each day)
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For example: Changing the phone number and saving will cause a wait time of 24-36 hours in order to change the fax number. However, changing information in a different transaction set will not be limited to an additional wait time.

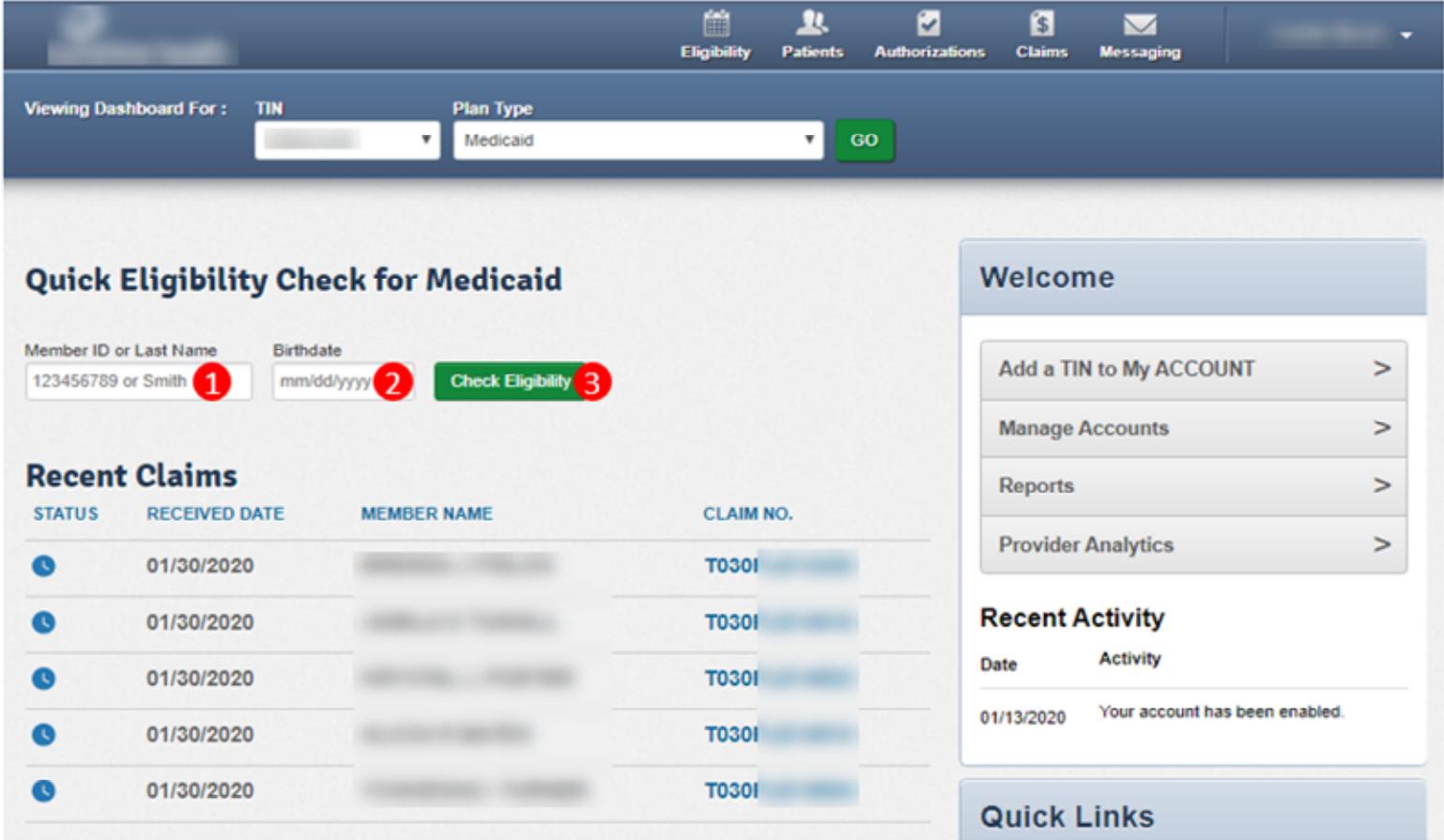
7. Save changes by clicking on the **Save Location** button at the bottom of the screen.

ATTENTION: All Delegated Providers, please contact your delegate for any changes. All demographic updates for Delegated Providers must be routed through the delegate for submission to your health plan.



Portal Functionality: Patient Eligibility

Quick Eligibility Check



The screenshot shows a web application interface for a "Quick Eligibility Check for Medicaid". At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a header section with "Viewing Dashboard For:" followed by a TIN dropdown menu, a Plan Type dropdown menu set to "Medicaid", and a green "GO" button.

The main content area is titled "Quick Eligibility Check for Medicaid". It contains two input fields: "Member ID or Last Name" with the value "123456789 or Smith" and a red circled "1" next to it, and "Birthdate" with the value "mm/dd/yyyy" and a red circled "2" next to it. A green "Check Eligibility" button with a red circled "3" is positioned to the right of the birthdate field.

Below the input fields is a "Recent Claims" section with a table. The table has four columns: STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. There are five rows of data, all with a status of "P" and a received date of "01/30/2020". The claim numbers are "T030I".

On the right side of the interface, there is a "Welcome" section with a list of links: "Add a TIN to My ACCOUNT", "Manage Accounts", "Reports", and "Provider Analytics", each with a right-pointing arrow. Below this is a "Recent Activity" section with a table showing a date of "01/13/2020" and the activity "Your account has been enabled." At the bottom right, there is a "Quick Links" section.

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
P	01/30/2020	[REDACTED]	T030I
P	01/30/2020	[REDACTED]	T030I
P	01/30/2020	[REDACTED]	T030I
P	01/30/2020	[REDACTED]	T030I
P	01/30/2020	[REDACTED]	T030I

Eligibility Check

Viewing Eligibility For : Medicaid

Eligibility Check

Date of Service Member ID or Last Name DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	PRODUCT	CARE GAPS	LOG ER VISIT
	11/19/2019	<input type="text"/>	11/19/2019	TANF		<input type="button" value="ER Visit?"/> <input type="button" value="Remove"/>

If Eligibility Check is for an ER visit, click **ER Visit?**.

Patient Overview

[Back to Eligibility Check](#)

Overview

- Cost Sharing
- Benefit Tracker
- Assessments
- Health Record
- Care Plan
- Authorizations
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims
- Summary of Benefits
- Document Resource Center

 This patient is eligible as of today, Jan 16, 2019. The premium paid through date is Jan 31, 2019 and the claims paid through date is Feb 28, 2019.

Patient Information

Name JOHN DOE
Gender M
Birthdate 10/29/1991
Age 23
Member # 001122333
Address 123 ANYWHERE BLVD
LITTLE ROCK, AR 72204

PCP Information

[View PCP History](#)

Eligibility History

Start Date	End Date	Product Name	Product Description
Jan 1, 2019	Dec 31, 2019	Ambetter Balanced Care 6 (2019)	AR Balance C6 87%
Jan 1, 2018	Dec 31, 2018	Ambetter Balanced Care 6 (2018)	AR Balance C6 87%

[more](#)

[View Clinical Information](#)

Allergies

None On File

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2019, Centene Corporation

The **Patient Information** section displays the member's demographic information.

Eligibility History displays current and/or past coverage spans.

Patient Overview, cont.

[View Clinical Information](#) ←

→ Three Most Recent ER Visits

Primary Diagnosis	Date	Facility/Provider
EPISTAXIS	10/29/2019	MEDICAL CENTER INC...
EPISTAXIS	08/28/2018	MEDICAL CENTER INC...
PNEUMONIA UNSPECIFIED ORGANISM	07/20/2018	MEDICAL CENTER INC...

→ Three Most Recent Inpatient Admissions

Primary Diagnosis	Date	Facility/Provider
HYPERTROPHY TONSILS W/HYP ADENOIDS	06/10/2019	MEDICAL CENTER INC...
MOD PERSIST ASTHMA ACUTE EXACERBAT	04/30/2019	MEDICAL CENTER INC...

→ Three Most Recent Office Visits

Primary Diagnosis	Date	Facility/Provider
HYPERTROPHY TONSILS W/HYP ADENOIDS	11/13/2019	
HYPERTROPHY TONSILS W/HYP ADENOIDS	10/30/2019	
DELAYED MILESTONE IN CHILDHOOD	10/03/2019	

→ Top 5 Most Occurring Diagnosis

- MIX RECEPTIVE-EXPRESSV LANGUAGE D/O
- DELAYED MILESTONE IN CHILDHOOD
- SHORT STATURE CHILD
- MOD PERSIST ASTHMA ACUTE EXACERBAT
- HYPERTROPHY TONSILS W/HYP ADENOIDS

→ Recent Pharmacy Activity

- FLOVENT HFA AER 44MCG
- MUPIROCIIN OIN 2%
- CEFDINIR SUS 250/5ML

Patient Overview – Cost Sharing

[Back to Eligibility Check](#) **CHARLES, WILLIAM**

[Print Cost Sharing](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

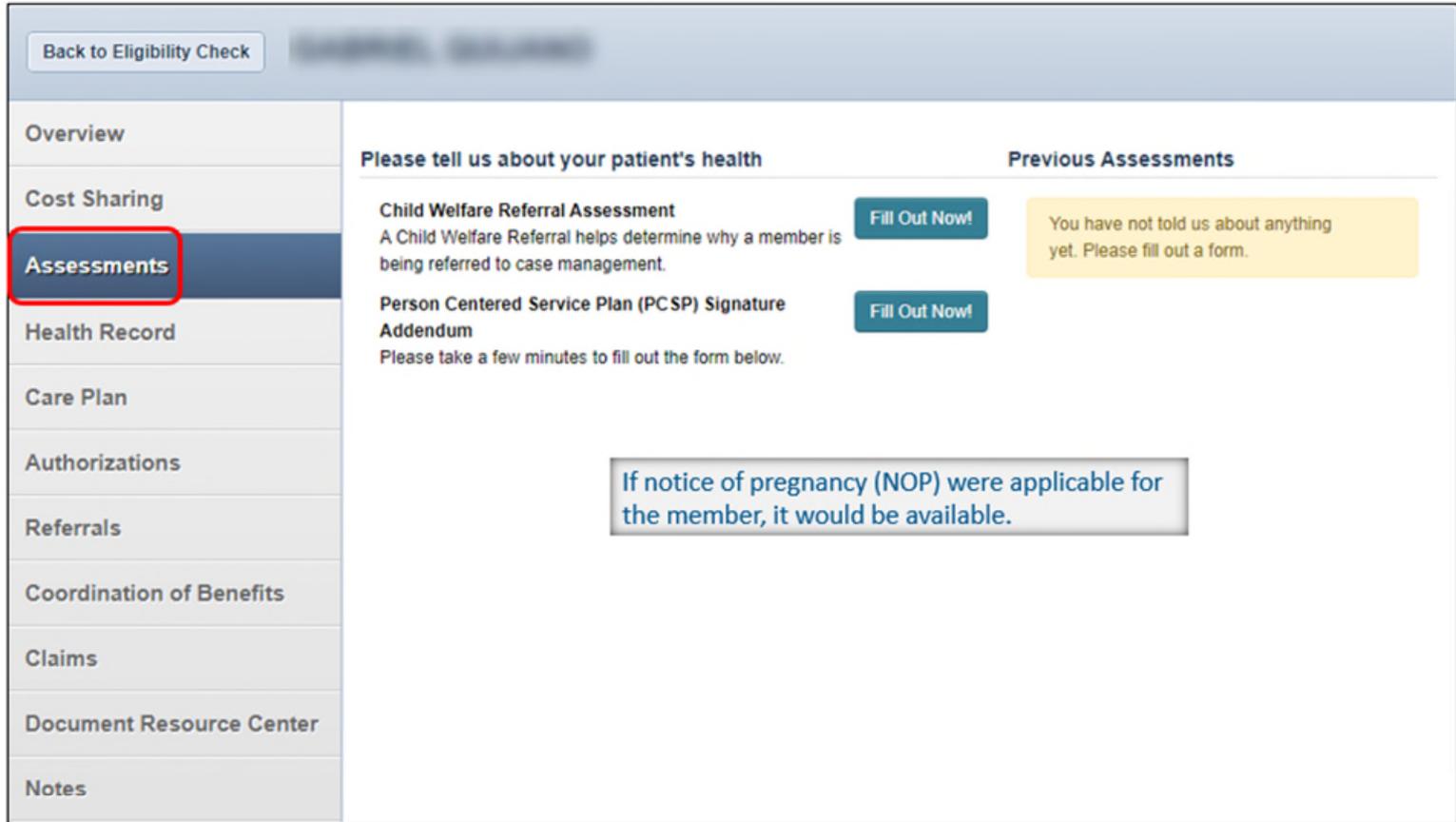
Document Resource Center

Notes

Cost Sharing Summary

This member has no co-pay ← This member has no co-pay.

