



# Secure Provider Portal

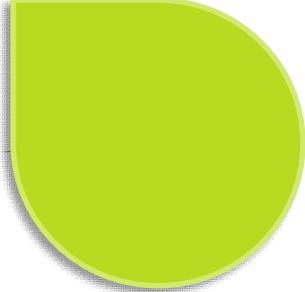
## *Claim Submission and Correction*

Join by telephone:  
1-646-558-8656

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Meeting ID: 155 301 932

Please install and test the Zoom application  
before we begin today's webinar



# Housekeeping



- Please mute your phone
- Please don't put this call on hold – we'll all hear the hold music

# Disclaimer



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  - Arkansas Health and Wellness:
    - ✓ <https://www.arhealthwellness.com/providers/resources.html>
  - Arkansas Total Care:
    - ✓ <https://www.arkansastotalcare.com/providers.html>
- Choose the network you wish to receive information for

## Provider Resources

Arkansas Health & Wellness provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- For Ambetter information, please visit our [Ambetter website](#).
- For Allwell information, please visit our [Allwell website](#).

Interested in getting the latest alerts from Arkansas Health and Wellness? Fill out the form below and we'll add you to our email subscription.

Name \*

Position/Title \*

Email \*

Phone Number \*

Group Name \*

Group NPI \*

Tax ID \*

Network\*

- Ambetter
- Allwell

Submit

# Agenda



- Introduction
- Creating an Account
- Viewing Claims
- Helpful Tips
- Q&A

# Provider Relation Representatives Western Region



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# Provider Relation Representatives Central Region



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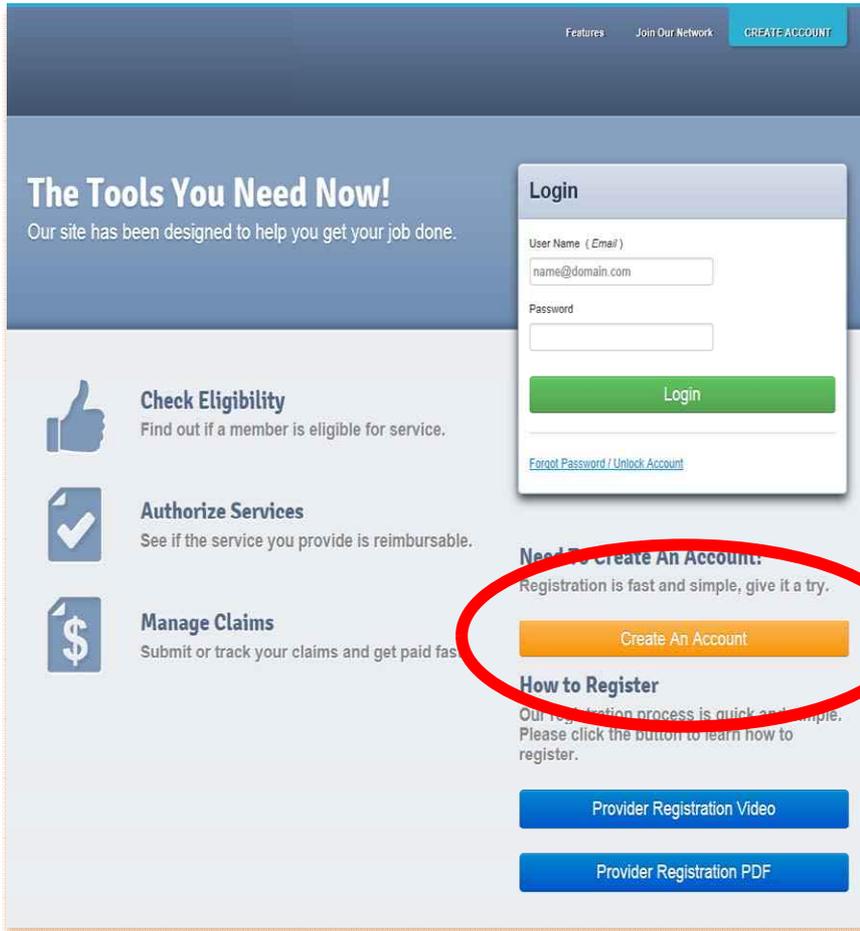
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Southeast Arkansas: Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, Lee Lincoln, Lonoke, Phillips, Prairie, Pulaski

