Secure Provider Portal

Claim Submission and Correction

Join by telephone:
1-646-558-8656

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

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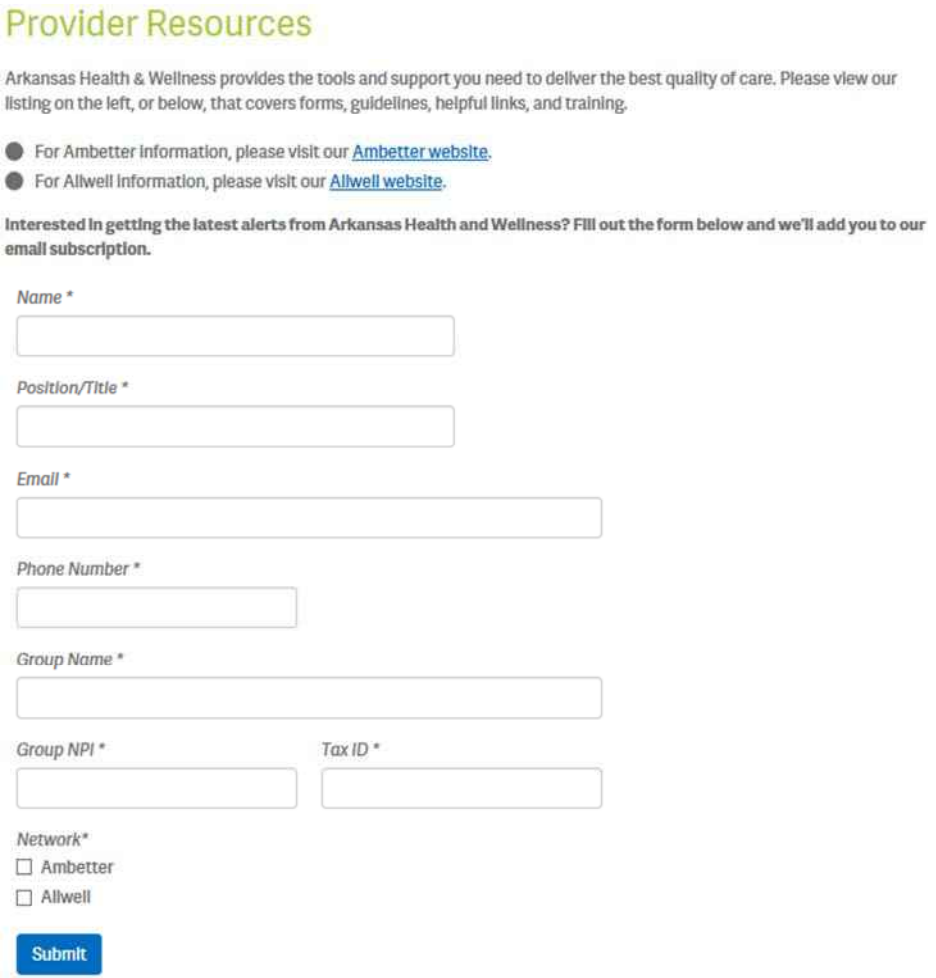
- Receive current updates:
  - Arkansas Health and Wellness:
    - ✓ https://www.arhealthwellness.com/providers/resources.html
  - Arkansas Total Care:
    - ✓ https://www.arkansastotalcare.com/providers.html
- Choose the network you wish to receive information for



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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Kari Murphy
KAMURPHY@centene.com

Northwest Arkansas: Benton, Carroll, Crawford, Franklin, Johnson, Madison, Pope, Sebastian, Washington

Tanya Brooks
Tanya.Y.Brooks@centene.com

Southwest Arkansas: Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Logan, Miller, Montgomery, Nevada, Ouachita, Perry, Pike, Polk, Saline, Scott, Sevier, Union, Yell

Provider Relation Representatives
Central Region

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Meghan Hunt
Meghan.E.Hunt@centene.com

North Central Arkansas: Baxter, Boone, Cleburne, Conway, Faulkner, Fulton, Izard, Marion, Newton, Searcy, Stone, Van Buren

Valinda Perkins
VPERKINS@centene.com

South Central Arkansas: Pulaski

Provider Relation Representatives
Eastern Region

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Christopher Ishmael
Christopher.L.Ishmael@centene.com

Northeast Arkansas: Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Mississippi, Monroe, Poinsett, Randolph, Sharp, St Francis, White, Woodruff

Patrice Eackles
Patrice.A.Eackles@centene.com

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

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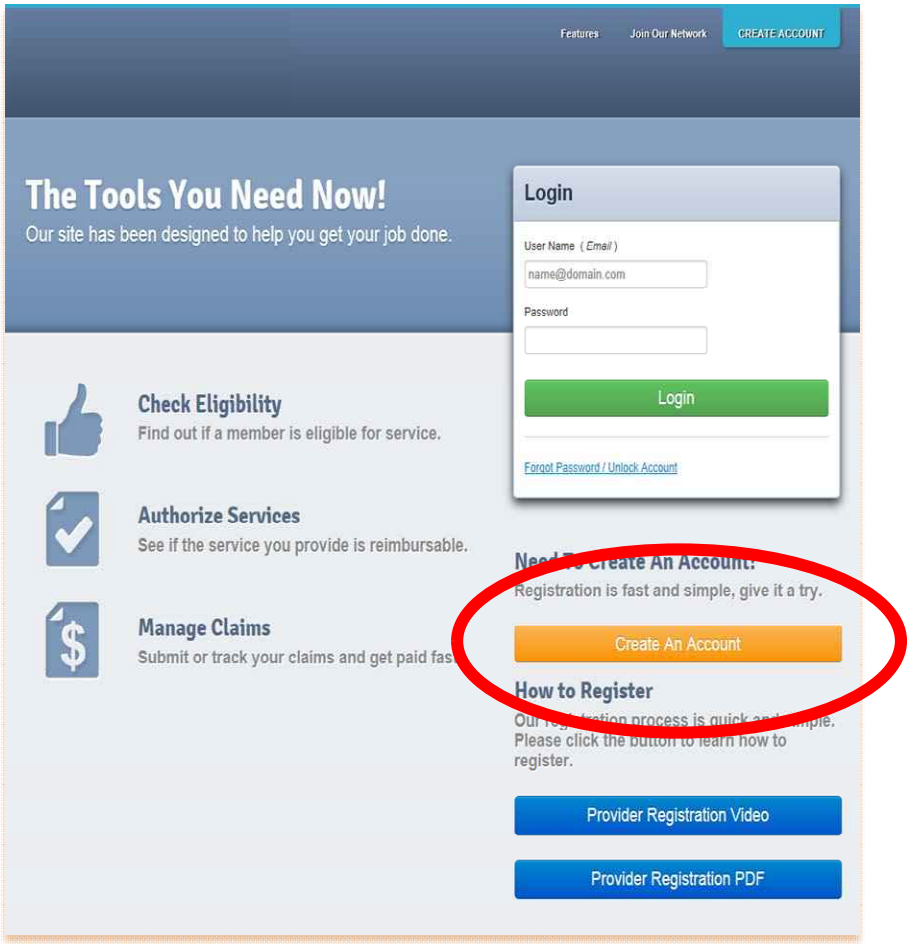
Secure Provider Portal