Patient Overview – Assessments



The screenshot shows a web interface for patient assessments. On the left is a vertical navigation menu with the following items: Overview, Cost Sharing, Assessments (highlighted with a red box), Health Record, Care Plan, Authorizations, Referrals, Coordination of Benefits, Claims, Document Resource Center, and Notes. At the top left of the main content area is a button labeled 'Back to Eligibility Check'. The main content area is titled 'Please tell us about your patient's health' and contains two sections: 'Child Welfare Referral Assessment' and 'Person Centered Service Plan (PCSP) Signature Addendum'. Each section has a 'Fill Out Now!' button. A yellow callout box states: 'You have not told us about anything yet. Please fill out a form.' A grey callout box at the bottom center states: 'If notice of pregnancy (NOP) were applicable for the member, it would be available.' The top right of the main content area is titled 'Previous Assessments'.

Patient Overview – Health Record

Back to Authorizations

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

Visits Medications Immunizations Labs Allergies

Information displaying on the members health record is based on submitted claims.

Primary Diagnosis	Date	Visit Type	Claim Type	Facility/Provider
Low Back Pain	01/08/2020 - 01/08/2020	Home	Medical	
Low Back Pain	12/05/2019 - 12/05/2019	Home	Medical	
Low Back Pain	11/07/2019 - 11/07/2019	Home	Medical	
Htn Heart Disease W/Heart Fail	11/01/2019 - 11/01/2019	Inpatient Hospital	Medical	
Cellulitis Of Right Lower Limb	10/31/2019 - 11/01/2019	Inpatient Hospital	Medical	
Cellulitis Of Right Lower Limb	10/30/2019 - 10/30/2019	Inpatient Hospital	Medical	
Primary Osteoarthritis Rt Shoulder	10/30/2019 - 10/30/2019	Inpatient Hospital	Medical	
Oth Nonspecific Abn Find Lng Field	10/30/2019 - 10/30/2019	Outpatient Hospital	Medical	

Patient Overview – Care Plan

[Back to Authorizations](#)

Care Plans come from the clinical system.
These care plans are setup with the case manager(s) for the patient.

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

This member's care plan to treat: Case Worker

Integrated Care

01/23/2019 - OPEN

Member reports he is SOB

Goal: Member wants to be more active within 90 days by 2019-04-23

Member lacks knowledge/resources of his disease process may be a barrier to success

What we're doing:

2019-04-23	CM will educate member on CHF
2019-04-23	Member agrees to elevate lower extremities when sitting and attend scheduled wound clinic appts.
2019-04-23	CM will educate member on COPD
2019-05-17	Member agrees to schedule follow up appt with his PCP
2019-04-23	CM will instruct member on breathing techniques/ purse lip technique
2019-05-17	Member agrees to schedule needed appts with Cardiologist and Endocrinologist
2019-04-23	Member agrees to limit his fluid intake to 2L per day
2019-04-23	Member agrees to not use salt with his meals

Patient Overview – Authorizations

Back to Authorizations

When viewing a member's authorizations, the list will display the last 18 months, regardless of the submitting provider.

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	IP19C	02/04/2020	12/31/9999	E87.6	INPATIENT	Medical
APPROVE	IP175	10/29/2019	11/01/2019	I50.9	INPATIENT	Medical
APPROVE	IP167	07/19/2019	07/22/2019	L03.115	INPATIENT	Medical
APPROVE	OP16	07/09/2019	09/06/2019	Z48.01	OUTPATIENT	Home Health
PARTIAL_APPROVE	IP162	06/08/2019	06/25/2019	L03.90	INPATIENT	Medical
APPROVE	IP161	05/21/2019	05/24/2019	L03.90	INPATIENT	Medical
APPROVE	IP15E	04/24/2019	04/29/2019	I50.9	INPATIENT	Medical

Create a New Authorization

Click an Auth NBR to view the authorization details.

Click **Create a New Authorization**, to submit a web authorization request for the member.

Patient Overview – Referrals

[Back to Authorizations](#) **Member ID: 00000**

- Overview
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Referrals**
- Coordination of Benefits
- Claims
- Power Account Service Estimate
- Document Resource Center
- Notes

*Source

*Date

Last Name, First Name

Phone Number, Extension

Additional Comments

Utilizing Referrals, allows providers to submit a member for assistance from child welfare services, behavioral or case management.

Patient Overview – Coordination of Benefits

Back to Eligibility Check

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

We do not have any COB information.

There is no coordination of benefits information on file for this member. When there is, it will display here.

Patient Overview – Claims

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

CLAIM NO. ↑	REF/ACCT NO. ↓	DOS RANGE ↑	PAYMENT DATE ↓	RECEIVED DATE ↓	SERVICING PROVIDER ↓	BILLED/PAID ↓	STATUS ↓
S319	194173	11/13/2019 - 11/13/2019		11/14/2019		\$220.00 / \$103.52	PENDING
S305	193213	10/30/2019 - 10/30/2019	11/08/2019	10/31/2019		\$220.00 / \$103.52	PAID
S162	184580	06/10/2019 - 06/10/2019	06/18/2019	06/11/2019		\$1,761.00 / \$622.66	PAID
S088	179978	03/27/2019 - 03/27/2019	04/05/2019	03/29/2019		\$220.00 / \$103.52	PAID

4 items found, displaying all items. Page 1/1 1

[Create a New Claim](#)

Click **Create a New Claim**, to submit a web claim for the member.

Patient Overview – Document Resource Center

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Document Upload

Document Review

1. Document Category:
2. Document Type:
3. Upload File: No file chosen
4.

Documents for the member can be uploaded here based on Document Category options.

Patient Overview – Notes

(currently available for ARTC only)

Back to Eligibility Check

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Notes

Create a New Note

General Note [Write Note](#)

Previous Notes	Date
General Note	May 3, 2017
General Note	May 5, 2017
General Note	May 10, 2017
General Note	May 13, 2017
General Note	Aug 20, 2018
General Note	Mar 12, 2019
General Note	May 10, 2019
General Note	May 28, 2019

Allows portal users to create and view notes regarding the member.

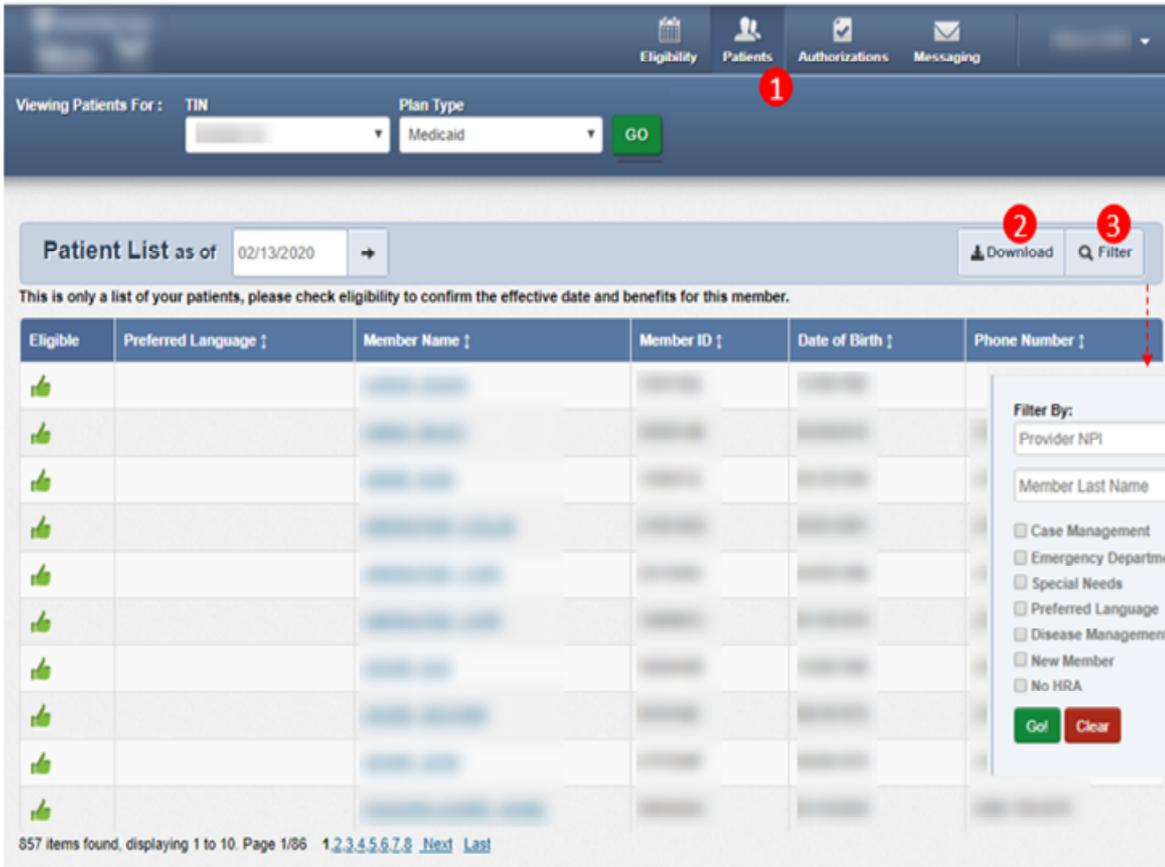


Portal Functionality: Patient Listing

Patient Listing

- Provider may download a patient list from the Dashboard (available for PCPs only)
- Providers are able to view and download a list of their assigned members
- Patient List will display the following:
 - Eligibility Status
 - Preferred Language
 - Member Name
 - Member ID #
 - Date of Birth (DOB)
 - Phone Number
 - Alerts

Patient List



Viewing Patients For : TIN [] Plan Type [Medicaid] **GO**

1

Patient List as of 02/13/2020 → **2** Download **3** Filter

This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.