# Secure Provider Portal

- Creating An Account

# Create An Account



## 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

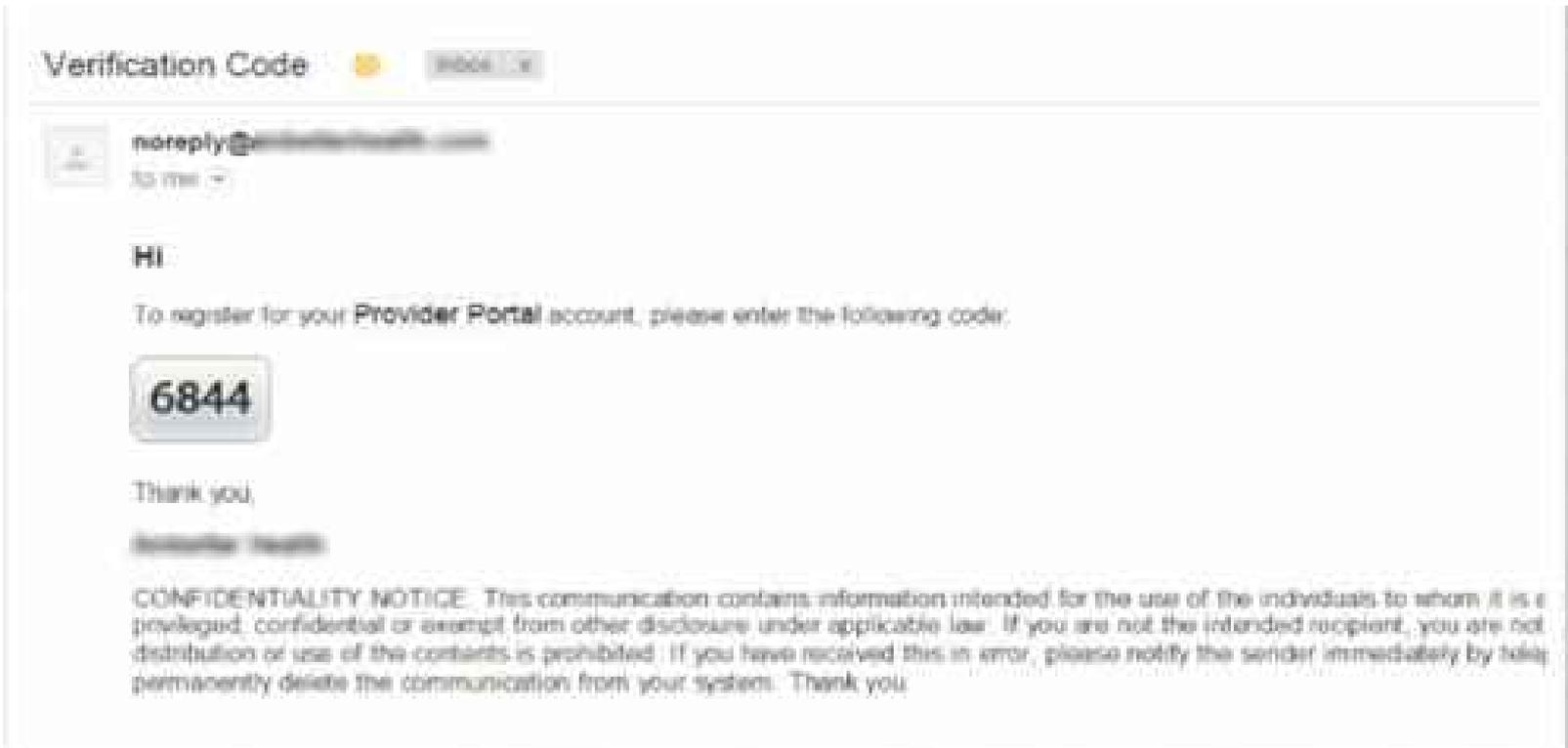
Your Progress



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 331148820 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.

[Confirm](#)

[Still didn't receive an email from us?](#)

# Account Setup



**Register Provider** Your Progress  Cancel

Registering Provider 30110965 at [awes@ark.com](mailto:awes@ark.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 changes will be lost.

**Secret Questions**

Question 1: What city were you born in?

Question 2: What is your favorite color?

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

**Contact Information**

Telephone Number:

Fax Number:

Submit

# Registration Complete



**Registration Complete!**

Your Progress 

Thank you for completing your registration! A team of health plan guides is currently reviewing your information and 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 (800) 453-7777 for additional assistance.

[Log In](#)

# Ready to Login



Features   Join Our Network   [CREATE ACCOUNT](#)

## The Tools You Need Now!

Our site has been designed to help you get your job done.

-  **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

[Login](#)

[Forgot Password / Unlock Account](#)

### Need To Create An Account?

Registration is fast and simple, give it a try.

[Create An Account](#)

### How to Register

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

[Provider Registration Video](#)

[Provider Registration PDF](#)



# Member Eligibility

- How to check Member Eligibility

# Quick Eligibility Check

Viewing Dashboard For:  Allwell from AR HW Ambetter

### Quick Eligibility Check

Member ID or Last Name:  Birthdate:

**Enter the member or Last Name** **Enter the Birth** **Click Check Eligibility to continue.**

The **Quick Eligibility Check** tool allows you to verify member eligibility.