- 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

Error Message

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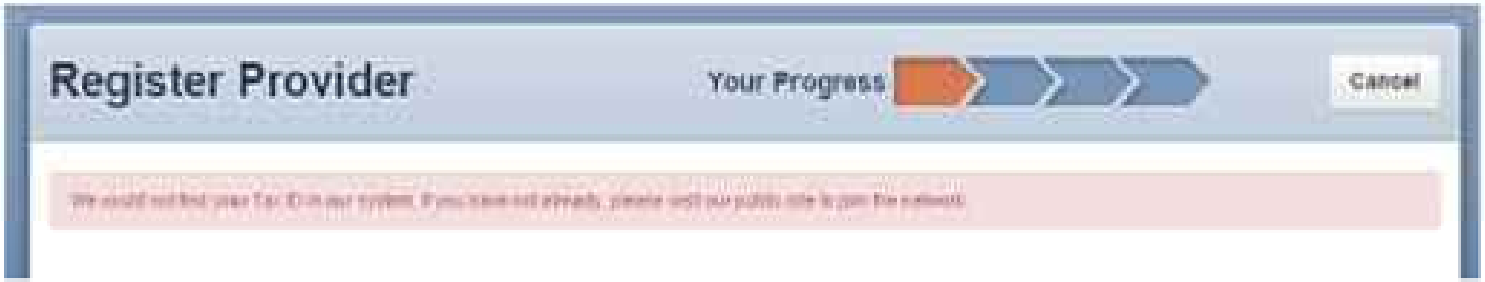
If you receive error message: "We could not find your Tax ID in our system. If you have not already, please join our network." Please return to our public site to join the network. Once your data is in our systems you'll be able to create your account.



Confirmation Email

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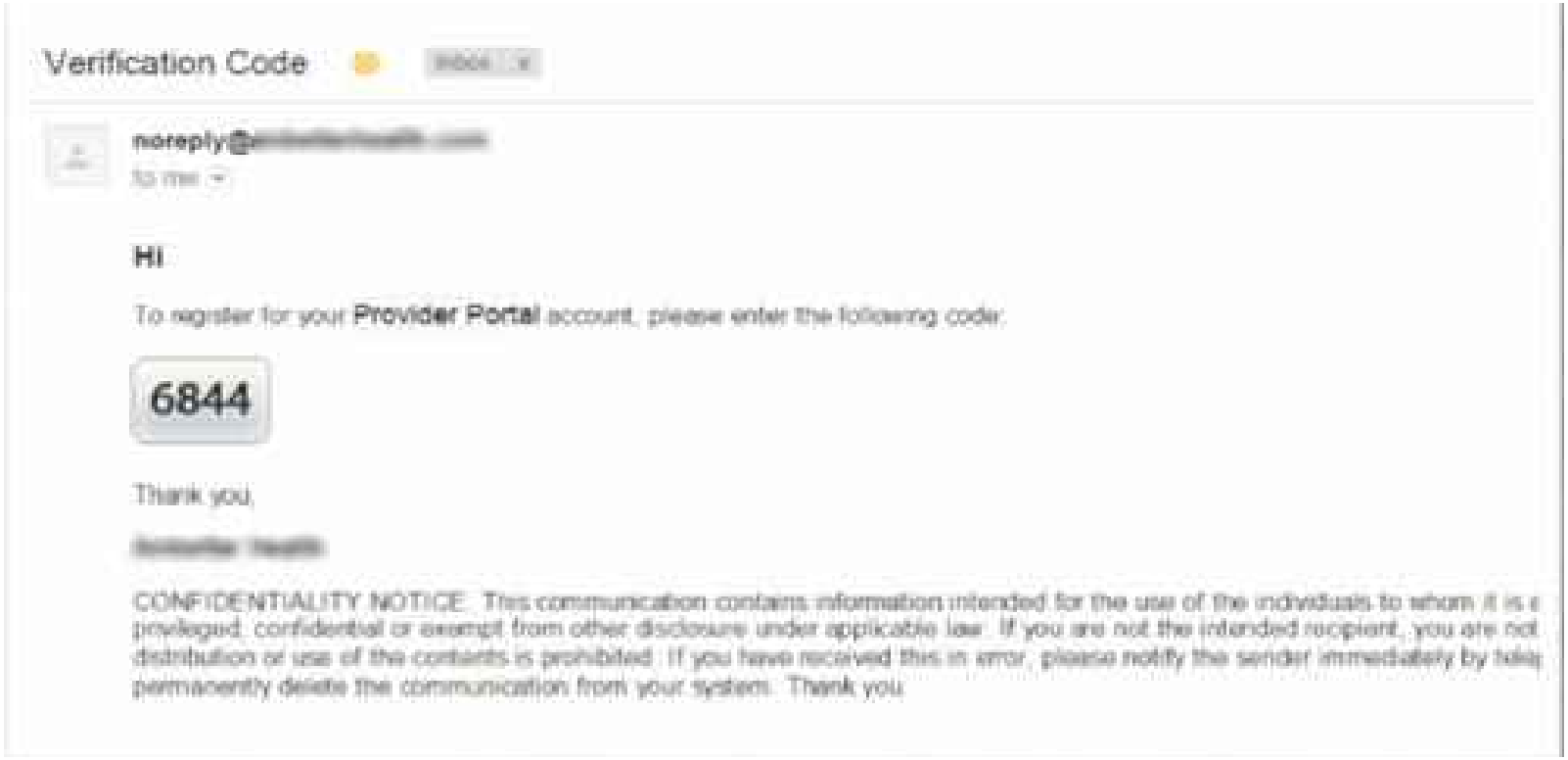