Eligible	Preferred Language	Member Name	Member ID	Date of Birth	Phone Number
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]
👍		[blurred]	[blurred]	[blurred]	[blurred]

Filter By:

Provider NPI [] Provider Medicaid Number []

Member Last Name []

Case Management
 Emergency Department
 Special Needs
 Preferred Language
 Disease Management
 New Member
 No HRA

Go! **Clear**

857 items found, displaying 1 to 10. Page 1/86 1,2,3,4,5,6,7,8 [Next](#) [Last](#)

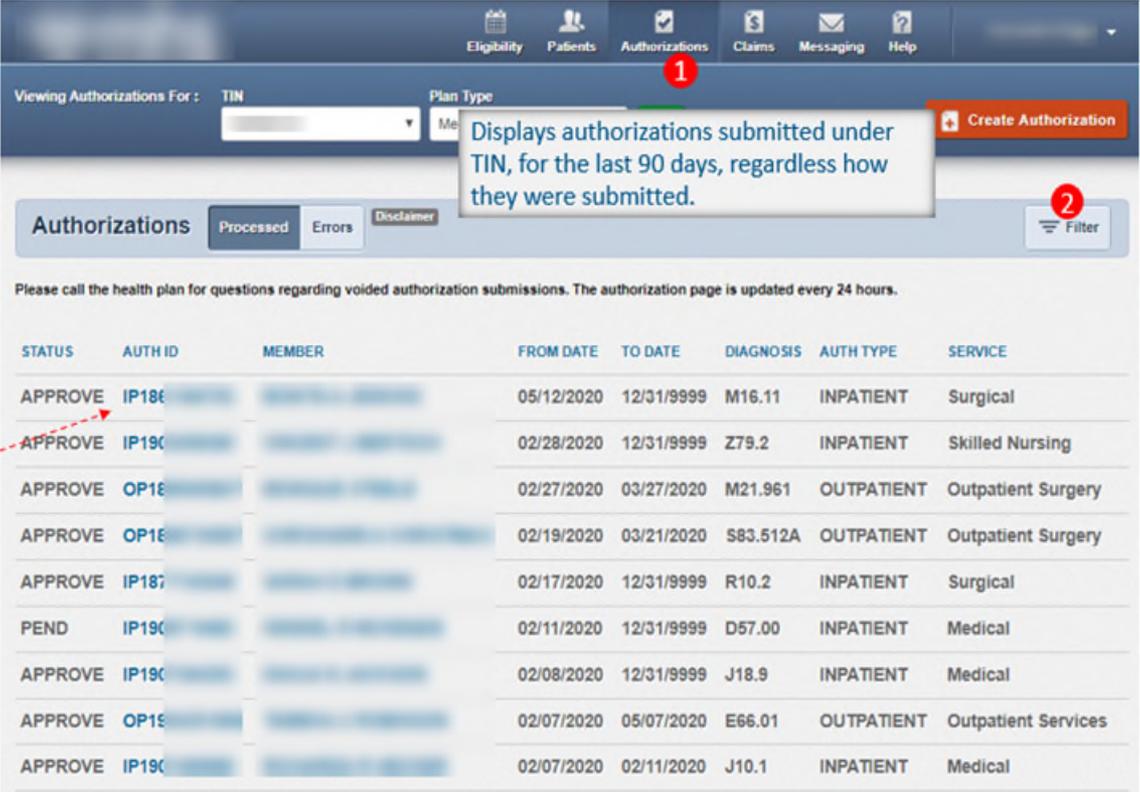


Portal Functionality: Authorizations

Authorizations

- Providers are able to use the portal to submit web authorization requests
- The Secure Portal allows a provider to view 18 months of a patient's authorization history

Authorizations Summary



1

2

Click an authorization number to view authorization details.

Displays authorizations submitted under TIN, for the last 90 days, regardless how they were submitted.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	IP186		05/12/2020	12/31/9999	M16.11	INPATIENT	Surgical
APPROVE	IP190		02/28/2020	12/31/9999	Z79.2	INPATIENT	Skilled Nursing
APPROVE	OP18		02/27/2020	03/27/2020	M21.961	OUTPATIENT	Outpatient Surgery
APPROVE	OP18		02/19/2020	03/21/2020	S83.512A	OUTPATIENT	Outpatient Surgery
APPROVE	IP187		02/17/2020	12/31/9999	R10.2	INPATIENT	Surgical
PEND	IP190		02/11/2020	12/31/9999	D57.00	INPATIENT	Medical
APPROVE	IP190		02/08/2020	12/31/9999	J18.9	INPATIENT	Medical
APPROVE	OP18		02/07/2020	05/07/2020	E66.01	OUTPATIENT	Outpatient Services
APPROVE	IP190		02/07/2020	02/11/2020	J10.1	INPATIENT	Medical

Authorization Details

[Back to Authorizations](#)

Overview

Cost Sharing

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Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Auth Status: APPROVE
 Auth Nbr: OP18[REDACTED]
 Service: Outpatient Surgery
 Provider of Service(s):
[Diagnosis Code\(s\)](#): S83.512A

Explanation: Pay
 Auth Type: OUTPATIENT
 From Date: 02/19/2020
 To Date: 03/19/2020
[Procedure Code\(s\)](#): 29888

Notes & Attachments: [View](#)

Line Item	Service Type	Start Date	End Date	Units Required	Units Approved	Servicing Provider	Location	Status	Medical Necessity	De
1	Outpatient Surgery	02/19/2020	03/19/2020	2	2		Unspecified	APPROVE	Met as requested	01/
2	Outpatient Surgery	02/19/2020	03/19/2020	2	2		Unspecified	APPROVE	Met as requested	01/

[Back to Authorization List](#)

Create Authorization (Web Auth Request)

Emergency prior authorization requests should be completed telephonically.

Web Authorization Request – Service Types

Eligibility Patients Authorizations Claims Messaging

Viewing Patients For : TIN [] Plan Type [Medicaid] GO Smart Sheets Create Authorization

Service Types are determined by the Health Plan.

Authorization For

DOB: [] MEDICAID NBR: []

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

Enter Authorization

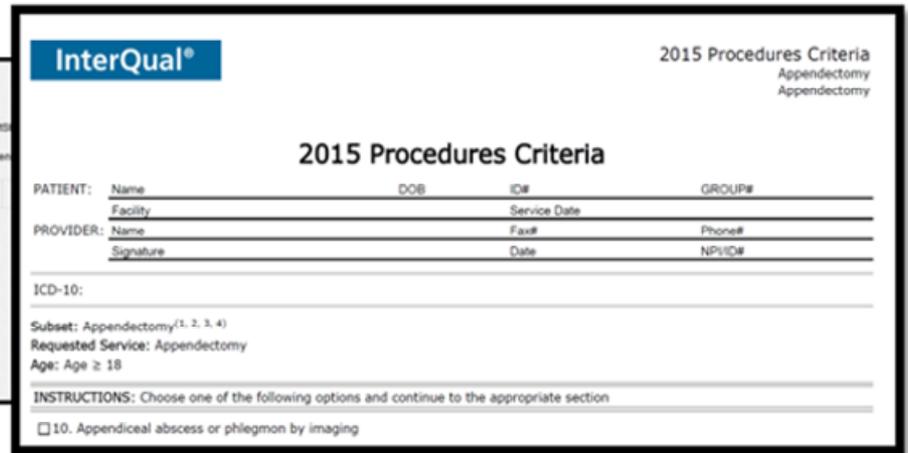
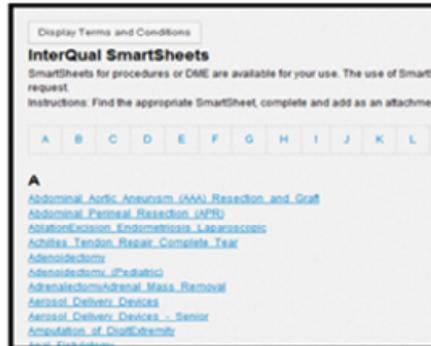
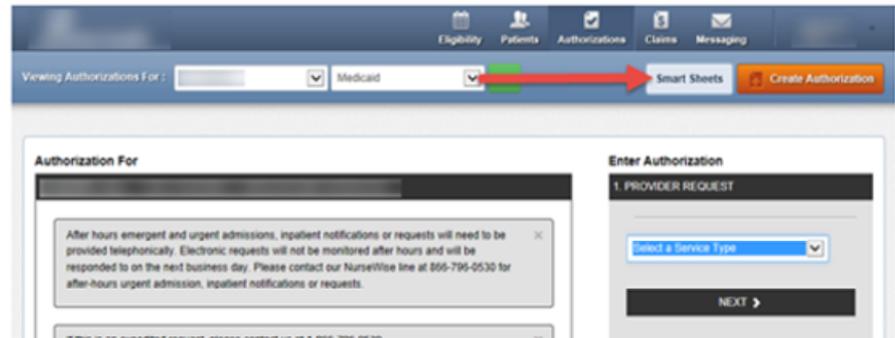
1. PROVIDER REQUEST

Select a Service Type

- Select a Service Type
- Behavioral Outpatient
 - BH Med Management
 - Community Based Services
 - Electroconvulsive Therapy
 - Intensive Outpatient Therapy
 - Outpatient Therapy
 - Psychiatric Evaluation
 - Psychological Testing
- Medical Outpatient
 - Biopharmacy
 - Cochlear Implants & Surgery
 - DME
 - Drug Testing
 - Experimental/Investigational
 - Genetic Testing & Counseling
 - Home Health
 - Hospice
 - Hyperbaric Oxygen Therapy
 - Infertility

Smart Sheets

- Smart sheets are from InterQual and help the physicians to know the criteria that is needed for a prior authorization to be approved. Clicking on smart sheets will open a disclaimer, not pictured, then the list of available procedures. Click on the desired procedure and the document appears. Providers can attach the completed form with the prior authorization request.



Tips to Remember

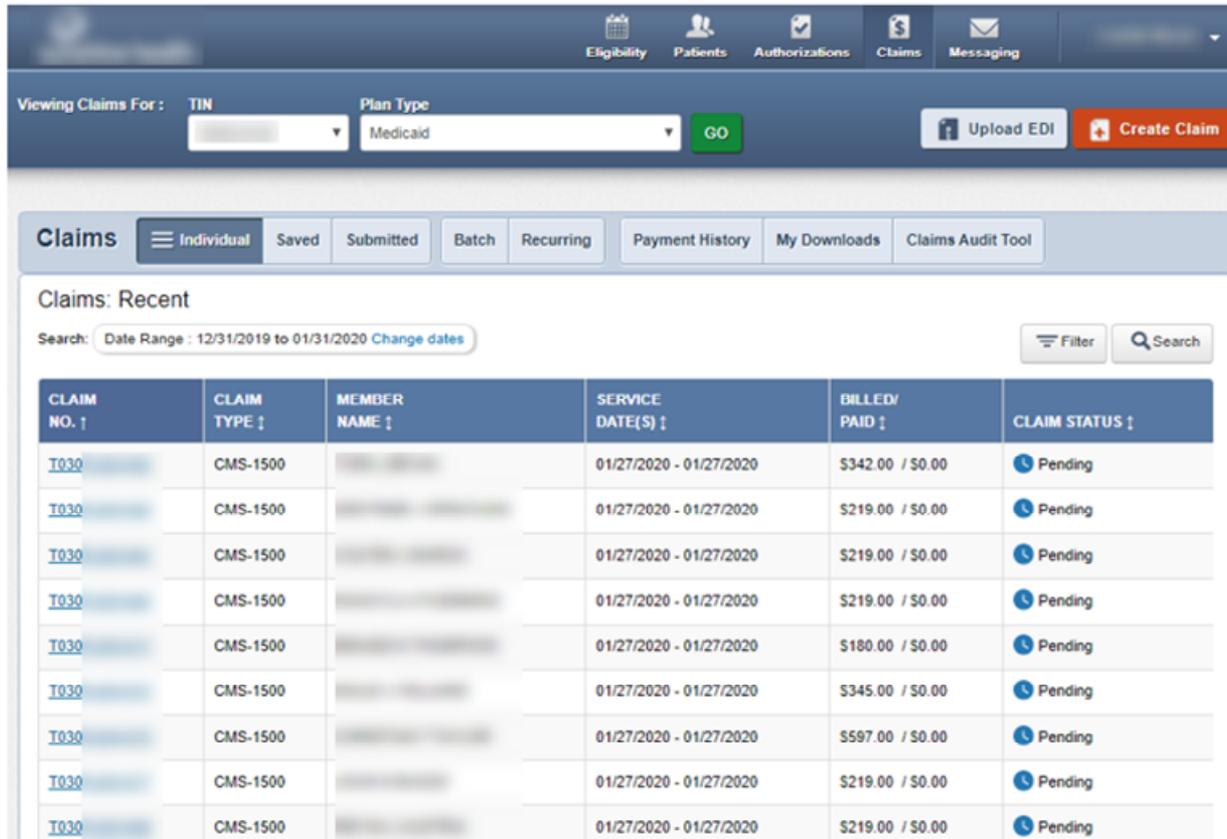
- Prior Authorizations are granted at the CPT code level
- If a claim is submitted that contains CPT codes that were not authorized, the services will be denied
- If additional procedures are performed during the procedure, the provider must contact the health plan to update the authorization in order to avoid a claim denial
- Authorizations can be updated but you cannot retro-authorize services:
 - The claim will deny for lack of authorization
 - If there are extenuating circumstances that led to the lack of authorization, the claim may be appealed.