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

**Recent Claims**

**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](#)

# Eligibility Results

Viewing Eligibility For:

The following screen will confirm if the member was found and their eligibility status.

### Eligibility Check

Date of Service  Member ID Only  DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
	01/16/2019	<b>JANE DOE</b>	01/16/2019	<input type="button" value="+ Emergency Room Visit?"/> <input type="button" value="X Remove"/>

Click the member's name for more information.

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# Member Information - Ambetter

[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

**Eligibility History**

Start Date	End Date	Product Name	Product Description
Jan 1, 2019	Dec 31, 2019	Ambetter Balanced Care 0 (2019)	AR Balance C0 87%
Jan 1, 2018	Dec 31, 2018	Ambetter Balanced Care 0 (2018)	AR Balance C0 87%

[View Clinical Information](#)

**PCP Information**

[View PCP History](#)

[Allergies](#)

None On File

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

**Eligibility History** displays current and/or past coverage spans.

# Member Information - Allwell

[Back to Eligibility Check](#)

**Overview**

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Summary of Benefits

Document Resource Center

 This patient is eligible as of today, Jan 22, 2019.

**Patient Information**

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

**Eligibility History**

Start Date	End Date	Product Name	Product Description
Jan 1, 2018	Ongoing	Medicare	AR ALLWELL MEDICARE HMO MAPD PLAN H9830-002

[View Clinical Information](#)

PCP Information

Practice type

Phone Number

[View PCP](#)

[EPSDT](#)

[Care Gaps](#)

None On File

[Allergies](#)

None On File

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

**Eligibility History** displays current and/or past coverage spans.

# Member Information – ARTC

[Back to Eligibility Check](#)

**Overview**

- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Referrals
- Coordination of Benefits
- Claims
- Document Resource Center
- Notes

 This patient is eligible as of today, Mar 19, 2019.

**Patient Information**

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

**Eligibility History**

Start Date	End Date	Product Name
Mar 1, 2019	Ongoing	Behavioral Health Non-Dual
Sep 1, 2018	Feb 28, 2019	Arkansas Behavioral Health Services Only

[View Clinical Information](#)

**PCP Information**  
 UNASSIGNED P  
[View PCP H](#)

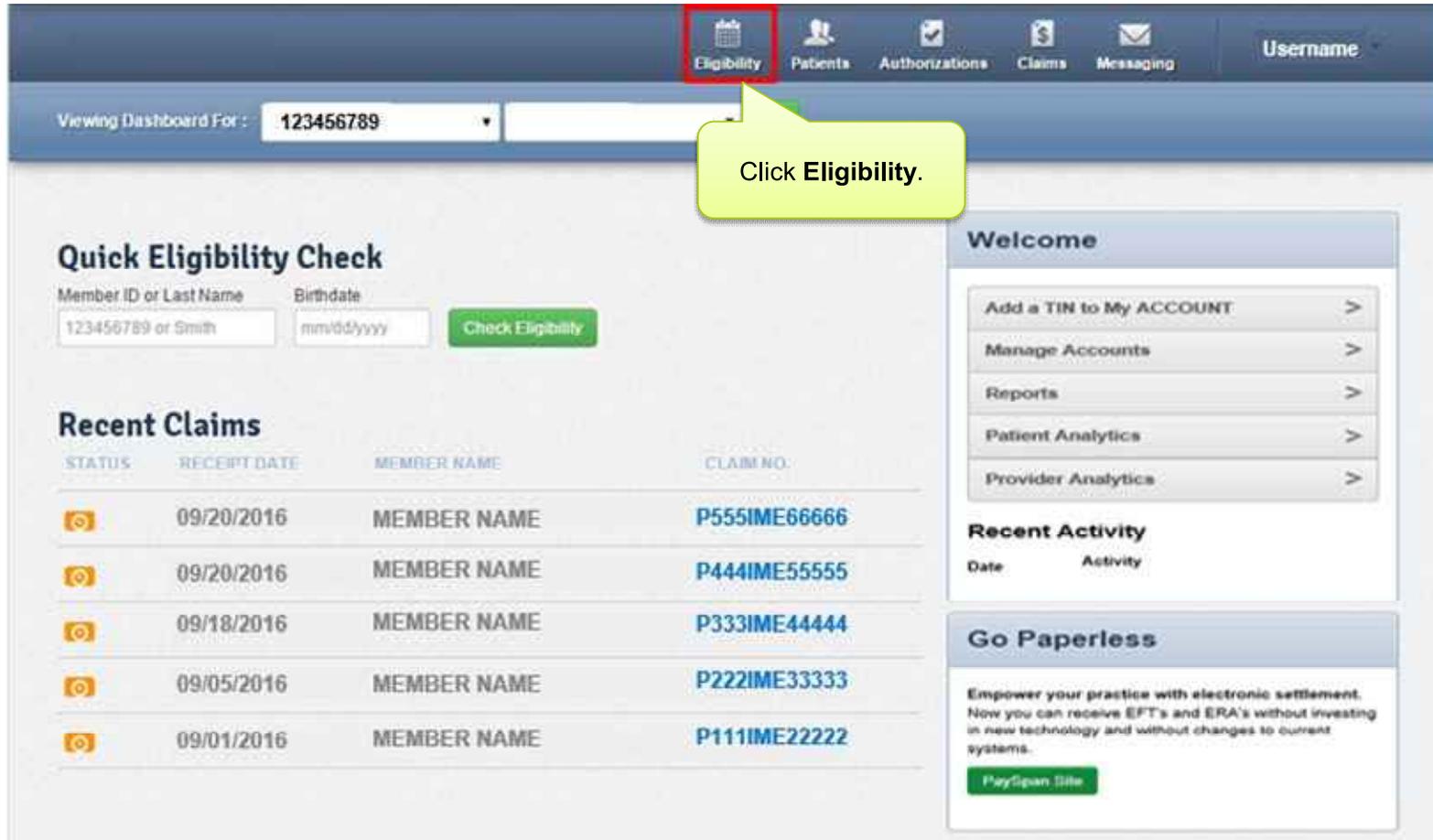
**EPSTD**  
[Care Gaps](#)  
 None On File