Verification Code

noreply@

to me

Hi

To register for your Provider Portal account, please enter the following code:

6844

Thank you,

CONFIDENTIALITY NOTICE: This communication contains information intended for the use of the individuals to whom it is a privileged, confidential or exempt from other disclosure under applicable law. If you are not the intended recipient, you are not distribution or use of the contents is prohibited. If you have received this in error, please notify the sender immediately by repl permanently delete the communication from your system. Thank you.

Verification Code

Account Setup

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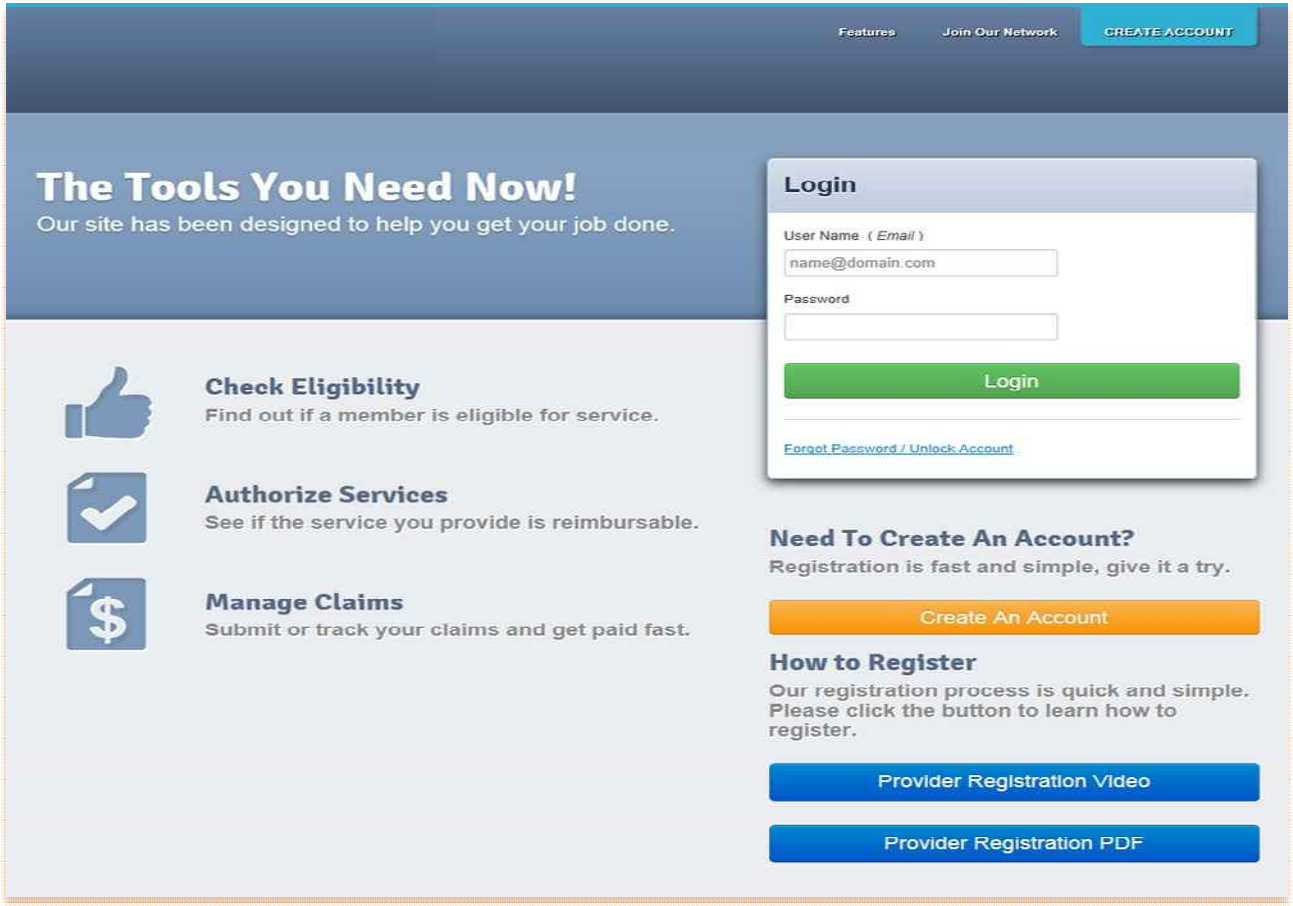
Registration Complete