Portal Functionality: Claims

Claim Features

- Providers are able to use the portal to access up to 24 months of claims-related history
- Providers may perform the following:
 - Create and submit a new claim
 - Copy claim
 - Correct claim
 - Submit Reconsideration
 - Submit Batch claims

Create Claim



Eligibility Patients Authorizations Claims Messaging

Viewing Claims For : TIN [] Plan Type Medicaid [] GO Upload EDI Create Claim

Claims Individual Saved Submitted Batch Recurring Payment History My Downloads Claims Audit Tool

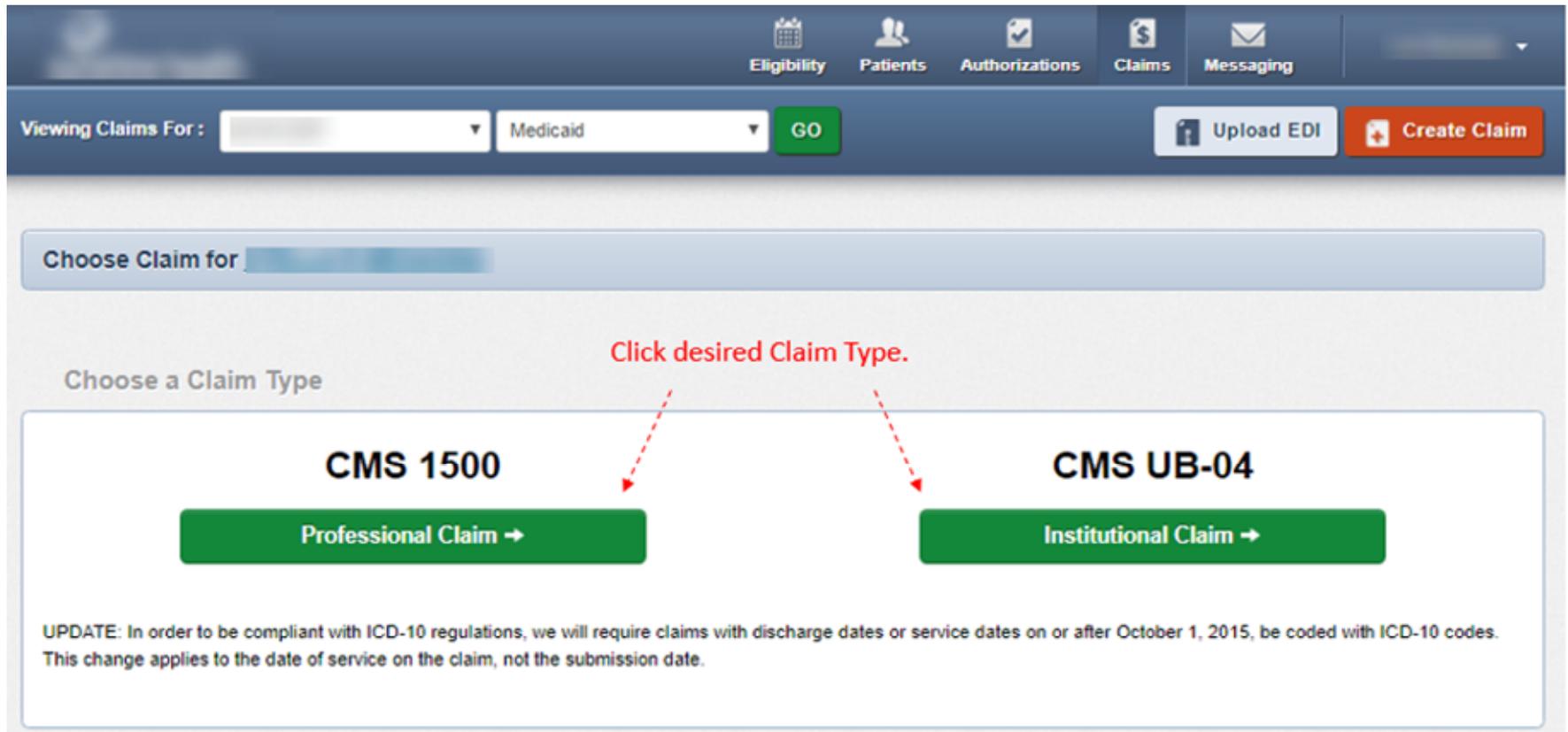
Claims: Recent

Search: Date Range : 12/31/2019 to 01/31/2020 Change dates Filter Search

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↓	BILLED/ PAID ↓	CLAIM STATUS ↓
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$342.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$219.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$219.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$219.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$180.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$345.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$597.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$219.00 / \$0.00	Pending
T030	CMS-1500	[REDACTED]	01/27/2020 - 01/27/2020	\$219.00 / \$0.00	Pending

Click **Create Claim** to create an individual web claim.

Create Claim – Claim Type Selection



The screenshot shows a web application interface for creating a claim. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a header section contains a dropdown menu for 'Viewing Claims For:' set to 'Medicaid', a 'GO' button, an 'Upload EDI' button, and a 'Create Claim' button. The main content area is titled 'Choose Claim for' and 'Choose a Claim Type'. Two options are presented: 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim', each with a green button and a right-pointing arrow. Red dashed arrows point from the text 'Click desired Claim Type.' to both buttons. An update notice at the bottom states: 'UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.'

Viewing Claims For : Medicaid

Choose Claim for

Choose a Claim Type

CMS 1500
Professional Claim →

CMS UB-04
Institutional Claim →

Click desired Claim Type.

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

Create Claim – General Information

Professional Claim for [Redacted]

Your Progress [Progress Bar]

THIS SECTION:
General Info
Information about the dates of the claim.

Throughout the claim submission process, the Progress bar will display which step you are on. The numbered tabs on the right margin, correlate to the boxes on the CMS 1500 form on a professional web claim, and the UB-04 boxes on an institutional web claim.

Next →

* Required field

Patient's Account Number* [XXXXXXXXXXXX] 26

Statement Dates* From [MM/DD/YYYY] To [MM/DD/YYYY]

Date of current illness, Injury, Pregnancy (LMP) [Select Type...] [MM/DD/YYYY] 14

Other Date [Select Type...] [MM/DD/YYYY] 15

Hospitalization From [MM/DD/YYYY] To [MM/DD/YYYY] 18

Hover mouse over tabs for additional information.

Create Claim – Diagnosis Codes

Professional Claim for [REDACTED] Your Progress 

THIS SECTION:
Diagnosis Codes
Diagnosis Code and Additional Insurance information.

[← Back](#) [Next →](#)

* Required field

ICD Version Indicator* ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes* [Add](#) (Enter diagnosis code and click on Add button) 21

L739 -- FOLLICULAR DISORDER UNSPECIFIED [Remove X](#)

[Add Coordination of Benefits](#) ← Click **Add Coordination of Benefits**, to submit a Secondary Claim.

[← Back](#) [Next →](#)

Create Claim – Service Lines

Click **+ New Service Line** to enter additional Service Line(s).

Professional Claim for [Patient Name] Your Progress [Progress Bar]

THIS SECTION:
Service Lines
Enter maximum of 50 service lines.

[← Back](#) [Provider Details →](#)

Total: \$0.00

3 [+ New Service Line](#)

Your added service lines will appear here.

1 **New Service Line**

* Required field

Dates of Service* From MM/DD/YYYY To MM/DD/YYYY [24.a](#)

Place of Service* Select... [24.b](#)

Emergency Yes No [24.c EMG](#)

Procedure Code* XXXXX e.i. [24.d](#)

Modifiers XX [Add](#) Please enter the modifier and click the Add button.

Diagnosis Code(s)* L739 - FOLLICULAR DISORDER UNSPECIFIED [24.e](#)
 Z23 - ENCOUNTER FOR IMMUNIZATION

2 [Save / Update](#)

After entering or editing a Service Line, click **Save/Update**.

Create Claim – Providers

Professional Claim for [redacted] Your Progress 

THIS SECTION:
Providers
Providers on this claim.

[← Back](#) [Next →](#)

* Required field

Referring Provider

NPI: [Find Provider](#) 17.

Qualifier:

Last Name or Organizational Name: [Find Provider](#) 18.

First Name:

Rendering Provider

Only enter rendering provider information if not the same as Billing Provider information.

NPI: Tax ID: [Find Provider](#) 24.

Taxonomy # Last Name or Organizational Name: First Name: [Clear X](#)

Billing Provider

Tax ID: 33.

Name*
Last Name: NPI: Taxonomy*:

Address*
Address: City*: State*: Zip*:

Create Claim – Attachments

Professional Claim for [REDACTED] Your Progress 

THIS SECTION:
Attachments
Add attachments to the claim (30MB limit).

Supported types are .jpg, .tif, .pdf and .tiff

[← Back](#) If there are no attachments, click Next. [Next →](#)

Portal users can attach up to five (5) separate documents to their web claim submissions.

Attachments

**Do NOT send password protected files. You must click ATTACH for each file being submitted.*

File* 1 No file chosen

Attachment Type* 2

3

There are no attached files.

[← Back](#) If there are no attachments, click Next. [Next →](#)

Create Claim – Review and Submit

Professional Claim for [redacted] Your Progress [Progress Bar]

THIS SECTION:
Review
Please review your claim.

An overview of the created claim displays for review. This is the last opportunity to edit the claim.

← Back Submit →

Almost done!
You can go back to review your claim or submit now.

Claim Id: 822 [redacted]
Member Record Number: [redacted]
Member Claim Amount Paid: [redacted]
Patient's Account Number: [redacted]

General Info [Edit](#)

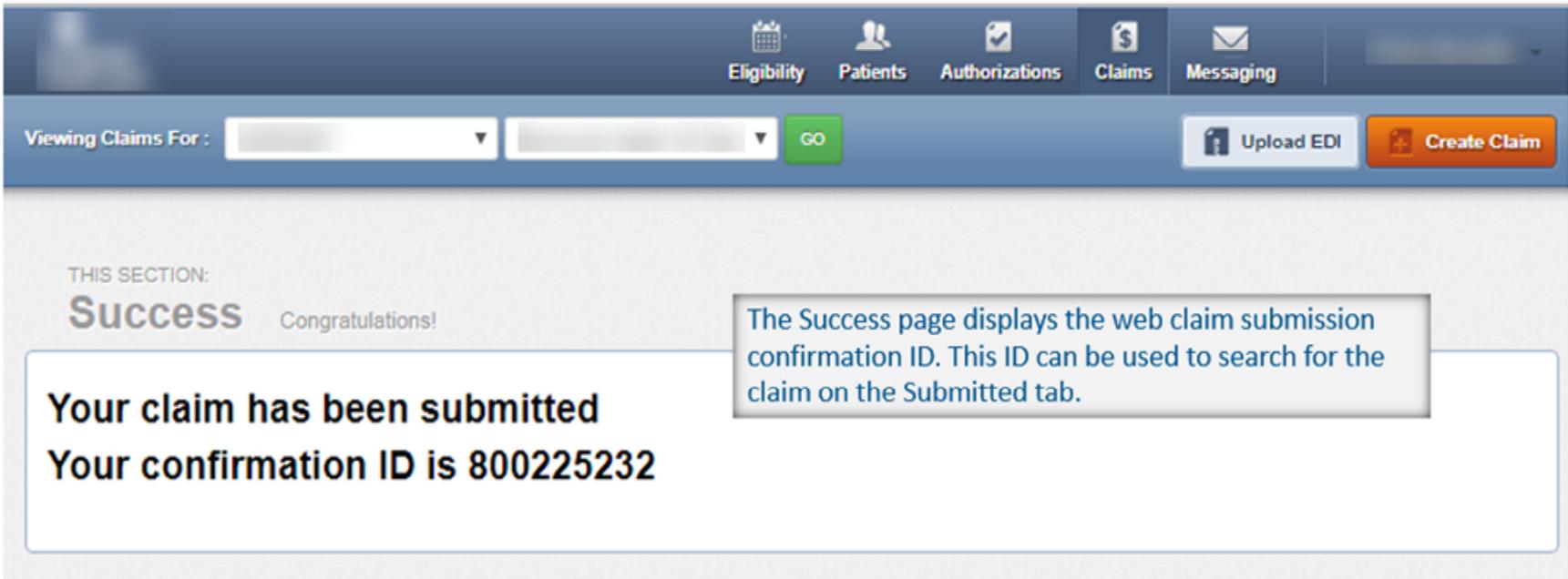
Statement From Date: 01/02/2020
Statement To Date: 01/02/2020
Date of current illness, injury, pregnancy (LMP):
Other Date:
Hospitalized From:
Hospitalized To:
Additional Claim Information:
Outside Lab?: No
Outside Lab Amount:
Prior Authorization Number:
CLIA Number:

Diagnosis Codes and Primary Insurance [Edit](#)

Click **Submit** to complete claim submission.