**Allergies**  
 None On File

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

**Eligibility History** displays current and/or past coverage spans.

# Alternate Way to Verify Eligibility



Viewing Dashboard For: 123456789

Eligibility Patients Authorizations Claims Messaging Username

Click Eligibility.

### Quick Eligibility Check

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

### Recent Claims

STATUS	RECEIPT DATE	MEMBER NAME	CLAIM NO.
	09/20/2016	MEMBER NAME	<a href="#">P555IME66666</a>
	09/20/2016	MEMBER NAME	<a href="#">P444IME55555</a>
	09/18/2016	MEMBER NAME	<a href="#">P333IME44444</a>
	09/05/2016	MEMBER NAME	<a href="#">P222IME33333</a>
	09/01/2016	MEMBER NAME	<a href="#">P111IME22222</a>

### 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](#)

# Check Eligibility



Viewing Eligibility For: 123456789

### Eligibility Check

Date of Service: 01/22/2015    Member ID or Last Name: 001122333    DOB: 10/29/1991       

ELIGIBLE:    DATE OF SERVICE:

Enter the **member's ID or Last Name**    Enter the **member's Birthdate**    Click **Check Eligibility** to continue.

# Eligibility Status – Not Found

Viewing Eligibility For:

## Eligibility Check

Date of Service:  Member ID or Last Name:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED
 Not Found	09/20/2016	Patient not found. (123456789 & 01/01/1990)	09/20/2016

The information entered on the Eligibility Check displays under Patient Name.

**Not Found** displays, if a member is not found based on the information entered.

# Eligibility Status - Ineligible

Viewing Eligibility For: 123456789

### Eligibility Check

Date of Service: 09/22/2016    Member ID or Last Name: 123456789 or Smith    DOB: mm/dd/yyyy       

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	
 <b>Ineligible</b>	09/20/2016	<b>JANE DOE</b>	09/20/2016	<input type="button" value="Remove"/>

**Ineligible** displays when the member's coverage has ended.

Click the member's name to review their eligibility history.

# View Claims

Viewing Dashboard For:

Click Claims.

### Quick Eligibility Check

Member ID Only:  Birthdate:

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	04/13/2019	JOHN DOE	P555IME66666
	04/12/2019	JOHN DOE	P444IME55555
	04/11/2019	JANE DOE	P333IME44444
	04/11/2019	JOHN DOE	P222IME33333
	04/10/2019	JAMES DOE	P111IME22222

### Welcome

- Add a TIN to My ACCOUNT >
- 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.

Claims: Re

The **Individual** tab displays paper and electronic claims that are pending, paid or denied.

The Claims section displays claim-related information and is divided into a series of tabs.

The Individual tab is the default.