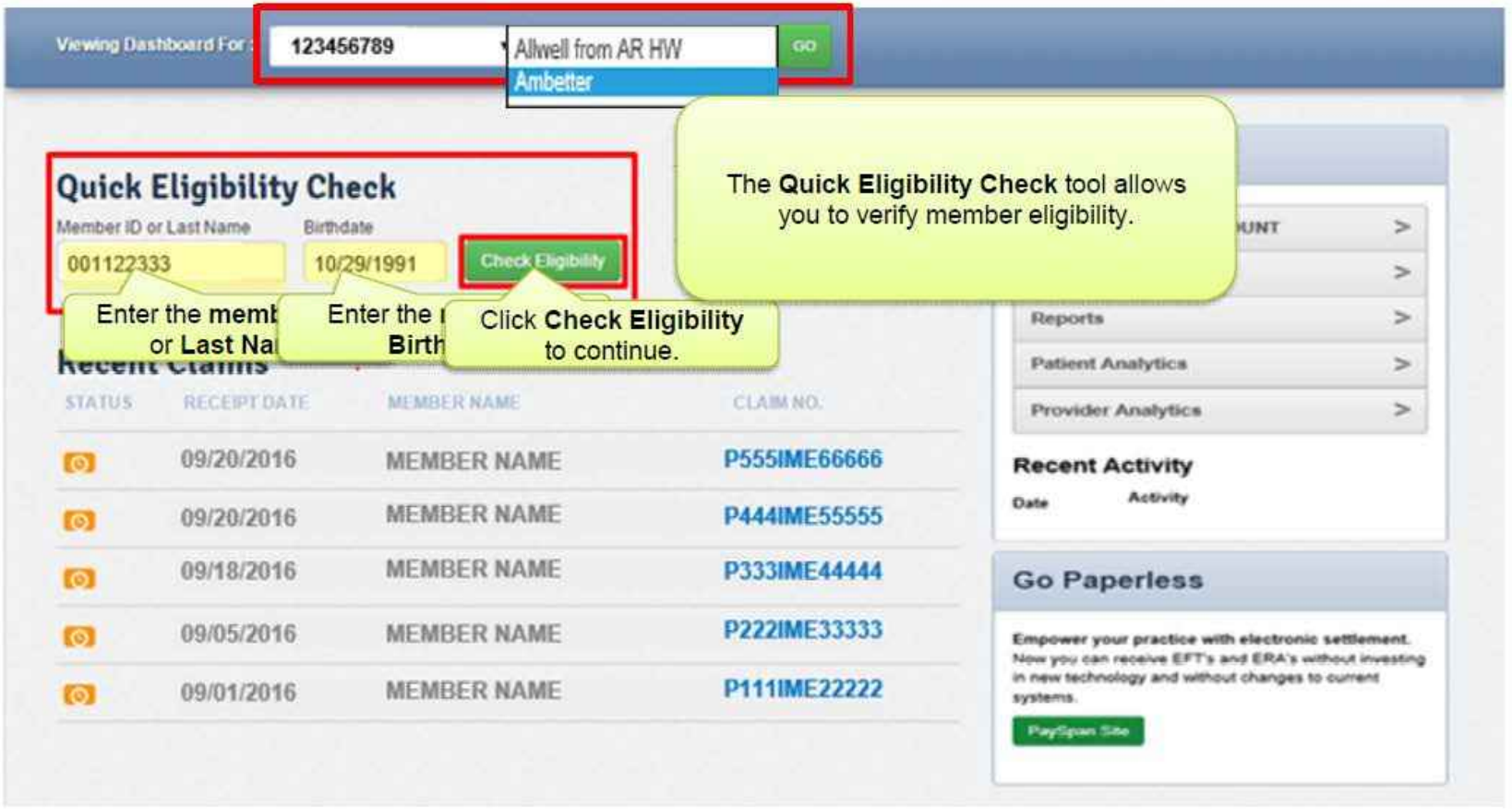
Ready to Login



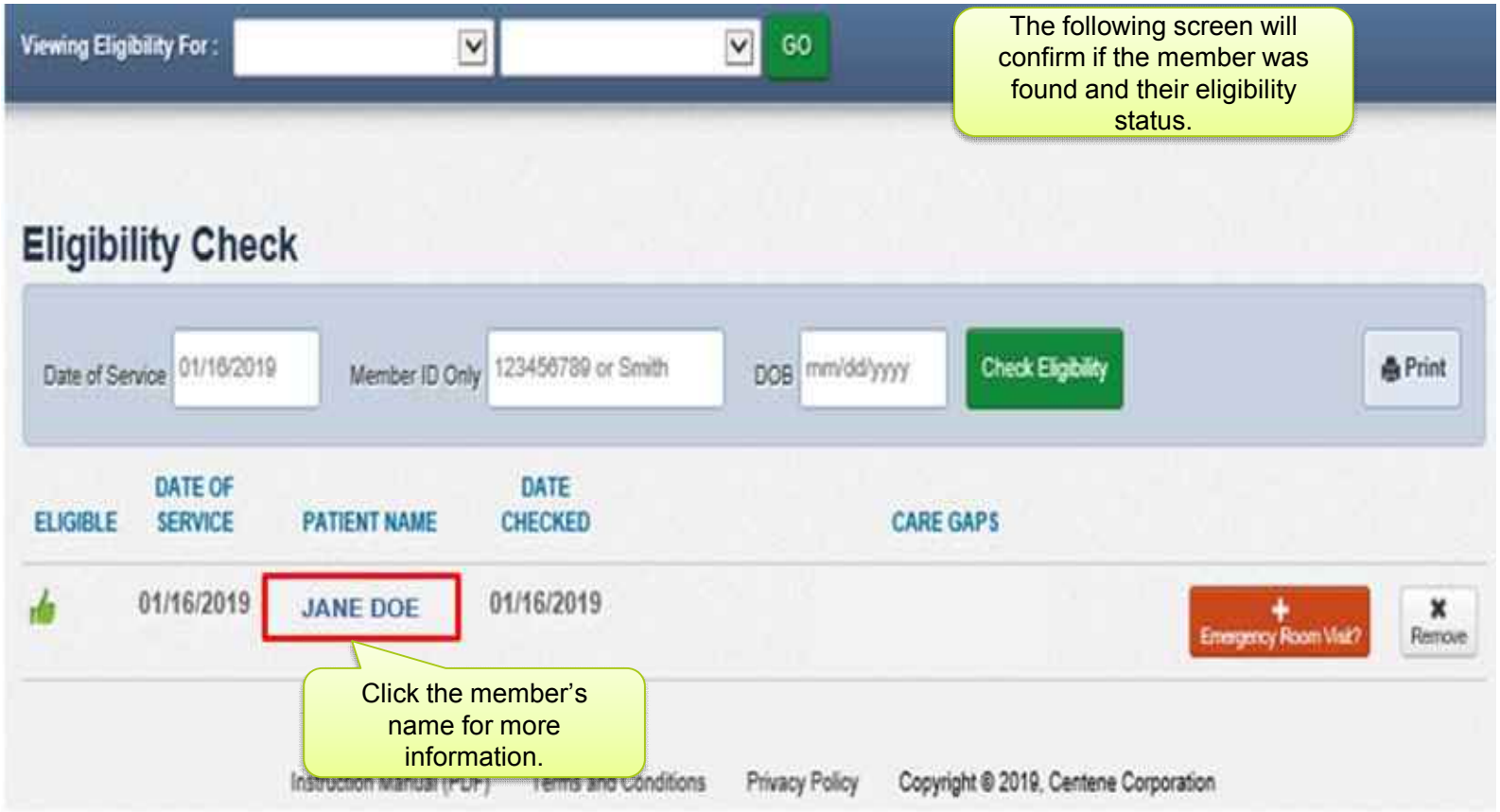
Member Eligibility

- How to check Member Eligibility

Quick Eligibility Check



Eligibility Results



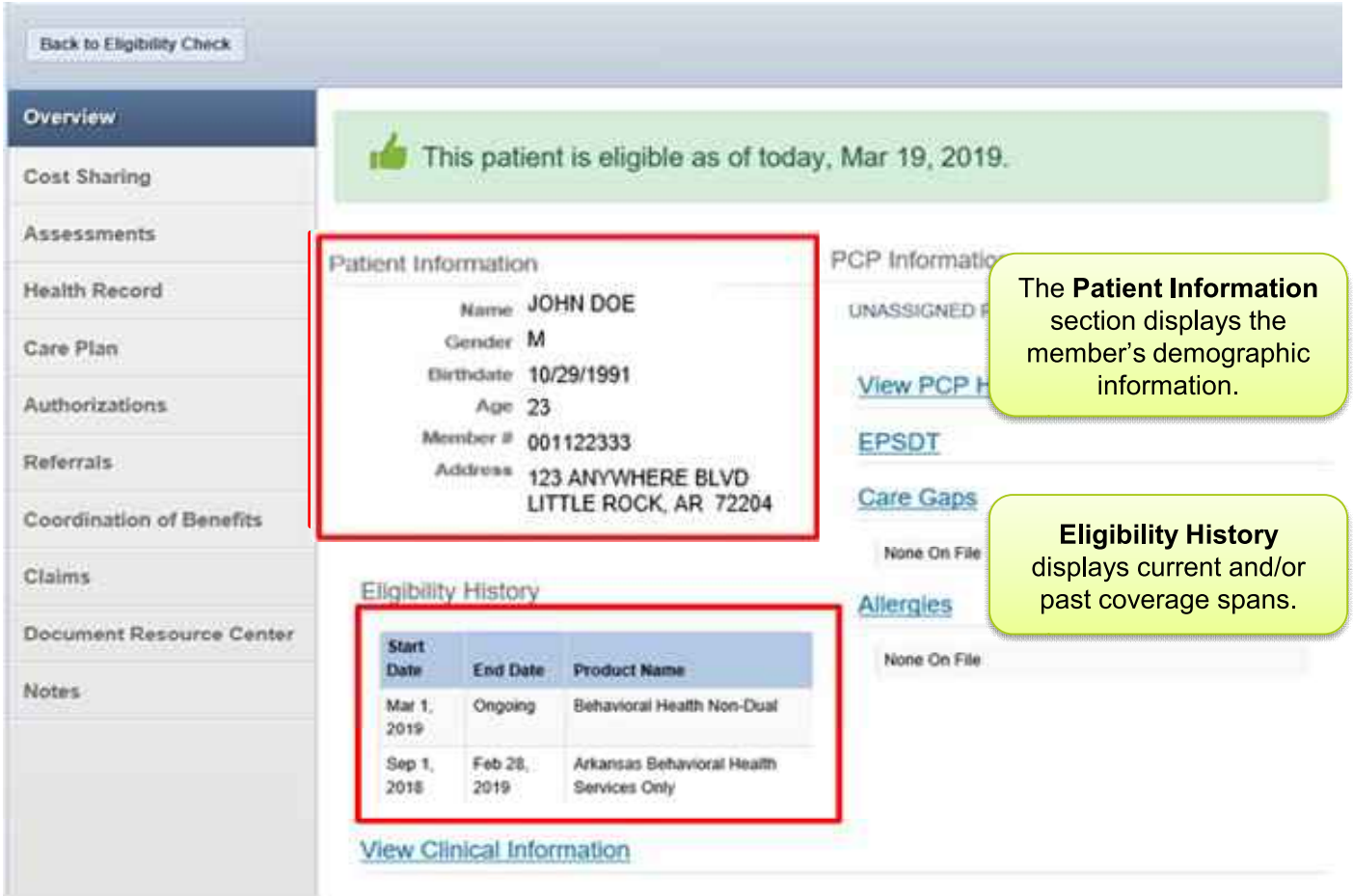
Member Information - Ambetter

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

Eligibility History displays current and/or past coverage spans.

Member Information - Allwell

Member Information – ARTC



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

Eligibility History displays current and/or past coverage spans.