Click **Edit**, to make changes to the claim.

Create Claim – Submission Confirmation



The screenshot shows a web interface with a navigation bar containing icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar is a search area for claims with two dropdown menus and a 'GO' button. To the right are 'Upload EDI' and 'Create Claim' buttons. The main content area displays a 'Success' message with the text: 'Your claim has been submitted' and 'Your confirmation ID is 800225232'. A callout box explains that the Success page displays the web claim submission confirmation ID, which can be used to search for the claim on the Submitted tab.

Eligibility Patients Authorizations Claims Messaging

Viewing Claims For :

THIS SECTION:
Success Congratulations!

Your claim has been submitted
Your confirmation ID is 800225232

The Success page displays the web claim submission confirmation ID. This ID can be used to search for the claim on the Submitted tab.

Claim Details

Back to Claims

Claim Details

\$ Claim: #S000MPE00000: PAID

+ Copy Claim
Correct Claim

The **Claim Details** screen displays a summary of what was billed, how it was billed, and the status of the claim.



Member

Member Name:
Jan Doe

Member ID:
U00000000000

Member DOB:
03/21/1990

Provider

Ref/Acct No.:
RHMC00000

Servicing Provider:
RIVER HELP ME CENTER

Servicing NPI:

Claim

DOS Range:
04/03/2019 - 04/03/2019

Received Date:
04/08/2019

Billed Amount:
\$2,378.00

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		\$ PAID	AA,92

Correct Claim

Back to Claims **Claim Details**

Click **Correct Claim** to correct a finalized claim.

Claim: #S000MPE00000: PAID

+ Copy Claim / Correct Claim

Claim Accepted In Process Paid

Member

Member Name: **Jan Doe**
 Member ID: **U00000000000**
 Member DOB: **03/21/1990**

Provider

Ref/Acct No.: **RHMC00000**
 Servicing Provider: **RIVER HELP ME CENTER**
 Servicing NPI: **04/08/2019**
 Billed Amount: **\$2,378.00**

The Secure Provider Portal allows you to correct any piece of information, except the provider data associated with the claim.

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		PAID	AA,92

Correct Claim – General Information

Professional Claim for [redacted] Your Progress [progress bar]

THIS SECTION:
General Info
Information about the dates of the claim.

You are correcting a claim for T0091

On a corrected claim, the claim information originally submitted is pre-populated. All of the information can be changed, *except* for provider information or Type of Bill (TOB) on institutional claims. The claim will be processed as a corrected claim.

Next →

* Required field

Patient's Account Number* [input] 26

Statement Dates* From 01/08/2020 To 01/08/2020
**Changing the statement dates from ICD 9 effective dates to ICD 10 effective dates or vice versa, may invalidate current diagnosis codes.

Date of current illness, Injury, Pregnancy (LMP) Select Type... MM/DD/YYYY 14

Other Date Select Type... MM/DD/YYYY 15

Correct Claim – Service Lines

Professional Claim for [redacted] Your Progress [progress bar]

THIS SECTION
Service Lines
Enter maximum of 50 service lines.

You are correcting a claim for T0C [redacted]

The original claim had three Service Lines. The first service line is displayed.

← Back Next →

Total: \$134.00 * Required field

+ New Service Line

PROCEDURE / CHARGES

1: 99213 / \$84.00
2: 87804 / \$25.00
3: 87804 / \$25.00

Now Viewing Line 1: 99213 / \$84.00

Dates of Service* From 01/08/2020 To 01/08/2020 24 a

Place of Service* 72 – RURAL HEALTH CLINIC 24 b

Emergency Yes No 24 c EMG

Procedure Code* 99213 24 d

Modifiers XX Add Please enter the modifier and click the Add button.

Delete Save / Update

If there is more than one service line, click the service line to view and/or make changes.

Click Delete to remove the Service Line on the corrected claim.

After entering or editing a Service Line, click Save/Update.

Correct Claim – Providers

Professional Claim for [redacted] Your Progress 

THIS SECTION:
Providers
Providers on this claim.

You are correcting a claim for T00

Provider information cannot be changed on a corrected claim.

[← Back](#) [Next →](#)

* Required field

Please note when you are correcting a claim you cannot proceed further if you are attempting to correct/change your provider information

Referring Provider

NPI: [Find Provider](#) Qualifier: 17.

Last Name or Organizational Name: [Find Provider](#) First Name:

Rendering Provider

NPI: Tax ID: 24.

Taxonomy #: Last Name or Organizational Name: First Name:

Correct Claim – Review and Submit

Professional Claim for [redacted] Your Progress 

THIS SECTION:
Review
Please review your claim and submit.

You are correcting a claim for T00: [redacted]

[← Back](#) [Submit →](#)

Almost done!
You can go back to review your claim or submit now.

Claim Id: 822 [redacted]
Member Record Number: [redacted]
Member Claim Amount Paid: [redacted]
Patient's Account Number: [redacted]

General Info [Edit](#)
Statement From Date: 01/08/2020
Statement To Date: 01/08/2020
Date of current illness, injury, pregnancy (LMP):
Other Date:
Hospitalized From:
Hospitalized To:
Additional Claim Information:
Outside Lab?: No
Outside Lab Amount:
Prior Authorization Number:
CLIA Number:

Diagnosis Codes and Primary Insurance [Edit](#)

Click **Submit** to complete corrected claim submission.

Copy Claim

Back to Claim

Click **Copy Claim** to create an exact copy of this claim.

Copying a claim allows you to edit all sections before submitting it.

Claim # 200000. PAID

+ Copy Claim / Correct Claim

Claim Accepted In Process Paid

It is considered a new claim submission and will be processed as a 1st time claim.

Member	Provider	Claim
Member Name: Jan Doe Member ID: U0000000000 Member DOB: 03/21/1990	Ref/Acct No.: RHMC00000 Servicing Provider: RIVER HELP ME CENTER Servicing NPI:	DOS Range: 04/03/2019 - 04/03/2019 Received Date: 04/08/2019 Billed Amount: \$2,378.00

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		PAID	AA,92

Copy Claim – General Information

Professional Claim for [redacted] Your Progress [progress bar]

THIS SECTION:
General Info
Information about the dates of the claim.

On a copied claim, the claim information originally submitted is pre-populated. All of the information can be changed. The claim will process as a first-time claim.

Next →

* Required field

Patient's Account Number* C0100 26

Statement Dates* From 01/02/2020 To 01/02/2020

Date of current illness, Injury, Pregnancy (LMP) Select Type... MM/DD/YYYY 14.

Other Date Select Type... MM/DD/YYYY 15.

Hospitalization From MM/DD/YYYY To MM/DD/YYYY 18.

Reconsider Claim

Back to home
Claim Details

Claim: #S000MPE00000: PAID

[+ Copy Claim](#)
[Correct Claim](#)
[Reconsider Claim](#)

Click Reconsider Claim to submit the claim for reconsideration with applicable attachments.



Member	Provider	Claim
Member Name: Jan Doe	Ref/Acct No.: RHMC00000	DOS Range: 04/03/2019 - 04/03/2019
Member ID: U00000000000	Servicing Provider: RIVER HELP ME CENTER	Received Date: 04/08/2019
Member DOB: 03/21/1990	Servicing NPI:	Billed Amount: \$2,378.00

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		PAID	AA,92

Reconsider Claim

Back to home Claim Details

Claim: #S000MPE00000: PAID

+ Copy Claim Correct Claim Reconsider Claim

Reconsider Claim

Claim No: S000MPE00000

For reconsiderations only. Not for appeals/Claim disputes
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.
Any submission on this form will be treated as a reconsideration.
Please refer to your Provider Manual.

Reconsideration Type
Select Reconsideration Type...

Cancel Submit Reconsideration →

Member

Member Name:
Jan Doe

Member ID:
U0000000000

Member DOB:
03/21/1990

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,068.87	04/15/2019		PAID	AA,92

Select your Reconsideration Type, then click Submit Reconsideration.

Reconsideration Type

Reconsider Claim ✕

Claim No: T [REDACTED]

For reconsiderations only. Not for appeals.
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.
Any submission on this form will be treated as a reconsideration.
Please refer to your Provider Manual.

Reconsideration Type

Select Reconsideration Type... ▼

- Select Reconsideration Type...
- Denied for a Global/Unbundled Procedure
- Denied for Untimely Filing
- Denial Related to an Authorization
- Claim Paid at the Incorrect Amount
- Coordination of Benefits (COB)
- Co-insurance/Co-pay/Deductible Applied Incorrectly
- Emergency Department Services
- Consent Form
- Denial Related to Itemized Billing
- Other

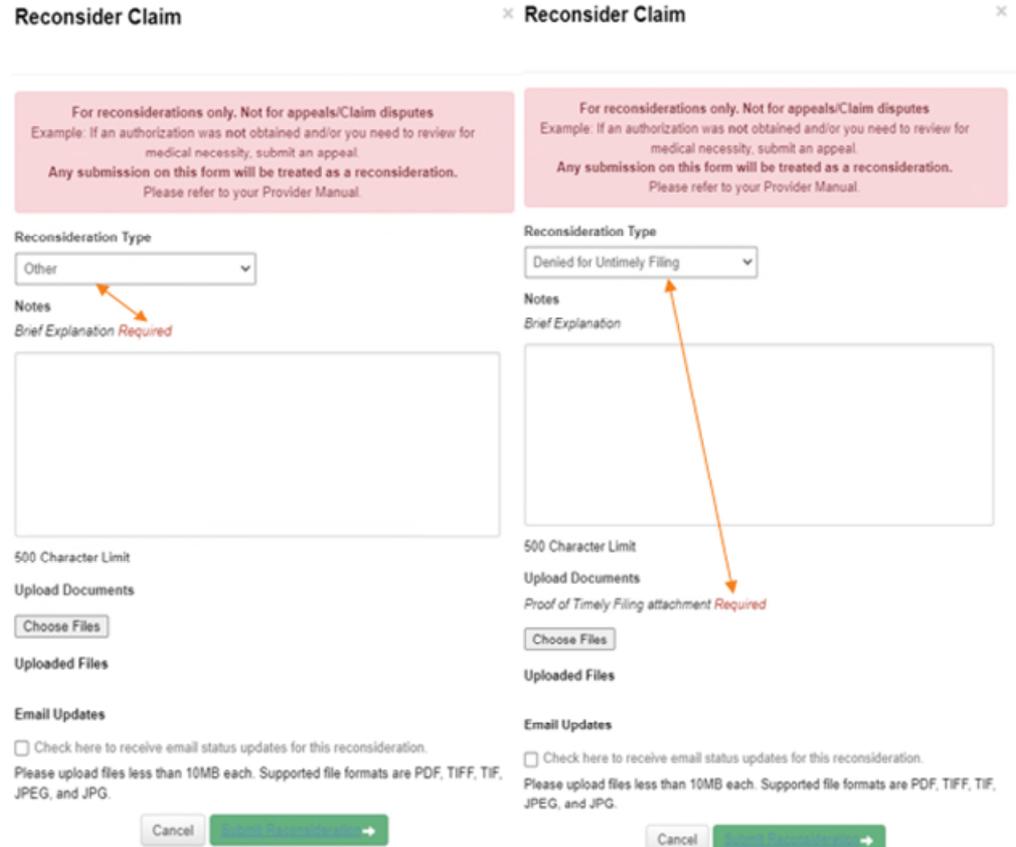
Check/EFT Number: [REDACTED]

Check Dated: 04/20/2020

A red arrow points to the 'Reconsideration Type' dropdown menu. A green arrow points to the 'Submit' button.