NO. ↑	TYPE ↓	NAME ↓	SERVICE DATE(S) ↓	PAID ↓	CLAIM STATUS ↓
<a href="#">S028MPE</a>	CMS-1500	John Doe	01/12/2019 - 01/12/2019	\$123.00 / \$0.00	Pending
<a href="#">S029MPE</a>	CMS-1500	John Doe	01/12/2019 - 01/18/2019	\$348.00 / \$0.00	Pending
<a href="#">S029MPE</a>	CMS-1500	John Doe	01/12/2019 - 01/12/2019	\$81.00 / \$0.00	Pending
<a href="#">S016MPE</a>	CMS-1500	John Doe	01/11/2019 - 01/11/2019	\$221.00 / \$0.00	Denied
<a href="#">S017MPE</a>	CMS-1500	John Doe	01/11/2019 - 01/11/2019	\$595.00 / \$408.00	Paid
<a href="#">S017MPE</a>	Institutional	Jane Doe	01/11/2019 - 01/11/2019	\$2,892.65 / \$0.00	Pending
<a href="#">S017MPE</a>	Institutional	Jane Doe	01/11/2019 - 01/11/2019	\$687.31 / \$0.00	Pending
<a href="#">S017MPE</a>	Institutional	Jane Doe	01/11/2019 - 01/11/2019	\$218.53 / \$0.00	Pending
<a href="#">S017MPE</a>	Institutional	Jane Doe	01/11/2019 - 01/11/2019	\$1,037.60 / \$0.00	Pending
<a href="#">S017MPE</a>	Institutional	Jane Doe	01/11/2019 - 01/11/2019	\$495.68 / \$0.00	Pending

There is filter capability throughout the Claims section of the portal.

Claims: Recent

Search: Date Range : 12/31/2018 to 01/31/2019 [Change dates](#)

Filter Search

Click **Filter** to expand the filter section.

CLAIM NO. ↑	CLAIM TYPE ↓	PAID ↓	CLAIM STATUS ↓
<a href="#">S028MPE</a>	CMS-150	\$123.00 / \$0.00	Pending
<a href="#">S029MPE</a>	CMS-150	\$348.00 / \$0.00	Pending
<a href="#">S029MPE</a>	CMS-150	\$81.00 / \$0.00	Pending
<a href="#">S010MPE</a>	CMS-150	\$221.00 / \$0.00	Denied
<a href="#">S017MPE</a>	CMS-150	\$595.00 / \$408.00	Paid
<a href="#">S017MPE</a>	Institution	\$2,892.65 / \$0.00	Pending
<a href="#">S017MPE</a>	Institution	\$887.31 / \$0.00	Pending
<a href="#">S017MPE</a>	Institutional	\$218.53 / \$0.00	Pending
<a href="#">S017MPE</a>	Institutional	\$1,037.60 / \$0.00	Pending
<a href="#">S017MPE</a>	Institutional	\$495.68 / \$0.00	Pending

### Filter Claims

Status

Denied  
 Paid  
 Pending  
 All

Type

Institutional  
 Professional

# Claim Details



[Back to Claims](#)

## Claim Details

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

**Claim #S000MPE00000: PAID**

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



### 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

# Correct Claim

[Back to Claims](#) **Claim Details**

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

Claim: #S000MPE00000: PAID

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



**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:  
**1417400000**

Service Date:  
**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	\$1,068.87	04/15/2019		PAID	AA,92

# Copy Claim



Back to

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

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

Claim # [REDACTED] E00000: PAID

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



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

## 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

# Back to Claims



[Back to Claims](#)

## Claim Details

Claim #S000MPE00000: PAID

+C

[Correct Claim](#)

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



### 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	\$1,068.87	04/15/2019		PAID	AA,92

# Saved Claims

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

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

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.

DATE CREATED ↓	CLAIM TYPE	MEMBER ID ↓	ORIGINAL CLAIM # ↓	TOTAL CHARGES ↓				
09/11/2016		445566777		\$0.00	<a href="#">Edit</a>	<a href="#">Delete</a>		
09/10/2016		001122333		\$0.00	<a href="#">Edit</a>	<a href="#">Delete</a>		
09/03/2016	CMS-1500	261444555	NACK JICOLSON	554433111	\$77.68	<a href="#">Edit</a>	<a href="#">Delete</a>	
08/30/2016	CMS-1500	261555666	DIN VIESEL	357148629	\$100.46	<a href="#">Edit</a>	<a href="#">Delete</a>	
08/30/2016	CMS-1500	261666777	JAMES DOE	445566777	\$23.33	<a href="#">Edit</a>	<a href="#">Delete</a>	
08/30/2016	CMS-1500	261777888	BLECK AALDWIN	615423789	\$31.26	<a href="#">Edit</a>	<a href="#">Delete</a>	
06/01/2016	CMS-1500	261888999	JANE DOE	313245789	\$105.12	<a href="#">Edit</a>	<a href="#">Delete</a>	
06/01/2016	CMS-1500	261854565	JOHN DOE	001122333	\$70.55	<a href="#">Edit</a>	<a href="#">Delete</a>	
06/01/2016	CMS-1500	261332842	JOHN DOE	001122333	<a href="#">P851IME14544</a>	\$49.60	<a href="#">Edit</a>	<a href="#">Delete</a>
06/01/2016	CMS-1500	261884958	DIN VIESEL	357148629	\$70.55	<a href="#">Edit</a>	<a href="#">Delete</a>	

# Submitted

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



Claims								
Individual	Saved	<b>Submitted</b>	Batch	Payment History	My Downloads	Claims Audit Tool	Filter	
SUBMITTED STATUS	DATE SUBMITTED	WEB #/ REF #	CLAIM NUMBER	CLAIM TYPE	MEMBER NAME	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
👍	04/04/2019	814409987	P761IME42242	CMS-1500	JOHN DOE		001122333	\$345.00
👍	04/04/2019	814409892	P421IME45675	CMS-1500	JOHN DOE		445566777	\$308.00

The **Batch** tab displays 837 files that were uploaded through the Secure Provider Portal.