Alternate Way to Verify Eligibility

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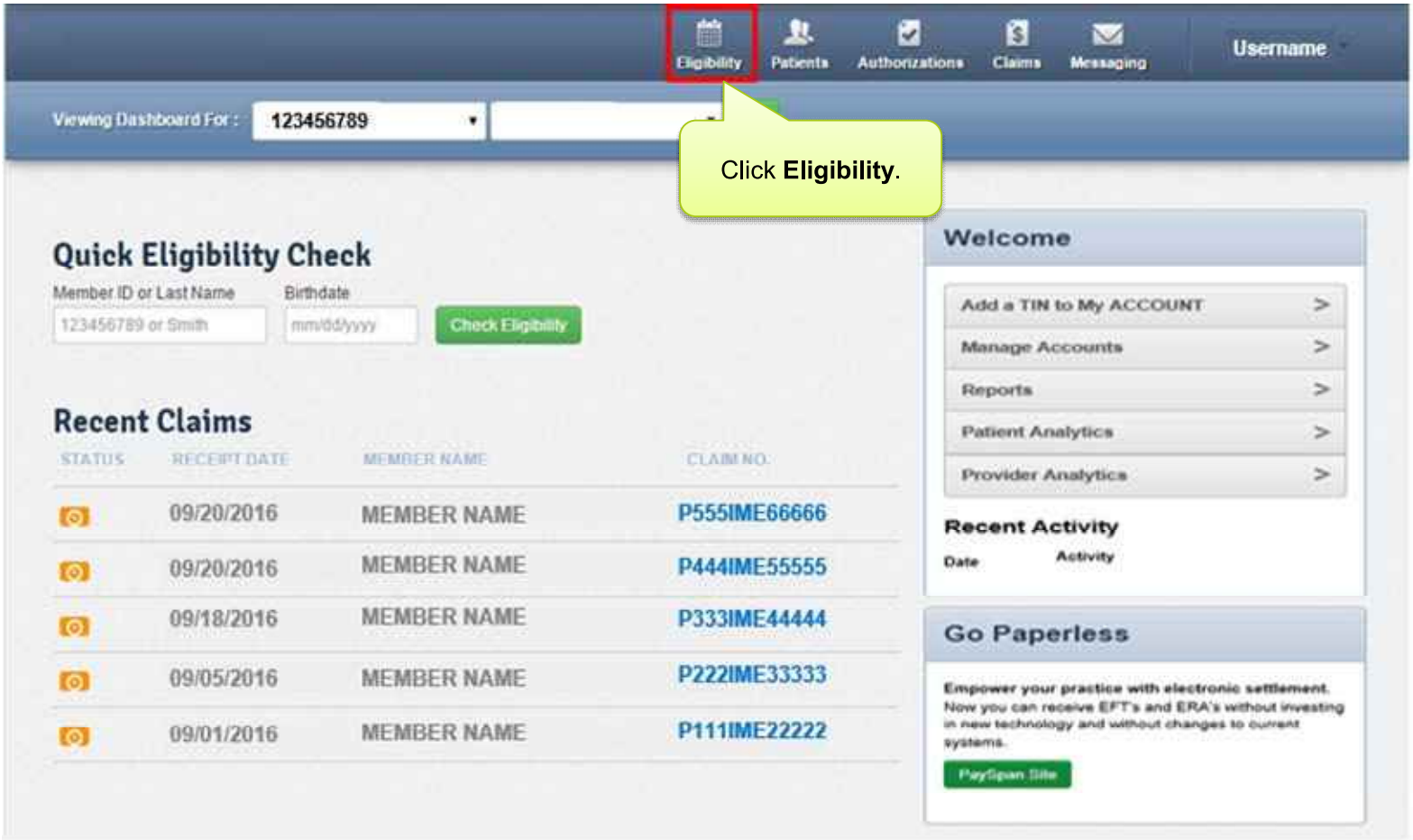
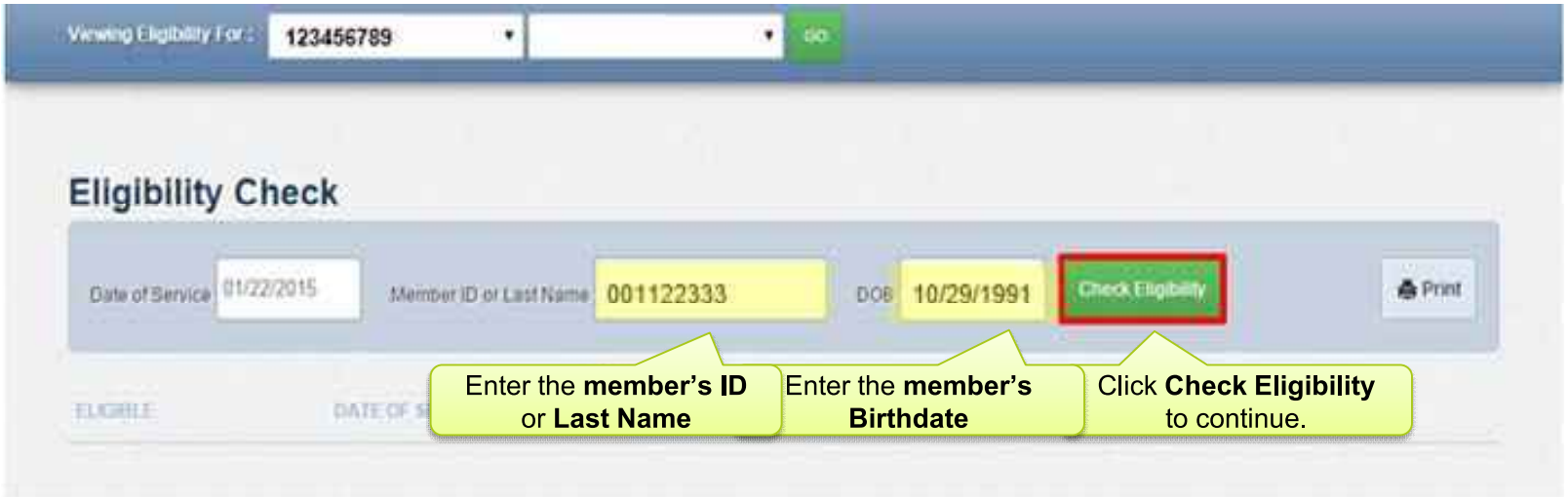
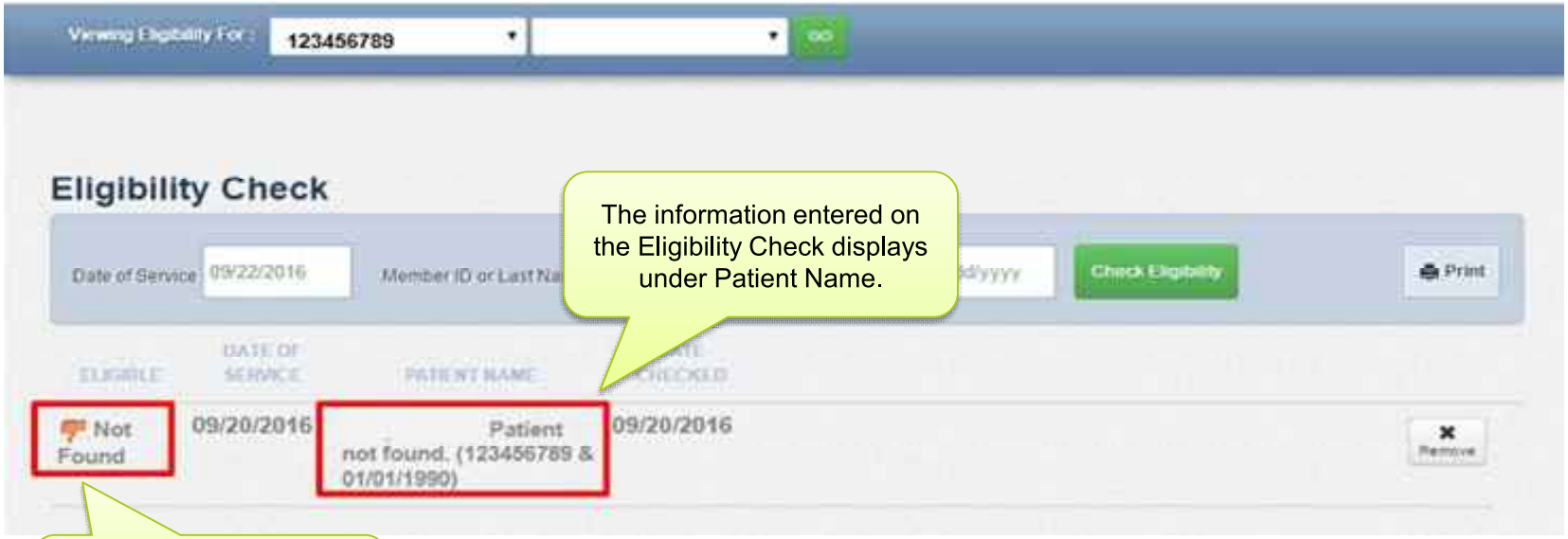