Reconsideration Form

- Ability to add notes and upload documents
 - This form is dynamic; depending on the type selected, notes and/or documents may be required



Reconsider Claim × **Reconsider Claim** ×

For reconsiderations only. Not for appeals/Claim disputes
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.
Any submission on this form will be treated as a reconsideration.
Please refer to your Provider Manual.

Reconsideration Type
Other

Notes
Brief Explanation *Required*

500 Character Limit

Upload Documents
Choose Files

Uploaded Files

Email Updates
 Check here to receive email status updates for this reconsideration.
Please upload files less than 10MB each. Supported file formats are PDF, TIFF, TIF, JPEG, and JPG.

Cancel [Submit]

For reconsiderations only. Not for appeals/Claim disputes
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.
Any submission on this form will be treated as a reconsideration.
Please refer to your Provider Manual.

Reconsideration Type
Denied for Untimely Filing

Notes
Brief Explanation
Proof of Timely Filing attachment *Required*

500 Character Limit

Upload Documents
Choose Files

Uploaded Files

Email Updates
 Check here to receive email status updates for this reconsideration.
Please upload files less than 10MB each. Supported file formats are PDF, TIFF, TIF, JPEG, and JPG.

Cancel [Submit]

Reconsideration Form continued

- Providers are able to opt in or out of email updates using the Email Updates checkbox.
- Email updates are triggered when Reconsideration Letters are posted
- Portal user's email address populates from portal
 - Not editable on form
 - Emails will only generate for submitted cases

Reconsider Claim

Claim No: T

For reconsiderations only. Not for appeals.
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.
Any submission on this form will be treated as a reconsideration.
Please refer to your Provider Manual.

Reconsideration Type
Other

Notes
Brief Explanation *Required*

500 Character Limit

Upload Documents
Choose Files

Uploaded Files

Email Updates
 Check here to receive email status updates for this reconsideration.
Please upload files less than 10MB each. Supported file formats are PDF, TIFF, TIF, JPEG, and JPG.

Cancel Submit

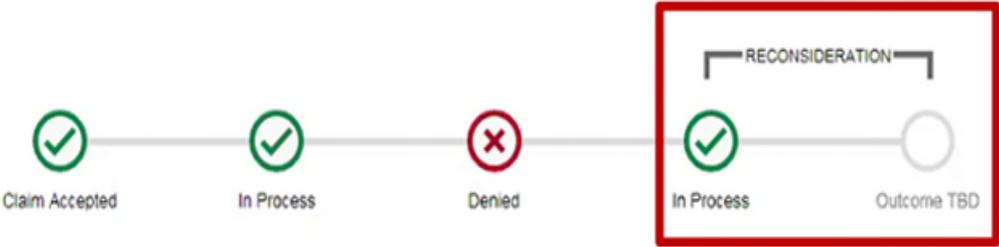
Click **Submit** after populating all required fields.

Reconsideration in Process

Back to Claims **Claim Details**

✖ Claim #T[REDACTED]: Denied

+ Copy Claim ✎ Correct Claim



Reconsideration Details

Created Date	Type	Current Status	Reconsideration Number	Tools
02/27/2020	General Correspondence	In Progress	S-6909[REDACTED]	

Member **Provider** **Claim** **Most Recent Payment**

Member Name: Refl/Acct No.: DOS Range: Payment Date: Paid Claim Amount:

Click the paperclip icon to view document(s) submitted for the reconsideration request, or to add documents to the request.

Finalized Reconsideration

Back to Claims Claim Details

Claim #T: Denied

Copy Claim Correct Claim Reconsider Claim



Reconsideration Details

Created Date	Type	Current Status	Reconsideration Number	Tools
02/14/2020	General Correspondence	Upheld	S-6789	

Member	Provider	Claim	Most Recent Payment	
Member Name:	Ref/Asst No.:	DOS Range:	Payment Date:	Paid Claim Amount:
		01032020 - 01052020	01/14/2020	\$0.00
Member ID:	Servicing Provider:	Received Date:	Check/EFT Number:	Total Check Amount:
		01/08/2020		\$958.04
Member DOB:	Servicing NPI:	Billed Amount:	Check Dated:	
		\$38.00	01/13/2020	

Service Lines

Line	DOS	Proc	Ox	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status	Payment Codes
1	01032020	90688	Z23	EP, T, J	11	\$38.00	\$0.00	02/25/2020		DCNY	DI
	01032020	90688	Z23	EP, T, J	11	\$38.00	\$0.00	02/25/2020		DCNY	
	01032020	90688	Z23	EP, T, J	11	(\$38.00)	\$0.00	02/25/2020		PAID	
	01032020	90688	Z23	EP, T, J	11	\$38.00	\$0.00	01/14/2020	08000012 6623	PAID	

Denial Code	Description
DI	ADJUSTMENT ADJUSTED PER CORRECTED BILLING FROM PROVIDER

The reconsideration outcome will be available once the reconsideration is finalized.

Back to Claims

Back to Claims

Claim Details

\$ Claim #S000MPE00000: PAID

+ Copy
Correct Claim

Click **Back to Claims** to return to the Claims Summary screen.


 Claim Accepted


 In Process


 Paid

Member

Member Name:
Jan Doe

Member ID:
U0000000000

Member DOB:
03/21/1990

Provider

Ref/Acct No.:
RHMC00000

Servicing Provider:
RIVER HELP ME CENTER

Servicing NPI:

Claim

DOS Range:
04/03/2019 - 04/03/2019

Received Date:
04/08/2019

Billed Amount:
\$2,378.00

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	04/03/2019	920	G4710		22	\$2,378.00	\$1,066.87	04/15/2019		\$ PAID	AA,92

Saved Claims

Viewing Claims For [] GO [Upload EDI] [Create Claim]

Claims [Individual] **Saved** Submitted Batch Payment History My Downloads

Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.

Drafts [Professional Ready to be Submitted] [Institutional Ready to be Submitted]

DATE CREATED ↑	CLAIM #	MEMBER ID	ORIGINAL CLAIM # ↓	TOTAL CHARGES ↓		
09/11/2016		445566777		\$0.00	Edit Delete	
09/10/2016		001122333		\$0.00	Edit Delete	
09/03/2016	CMS-1500	261444555	NACK JICOLSON	554433111	\$77.68	Edit Delete
08/30/2016	CMS-1500	261555666	DIN VIESEL	357148629	\$100.46	Edit Delete

The **Saved** tab contains drafts of claims that were created, but never submitted.

Each draft allows you to **Edit** or **Delete** as needed by clicking the hyperlinks below.

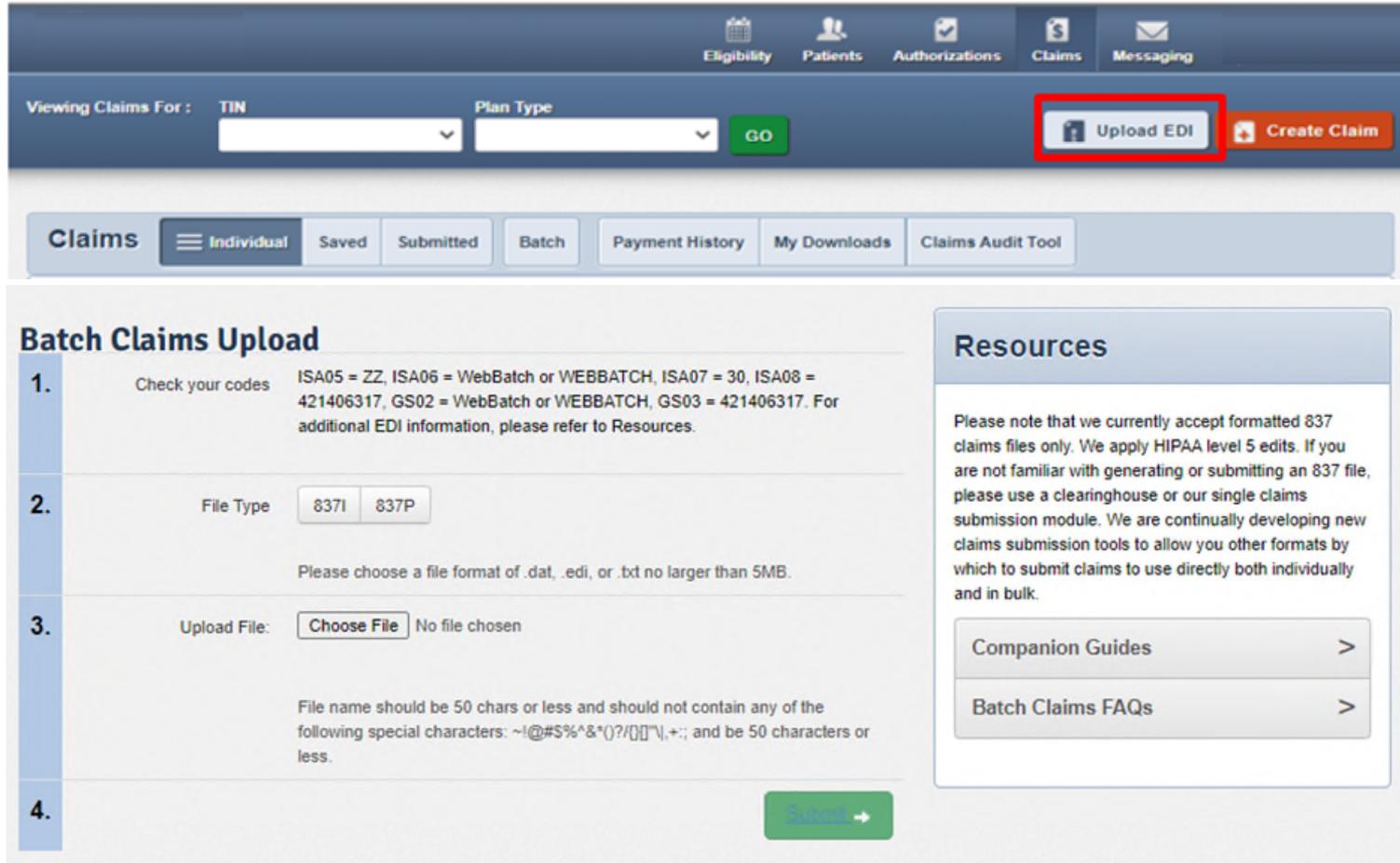
The following tabs contain claim drafts that were fully completed, but never submitted.