Claims **Batch** Payment History My Downloads

Start Date: 04/08/2019 End Date: 04/15/2019

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 accuracy of data submitted. You will receive an explanation of payment (EOP) or 835 for your claims submission report. For questions regarding errors please contact the health plan.

For assistance with interpreting these files, contact the **EDI** department.

A copy of the **999, TA1 and Audit response files** will also be available for download.

SUBMITTED DATE	TYPE	CONFIRMATION #:	FILE NAME	STATUS	997/599		
					FILE	TA1 FILE	AUDIT FILE
08/03/2016	837P	50123456	50123456_123456789_August Foster Care Claims.txt	ACCEPTED	Download	Download	Download
08/03/2016	837P	50112244	50112244_123456789_August CHIP Claims.txt	PARTIAL_REJECT	Download		Download
08/03/2016	837P	50122334	50122334_123456789_September CHIP Claims File.txt	ACCEPTED	Download	Download	Download
07/29/2016	837P	50244551	50244551_123456789_September Foster Care Claims File.txt	ACCEPTED	Download	Download	Download
07/29/2016	837P	50222333	50222333_123456789_September LTC Claims File.txt	ACCEPTED	Download	Download	Download
07/29/2016	837P	50554541	50554541_123456789_August LTC Claims.txt	ACCEPTED	Download	Download	Download
07/29/2016	837P	50015421	50112244_123456789_August CHIP Claims2.txt	ACCEPTED	Download	Download	Download
07/14/2016	837P	50455123	50554541_123456789_August LTC Claims2.txt	ACCEPTED	Download	Download	Download
07/14/2016	837P	50784264	50784264_123456789_September Foster Care Claims File 2.txt	PARTIAL_REJECT	Download	Download	Download

# Payr

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



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.

CHECK DATE ↓	CHECK NUMBER ↓	CHECK CLEAR DATE ↓	MAILING ADDRESS ↓	PAYMENT AMOUNT ↓	PAYEE_ID ↓
<a href="#">04/15/2019</a>	0902008445	EFT	1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$90.89	G YXSJ
<a href="#">04/15/2019</a>			1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$459.00	G ZDGE
<a href="#">04/15/2019</a>			1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$0.00	G YSBG
<a href="#">04/15/2019</a>	0001787669		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$476.77	G YHFL
<a href="#">04/15/2019</a>	0001788134		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$487.02	G VYRS
<a href="#">04/15/2019</a>	0902008372	EFT	1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$172.17	G WOMJ
<a href="#">04/15/2019</a>	0001788073		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$519.28	G FFNM
<a href="#">04/15/2019</a>	0001787898		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$471.08	G YWYG
<a href="#">04/15/2019</a>	0001788135		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$674.81	G YWQQ
<a href="#">04/15/2019</a>	0001787670		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$265.20	G YXRC

Click on a check date to view more information.

### Explanation of Payment Details

The Explanation of Payment details will display.

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

View Service Line Details

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

Insured Name: JANE DOE  
Patient Name: JANE DOE  
Control Number: O367IM  
Service Provider: PROVI

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

View Service Line Details

Insured Name: CINDY DOE  
Patient Name: CINDY DOE  
Control Number: P369IME04810  
Service Provider: PROVIDER NAME

Group:  
ID: 004455667  
Account: 877588C788420  
NPI: 1234567890

View Service Line Details

Insured Name: BLAKE DOE  
Patient Name: BLAKE DOE  
Control Number: P370IME04811  
Service Provider: PROVIDER NAME

Group:  
ID: 005566778  
Account: 878599C788430  
NPI: 1234567890

### 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: 1234567890  
Account: 4566C788589  
NPI: 57890

A breakdown per line item displays below.