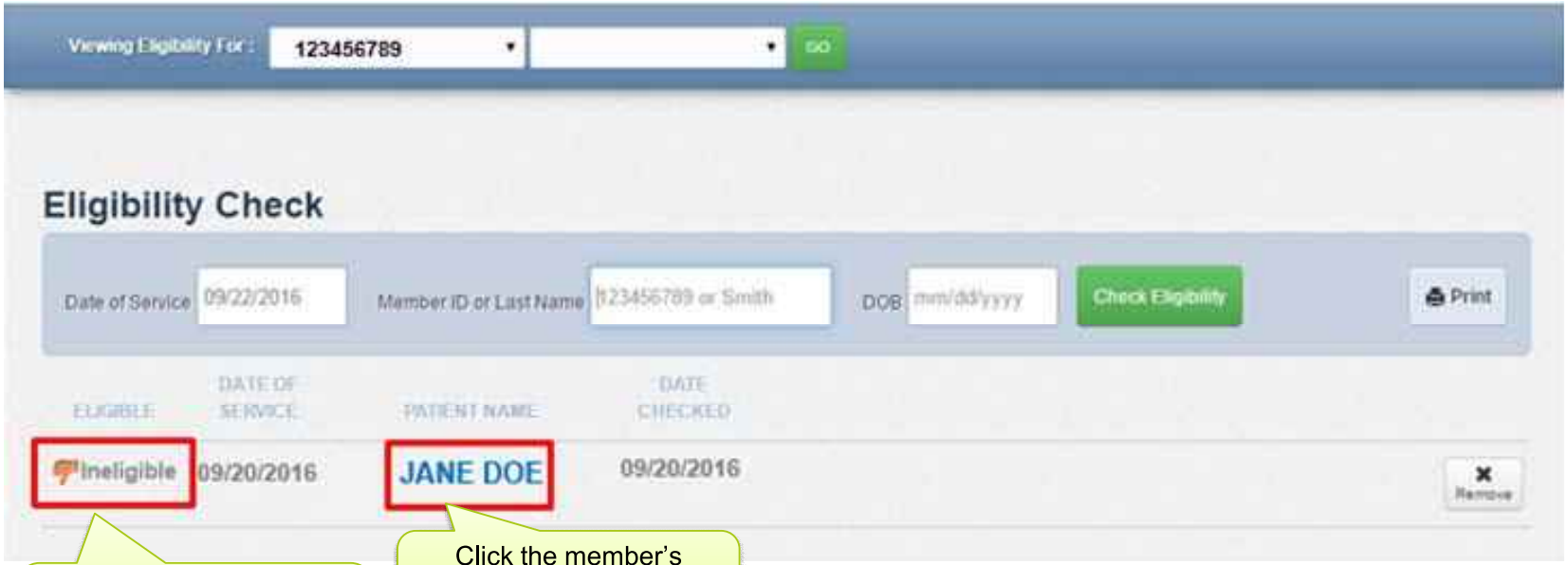
Check Eligibility



Eligibility Status – Not Found



Eligibility Status - Ineligible



Ineligible displays when the member's coverage has ended.