Submitted Claims

Claims							
Individual		Saved		Submitted		Batch	
Payment History		My Downloads		Claims Audit Tool		Filter	
SUBMITTED STATUS ↑	DATE SUBMITTED ↑	MEMBER ID ↑	MEMBER ID ↑	MEMBER ID ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑
👍	04/12/2019	814517214	P851IME14544	CMS-1500	JOHN DOE	001122333	\$442.50
👍	04/09/2019	814470108	P951IME14641	CMS-1500	JAMES DOE	445566777	\$1,040.00
🕒	04/09/2019	814484082	P546IME23541	CMS-1500	JAMES DOE	001122333	\$5,600.00
👍	04/05/2019	814432385	P756IME42154	CMS-1500	JAMES DOE	445566777	\$202.00
👍	04/04/2019	814414988	P711IME33333	CMS-1500	JOHN DOE	001122333	\$405.23
👍	04/04/2019	814410402	P822IME11111	CMS-1500	JOHN DOE	445566777	\$162.00
👍	04/04/2019	814410302	P810IME21212	CMS-1500	JANE DOE	001122333	\$1,890.00
👍	04/04/2019	814410171	P712IME12345	CMS-1500	JANE DOE	445566777	\$1,890.00

The Submitted tab displays individual claims submitted through the Secure Provider Portal.

Claims – Batch



The screenshot shows the 'Claims' section of a web application. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. Below these, there are dropdown menus for 'Viewing Claims For : TIN' and 'Plan Type', followed by a 'GO' button. A red box highlights the 'Upload EDI' button, which is next to a 'Create Claim' button. Below the navigation, there are tabs for 'Claims', 'Individual', 'Saved', 'Submitted', 'Batch', 'Payment History', 'My Downloads', and 'Claims Audit Tool'. The main content area is titled 'Batch Claims Upload' and contains four numbered steps:

1. Check your codes
ISA05 = ZZ, ISA06 = WebBatch or WEBBATCH, ISA07 = 30, ISA08 = 421406317, GS02 = WebBatch or WEBBATCH, GS03 = 421406317. For additional EDI information, please refer to Resources.
2. File Type
837I 837P
Please choose a file format of .dat, .edi, or .txt no larger than 5MB.
3. Upload File:
Choose File No file chosen
File name should be 50 chars or less and should not contain any of the following special characters: ~!@#S%^&*()/?/[]|^\\, +; and be 50 characters or less.
4. Submit →

On the right side, there is a 'Resources' section with the following text: 'Please note that we currently accept formatted 837 claims files only. We apply HIPAA level 5 edits. If you are not familiar with generating or submitting an 837 file, please use a clearinghouse or our single claims submission module. We are continually developing new claims submission tools to allow you other formats by which to submit claims to use directly both individually and in bulk.' Below this text are two links: 'Companion Guides' and 'Batch Claims FAQs', both with right-pointing chevrons.

Claims – Batch

The Batch tab displays 837 files that were uploaded via portal. A copy of the 999, TA1 and/or Audit response files display for download.

Claims Individual Saved Submitted **Batch** Recurring Payment History My Downloads Claims Audit Tool

Start Date: 12/31/2019 End Date: 01/31/2020
Date span limited to a 1-month period.
Confirmation #: Batch Claim Status: ALL Search

The last 24 months of batch claims submission data is available online. Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon accuracy of data submitted. You will receive an explanation of payment (EOP) or E25 for your claims submission depending on your contract arrangement.
For questions regarding errors please contact the health plan.

SUBMITTED DATE	TYPE	CONFIRMATION #:	FILE NAME	STATUS	997/999 FILE	TA1 FILE	AUDIT FILE
01/03/2020	837P	51190627	51190627_...I.3.20.DAT	ACCEPTED	Download	Download	Download
01/07/2020	837P	51191189	51191189_...7.20.DAT	PARTIAL_REJECT	Download	Download	Download
01/07/2020	837P	51191206	51191206_...7.20.DAT	ACCEPTED	Download	Download	Download
01/21/2020	837P	51193483	51193483_...I.21.20.DAT	PARTIAL_REJECT	Download	Download	Download
01/21/2020	837P	51193470	51193470_...21.20.DAT	PARTIAL_REJECT	Download	Download	Download

Click **Download** to export the respective file for review.

Payment History

Claims Individual Saved Submitted Batch **Payment History** My Downloads Claims Audit Tool Filter

Transactions

All activity posted to your account between 03/15/2019 and 04/15/2019 .

Instructions: To view transaction details, click the check date.

The **Payment History** tab includes check history and explanations of payment (EOP) per check.

CHECK DATE ;	CHECK NUMBER ;	CHECK CLEAR DATE ;	MAILING ADDRESS ;	PAYMENT AMOUNT ;	PAYEE_ID ;
04/15/2019	0902008445	EFT	1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$90.89	G YXSJ
04/15/2019			1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$459.00	G ZDGE
04/15/2019			1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$0.00	G YSBG
04/15/2019	0001787669		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$476.77	G YHFL
04/15/2019	0001788134		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$487.02	G VYRS
04/15/2019	0902008372	EFT	1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$172.17	G WOMJ
04/15/2019	0001788073		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$519.26	G FFNM
04/15/2019	0001787898		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$471.06	G YWYG
04/15/2019	0001788135		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$674.61	G YWQQ
04/15/2019	0001787670		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$265.20	G YXRC

293 items found, displaying 1 to 10. Page 1/30 [1](#)[2](#)[3](#)[4](#)[5](#)[6](#)[7](#)[8](#) [Next](#) [Last](#)

Click on a check date to view more information.

Viewing Claims For: 123456789

Explanation of Payment Details

Check/Trace Number: 0911223344 Check Date 09/20/2016

<p>Insured Name: JOHN DOE Patient Name: JOHN DOE Control Number: P366IME04807 Service Provider: PROVIDER NAME</p> <p><input type="button" value="View Service Line Details"/></p> <p>Insured Name: JANE DOE Patient Name: JANE DOE Control Number: O367IM Service Provider: PROVIDER NAME</p> <p><input type="button" value="View Service Line Details"/></p> <p>Insured Name: JUDITH DOE Patient Name: JUDITH DOE Control Number: P368IME04809 Service Provider: PROVIDER NAME</p>	<p>Group: ID: 001122334 Account: 874566C788589 NPI: 1234567890</p> <p>Group: ID: 002244556 Account: 875577C788590 NPI: 1234567890</p> <p>Group: ID: 003355667 Account: 876588C788410 NPI: 1234567890</p>
--	---

The **Explanation of Payment** details will display.

Click **View Service Line Details** to view more information about this claim.

Explanation of Payment Details

[Important Information](#)
[Back to Payments List](#)
[Download \(Excel Format\)](#)
[Print](#)

Check/Trace Number: 0911223344 Check Date 09/20/2016

Insured Name: JOHN DOE
 Patient Name: JOHN DOE
 Control Number: P366IME04807
 Service Provider: PROVIDER NAME

Group:
 ID: 001122334
 Account: 874566C788589
 NPI: 1234567890

A breakdown per line item displays below.

[View Service Line Details](#)

Serv	Date	Diag#/ Drug#	Proc#/ Proc2	Mod	Days/ Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	Remit Codes	Payment
10	08/16/2016	29590	99213	AF	0/1	38.26	33.27	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	92	33.27
20	08/17/2016	29590	96372	AF	0/1	22.59	18.71	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	92	18.71
Sub Total:						\$60.85	\$51.98	\$0.00/\$0.00	\$0.00	\$0.00/\$0.00	\$0.00/\$0.00	\$0.00	\$0.00		\$51.98

Remit Code Descriptions

92
 PAID ACCORDING TO CONTRACT PROCESSING GUIDELINES

The Remit Code Descriptions provides an explanation for each Remit Code listed in the breakdown.

Insured Name: JANE DOE
 Patient Name: JANE DOE
 Control Number: P367IME04808
 Service Provider: PROVIDER NAME

Group:
 ID: 002244556
 Account: 875577C788590
 NPI: 1234567890

[View Service Line Details](#)

Insured Name: JUDITH DOE
 Patient Name: JUDITH DOE
 Control Number: P368IME04809
 Service Provider: PROVIDER NAME

Group:
 ID: 003355667
 Account: 876588C788410
 NPI: 1234567890



Portal Functionality: Secure Messaging

Eligibility
Patients
Authorizations
Claims
Messaging

Viewing Dashboard For: TIN Plan Type GO

What you need to know about COVID-19:
 Note: As of January 1, 2020, QualChoice Marketplace plans (AR Works and FFM) will be rebranded as Ambetter. For information regarding services dated prior to 1/1, please utilize the QualChoice Member and Provider My Account online portals. For information regarding services dated on or after 1/1, please use the Ambetter Secure Member and Provider portals.

Quick Eligibility Check for Ambetter

Member ID Only: Birthdate: Check Eligibility

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
🟢	08/11/2020		
🟢	08/11/2020		
🟢	08/11/2020		
🟢	08/11/2020		
🟢	08/11/2020		

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >

Recent Activity

Date	Activity

Go Paperless

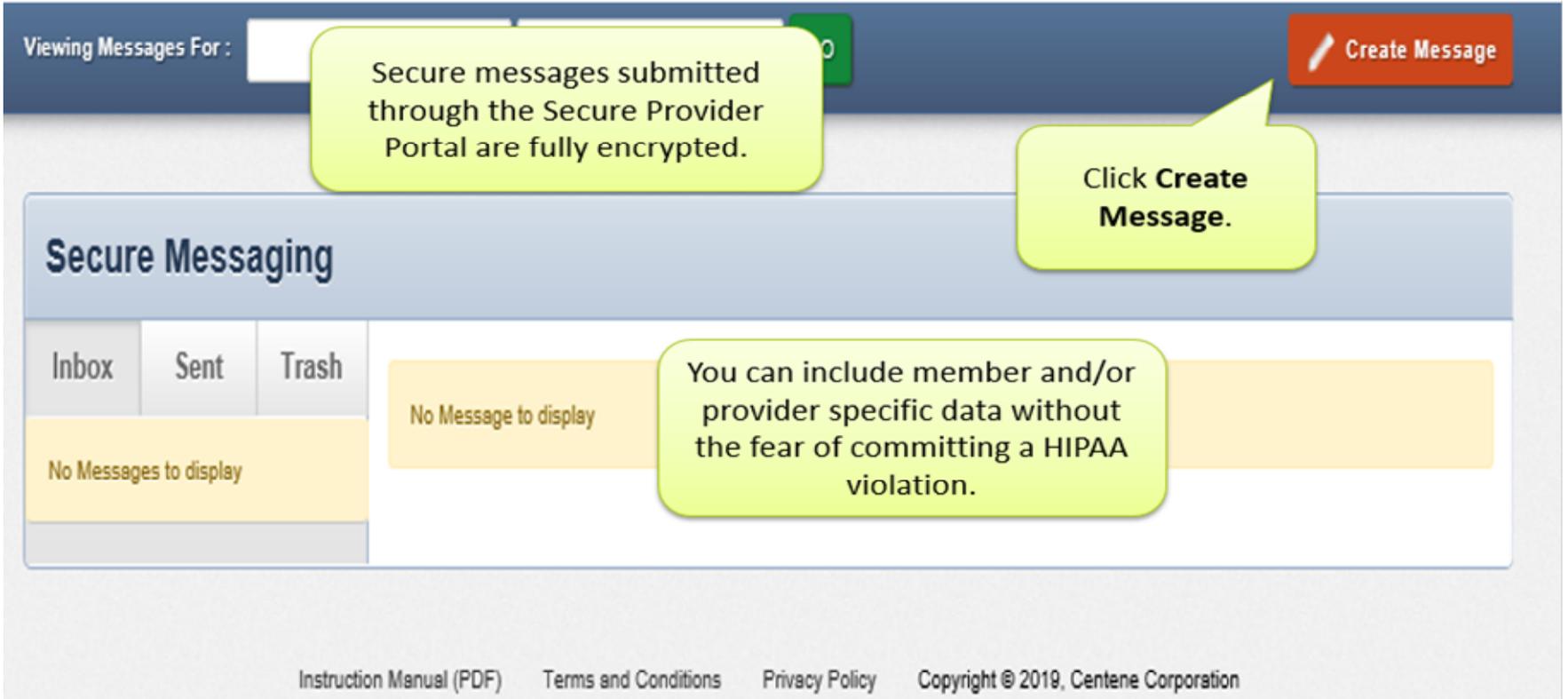
Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

PaySpan Site

Click
Messaging.