View Service Line Details

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

Days/	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	Remit Codes	Payment
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	
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	
<b>Sub Total</b>	<b>\$60.85</b>	<b>\$51.98</b>	<b>\$0.00/\$0.00</b>	<b>\$0.00</b>	<b>\$0.00/\$0.00</b>	<b>\$0.00/\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$51.98</b>

**Remit Code Descriptions**  
92  
PAID ACCORDING TO CONTRACT PROCESSING GUIDELINES

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

View Service Line Details

Insured Name: CINDY DOE  
Patient Name: CINDY DOE  
Control Number: P369IME04810  
Service Provider: PROVIDER NAME

Group:  
ID: 004455667  
Account: 877588C788420  
NPI: 1234567890

# Print and Download

Viewing Claims For: 123456789

GO

Upload EDI

Create 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: P366IMED4807  
Service Provider: PROVIDER NAME

NPI: 1234567890

View Service Line Details

Serv	Date	Diag#/ Drug#	Proc#/ Proc2	Mod	Days/ Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Paid	TPP	Denied	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

Insured Name: JANE DOE  
Patient Name: JANE DOE  
Control Number: P367IMED4808  
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: P368IMED4809  
Service Provider: PROVIDER NAME

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

Click **Download (Excel Format)** to download a copy of the EOP in an Excel format.

Click **Print** to print a copy of this page.

# Download Retrieval

Eligibility Patients Authorizations **Claims** Messaging Username

Viewing Claims For : 123456789

Upload EDI Create Claim

The following message will appear with instructions on how to retrieve your download.

Explanation of Payment Details Important Information Back to Payments List Download (Excel Format) Print

Your request has been received  
Go to Claims>My Downloads to retrieve your file or check the status of your download request.

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

View Service Line Details

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

View Service Line Details

Insured Name: CINDY DOE  
Patient Name: CINDY DOE  
Control Number: P369IME04810  
Service Provider: PROVIDER NAME

Group:  
ID: 004455667  
Account: 877588C788420  
NPI: 1234567890

# Back to Payment List



Eligibility   Username

Viewing Claims For : 123456789

Click on **Back to Payments List** or the **Claims** icon to return to the Claims Summary screen.

Explanation of Payment Details    Important Information    **Back to Payments List**    Download (Excel Format)    Print

Your request has been received  
Go to Claims>My Downloads to retrieve your file or check the status of your download request.

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

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

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

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

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

Insured Name: CINDY DOE  
Patient Name: CINDY DOE  
Control Number: P369IME04810  
Service Provider: PROVIDER NAME

Group:  
ID: 004455667  
Account: 877588C788420  
NPI: 1234567890

# Important Information



Click on **Important Information** to view the address for paper claims, corrected claims and disputes. This feature is currently only available for ARS.

Important Information

## Important Information

### CLAIM SUBMISSION

Ambetter of Arkansas  
Attn: Claims Department  
P.O. Box 5000  
Farmington, MO 63640- 5000

### CORRECTED CLAIMS & DISPUTES

Ambetter of Arkansas  
P. O. Box 5010  
Farmington, MO 63640-5010

A corrected claim or an informal request for reconsideration may be made in writing to the claim submission mailbox above. If the provider does not agree with the outcome of the request for reconsideration, a formal claim dispute form (located at <http://ambetter.ambetterofarkansas.com/>) may be submitted to the claim dispute address above. Please provide names, dates, etc., and any extenuating circumstances which would allow Ambetter of Arkansas to make an informed decision. Please attach a copy of the EOP if possible. Please see your provider manual (located at <http://ambetter.ambetterofarkansas.com/>) for additional information on the claim submission, resubmission, request for reconsideration, or claim dispute process.

Close

Remitted	Remit Codes	Payment
100	92	33.27
100	92	18.71
100		551.98

Viewing Cl...

GO

Upload EDI

Create Claim

Expl...

Check/Tran...

Insured Name: J...  
Patient Name: JO...  
Control Number: F...  
Service Provider: I...

View Service Line

Serv	Date
10	08/...
20	08/...
Sub Total:	

Remit Code

92  
PAID ACCORD...

Insured Name: JAJ...  
Patient Name: JAJ...  
Control Number: F...  
Service Provider: ...

View Service Line Details

Insured Name: JUDITH DOE  
Patient Name: JUDITH DOE  
Control Number: P3681MED4809  
Service Provider: PROVIDER NAME

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

Click on **My Downloads**.

Claims								
<span>☰ Individual</span> <span>Saved</span> <span>Submitted</span> <span>Batch</span> <span>Payment History</span> <span>My Downloads</span> <span>Filter</span>								
STATUS ↑	DATE SUBMITTED ↑	WEB #/ REF # ↑	CLAIM NUMBER ↑	CLAIM TYPE ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑
⓪	09/10/2016	501222342	P851IME14544	CMS-1500	JOHN DOE	001122333		\$125.04
⓪	09/10/2016	504512415	P951IME14641	CMS-1500	JAMES DOE	445566777		\$127.60
⓪	09/10/2016	501222342	P546IME23541	CMS-1500	JAMES DOE	001122333	<a href="#">P546IME11345</a>	\$50.00
⓪	09/10/2016	504512415	P756IME42154	CMS-1500	JAMES DOE	445566777		\$50.00
⓪	09/10/2016	501222342	P711IME33333	CMS-1500	JOHN DOE	001122333		\$50.00
⓪	09/10/2016	504512415	P822IME11111	CMS-1500	JOHN DOE	445566777		\$50.00
⓪	09/10/2016	501222342	P810IME21212	CMS-1500	JANE DOE	001122333		\$50.00
⓪	09/10/2016	504512415	P712IME12345	CMS-1500	JANE DOE	445566777		\$50.00
⓪	09/10/2016	501222342	P761IME42242	CMS-1500	JOHN DOE	001122333		\$50.00
⓪	09/10/2016	504512415	P421IME45675	CMS-1500	JOHN DOE	445566777		\$93.78

# My Downloads



Viewing Claims For : 123456789

Claims



Individual

Saved

Submitted

Batch

Payment History

My Downloads

## My Downloads

Instructions: To retrieve your file, click the Download link.

Your file will be available for 7 days, afterwards the link will no longer display.

Documents in this page will be available for 7 days before they are removed.

DATE REQUESTED	CHECK NUMBER	CHECK DATE	REF ID	TYPE	STATUS	ARCHIVE DATE	DOWNLOAD LINK
09/21/2016 13:46	0911223344	09/20/2016		PAYMENTHISTORY	COMPLETED	09/28/2016	<a href="#">download</a>

Click **download** to save a copy of the Excel document to your computer.



# 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




McKesson Edit Development Glossary About Help Logoff

Complete this portion.

## Claim Entry

Gender:  Male  Female

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

ICD Code Set:  ▾

Click grid to enter information.

\* For quick entry, use your Service and Place of Service.

Enter each service line for the claim.

today's date, and Place of Service will default to 11 (Office). Tabbing through Date of

Line	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Qty.	Date of Service		Diag. 1	Line Diag. 2	Line Diag. 3	Line Diag. 4
1	80055					1	4/15/2019		121			
2	85025					1	4/15/2019	23 (ER - Hospital)	Z00.121			
3	81001					1	4/15/2019	23 (ER - Hospital)	▾ Z00.121			
4								-- select --	▾			
5								select	▾			

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

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

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		<b>Disallow</b>
3	81001	URINALYSIS AUTO W/SCOPE					1	4/15/2019	23 (ER - Hospital)	Z00.121				n/a		Allow

[New Claim](#) [Current Claim](#)

The results displayed do not guarantee how the claim will be processed.

# Claim Edit Clarification



## Clinical Edit Clarification

1 of 1 Clarifications

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

[Printable Version](#)

### 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.

# Needing to Contact Us?



# Allwell from Arkansas Health and Wellness

## Provider Services

Phone: 1-855-565-9518

TTY/TDD: 711

[allwell.arhealthwellness.com](http://allwell.arhealthwellness.com)

# **Ambetter from Arkansas Health and Wellness**

## Provider Services

Phone: 1-877-617-0390

TTY/TDD: 1-877-617-0392

[ambetter.arhealthwellness.com](http://ambetter.arhealthwellness.com)



# Arkansas Total Care

## Provider Services

Phone: 1-866-282-6280

TTY/TDD: 711

[ArkansasTotalCare.com](http://ArkansasTotalCare.com)

# Education Requests

Would you like training for you and your staff?

You can submit your requests to

[Providers@arhealthwellness.com](mailto:Providers@arhealthwellness.com)

[Providers@ArkansasTotalCare.com](mailto:Providers@ArkansasTotalCare.com)



# Contracting Department

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



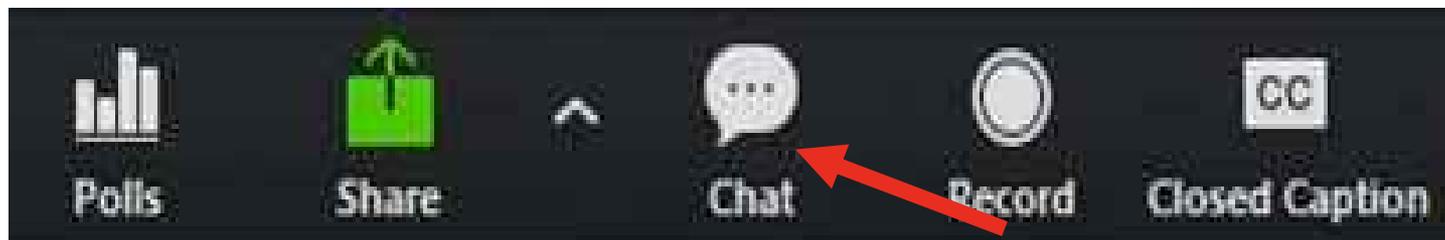
Provider Contracting Email Address:

[ArkansasContracting@centene.com](mailto:ArkansasContracting@centene.com)

Regular contracting inquiries and contract requests

# Questions

Please use the Chat feature to enter  
your questions



Thank you for joining!