85

Creating a Message



Viewing Messages For :

Secure messages submitted through the Secure Provider Portal are fully encrypted.

Click **Create Message**.

Secure Messaging

Inbox	Sent	Trash
No Messages to display		

No Message to display

You can include member and/or provider specific data without the fear of committing a HIPAA violation.

[Instruction Manual \(PDF\)](#) [Terms and Conditions](#) [Privacy Policy](#) Copyright © 2019, Centene Corporation

 Eligibility
  Patients
  Authorizations
  Claims
  Messaging

Viewing Messages For : TIN Plan Type GO Create Message

New Message

To:

Subject:

Your Message

If your message is about a specific member, please include their ID and Date of Birth below.

Member ID:

Date of Birth:

Select a subject

- Benefit Inquiry - Transportation
- Eligibility Inquiry
- Claim Payment
- Claim Status
- Claim Adjustment
- Contract Clarification
- Contract Request
- Provider Material
- Provider Relations Visit Request
- Appeal
- Provider Demographic Correction/Update
- Member Connections Request - Member/Patient Outreach
- Provider Panel Question
- Member/Patient Problem
- Benefit Inquiry - Benefit Limits/Copay
- Other

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New Message

We've selected **Claim Payment** for this example.

Enter your message in the following text box. Be sure to include as much information as needed.

If your message is about a specific member, please include their ID and Date of Birth below.

Member ID

Date of Birth

Your Message

Hello,
I'm interested in getting set up for Electronic Funds Transfers, how would I go about doing that?
Please advise,
Thank you

Click **Send** to submit your message.

Message Confirmation

The screenshot displays a web application interface for secure messaging. At the top, a navigation bar includes icons and labels for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, there are two dropdown menus for 'Viewing Messages For:' and an orange 'Create Message' button. The main content area is titled 'Secure Messaging' and features a sidebar with 'Inbox', 'Sent', and 'Trash' tabs. The 'Inbox' tab is active, showing 'No Messages to display'. A green confirmation message 'Success! Message sent.' is displayed in the main area, with a yellow callout box pointing to it that says 'A confirmation that your message was sent will display.' Below the confirmation message is a yellow placeholder for a message that is not displayed.

The screenshot shows a user dashboard with a navigation bar at the top containing icons for Eligibility, Patients, Authorizations, Claims, and Messaging. The Messaging icon is highlighted with a red box and a callout that says "Click Messaging." A red notification icon with the number "1" is also present on the Messaging icon. A callout explains: "A red notification icon with the number of unread messages will appear." Below the navigation bar, there is a "Quick Eligibility Check" section with input fields for Member ID or Last Name and Birthdate. A callout states: "You'll receive a response to your message within 1 – 2 business days." To the right is a "Welcome" sidebar with links for "Add a TIN to My ACCOUNT", "Manage Accounts", and "Reports". Below the sidebar is a "Recent Claims" table.

STATUS	RECEIPT DATE	MEMBER NAME	CLAIM NO.
	09/20/2016	JOHN DOE	P555IME66666
	09/20/2016	JOHN DOE	P444IME55555
	09/18/2016	JANE DOE	P333IME44444
	09/05/2016	JOHN DOE	P222IME33333
	09/01/2016	JAMES DOE	P111IME22222

Secure Messaging

Inbox Sent Trash

Ambetter of Arkansas
3/02/2017 Claim Status

Ambetter of Arkansas
2/22/2017 Claim Status

From: Ambetter of Arkansas
Subject: Claim Status
Date: 3/02/2017 at 6:00 AM
Tax ID:

reply send to trash

Good Morning,

... has been denied for timely filing on 4/28/16. If further assistance is needed, please contact the information below and a customer service representative will be happy to assist you.

ambetter.arhealthwellness.com
877.617.0390

From:
Date: 02/22/2017 03:10:00 CST
User ID:
Tax ID:

Member ID:
Date of Birth:

Checking the status of a claim for member. Date of service was 8/6/15 in the amount of \$90.00. Please advise.

The following action buttons will allow you to reply or trash this message.

A response to your message will be displayed below.

These tabs will allow you to toggle between your Messaging Inbox, Sent and Deleted Messages.

Helpful Tips

Timely Filing

Ambetter		Allwell		Arkansas Total Care	
In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
180 days	90 days	180 days	N/A	365 days	365 days

- Initial Claims: Days are calculated from the Date of Service to the date received by the health plan
 - For observation and inpatient stays, the date is calculated from the date of discharge

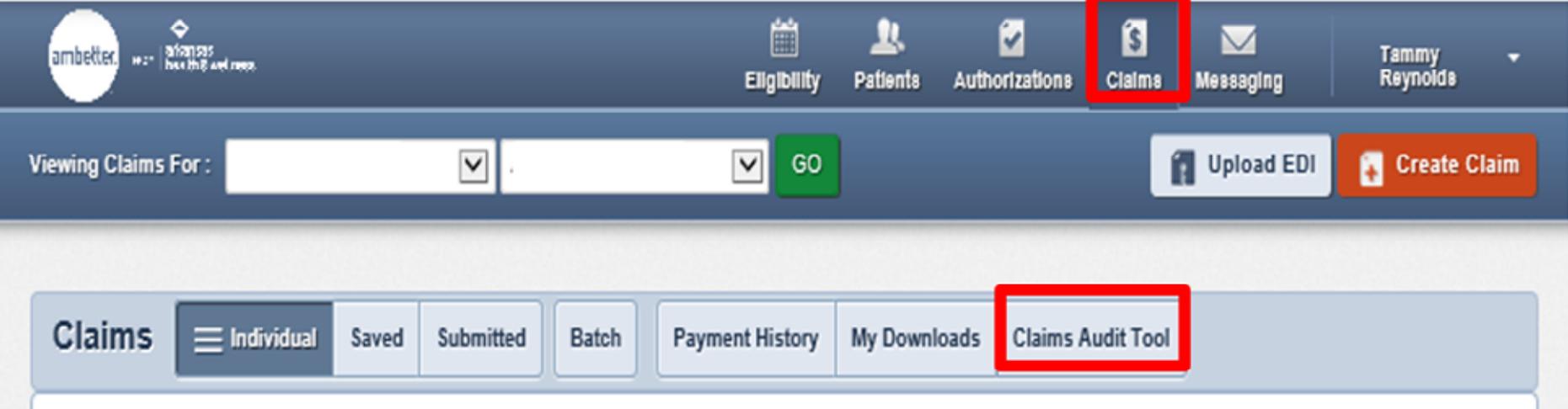
Claim Audit Tool

- Our organization provides a web-based code auditing reference tool designed to “mirror” how our code auditing software evaluates code combinations during the auditing of claims
- The tool offers several benefits:
 - Prospectively access the appropriate coding and supporting clinic edit clarifications for services before claims are submitted
 - Proactively determine appropriate code/code combination representing the service for accurate billing purposes
 - Retrospectively access the clinical edit clarifications on a denied claim for billed services after and Explanation of Payment (EOP) has been received

DISCLAIMER: This tool is used to apply coding logic ONLY. It will not take into account individual fee schedule reimbursement, authorization requirements, or other coverage considerations. Whether a code is reimbursable or covered is separate and outside of the intended use of this tool.

Claim Audit Tool

- Available through Secure Provider Portal
- Select the Claims tab, then Claims Audit Tool



Claim Entry





Clear Claim Connection™

[McKesson Edit](#) [Development](#) [Glossary](#) [About](#) [Help](#) [Logoff](#)

Claim Entry

Gender: Male Female

Date of Birth: / / (mm/dd/yyyy)

ICD Code Set: ▼

Complete this portion.

Enter each service line for the claim.

Click grid to enter information.

* For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.

Line	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Qty.	Date of Service	Place of Service	Line Diag. 1	Line Diag. 2	Line Diag. 3	Line Diag. 4
1	<input type="text" value="80055"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="4/15/2019"/>	<input type="text" value="23 (ER - Hospital)"/> ▼	<input type="text" value="Z00.121"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text" value="85025"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="4/15/2019"/>	<input type="text" value="23 (ER - Hospital)"/> ▼	<input type="text" value="Z00.121"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text" value="81001"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="4/15/2019"/>	<input type="text" value="23 (ER - Hospital)"/> ▼	<input type="text" value="Z00.121"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click **Add More Procedures** to add additional service lines.

Click **Review Claim Audit Result** to see the results.

Add More Procedures >>

Claim Audit Results




Claim Audit Results

Gender: Female
Date of Birth: 12/22/2010
ICD Code Set: ICD-10

Click the Recommendation

Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.

Line	Procedure	Description	Mod 1	Mod 2	Mod 3	Mod 4	Qty.	Date of Service	Place of Service	Line Diag. 1	Line Diag. 2	Line Diag. 3	Line Diag. 4	RVU	Pay %	Recommendation
1	80055	OBSTETRIC PANEL					1	4/15/2019	23 (ER - Hospital)	Z00.121				n/a		Allow
2	85025	COMPLETE CBC W/AUTO DIFF WBC					1	4/15/2019	23 (ER - Hospital)	Z00.121				0		Disallow
3	81001	URINALYSIS AUTO W/SCOPE					1	4/15/2019	23 (ER - Hospital)	Z00.121				n/a		Allow

Claim Edit Clarification

Clinical Edit Clarification

1 of 1 Clarifications

[New Claim](#) [Current Claim](#) [Review Claim Audit Results](#)

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Inquiry:

Why is procedure 85025 disallowed when submitted with procedure 80055?

Procedure	Description
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT
80055	OBSTETRIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: BLOOD COUNT, COMPLETE (CBC), AUTOMATED AND AUTOMATED DIFFERENTIAL WBC COUNT (85025 OR 85027 AND 85004) OR BLOOD COUNT, COMPLETE (CBC), AUTOMATED (85027) AND APPROPRIATE MANUAL DIFFERENTIAL WBC COUNT (85007 OR 85009) HEPATITIS B SURFACE ANTIGEN (HBSAG) (87340) ANTIBODY, RUBELLA (86762) SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART) (86592) ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE (86850) BLOOD TYPING, ABO (86900) AND BLOOD TYPING, RH (D) (86901)

Response:

A rebundling edit identifies two or more procedures used to report a service when a single, more comprehensive procedure code exists that more accurately represents the service performed. Occasionally, the code that represents the comprehensive procedure is added to the claim resulting in the component procedures being disallowed. To correct this type of coding error, the unbundled procedure code(s) is rebundled to the comprehensive procedure code.

Therefore, procedure 85025 is not recommended for separate reimbursement when submitted with procedure 80055.



Contact Information

Allwell from Arkansas Health and Wellness Provider Services

Phone: 1-855-565-9518

TTY/TDD: 711

allwell.arhealthwellness.com

Ambetter from Arkansas Health and Wellness Provider Services

Phone: 1-877-617-0390
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ambetter.arhealthwellness.com

Arkansas Total Care Provider Services

Phone: 1-866-282-6280

TTY/TDD: 711

ArkansasTotalCare.com

Education Requests

Would you like training for you and your staff?

You can submit your requests to

Providers@arhealthwellness.com

Providers@ArkansasTotalCare.com



Questions?





Thank you for joining!