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

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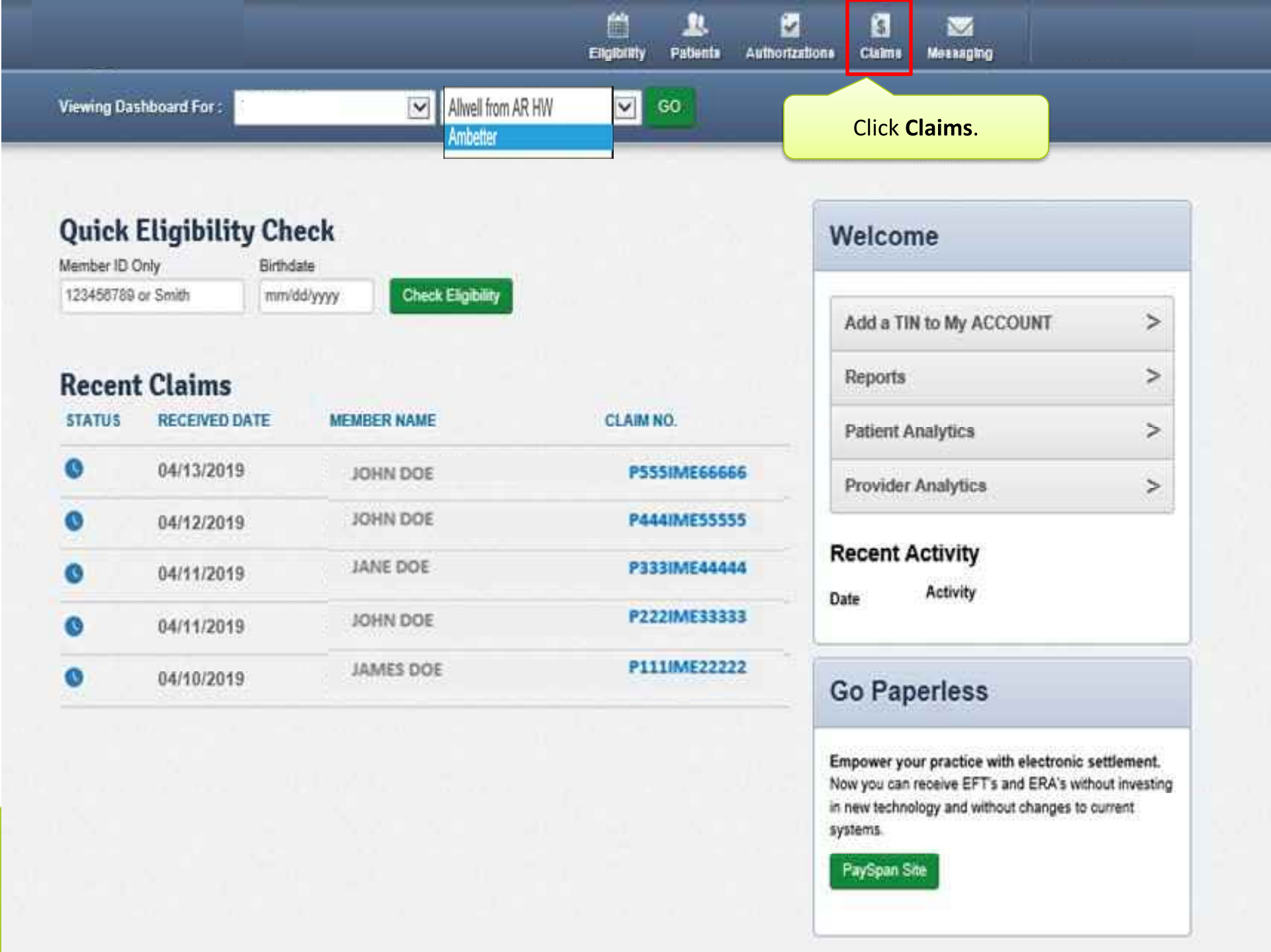
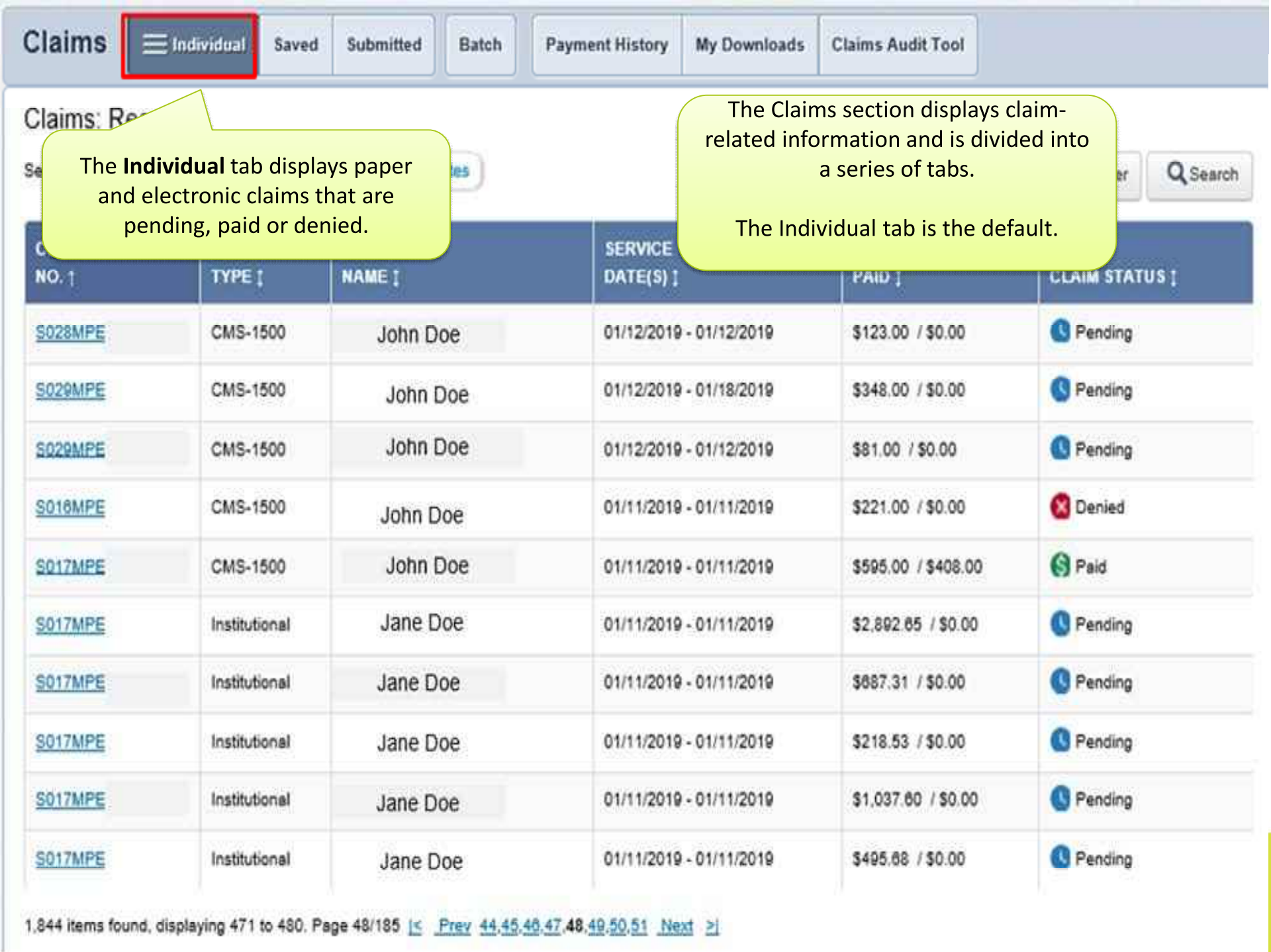
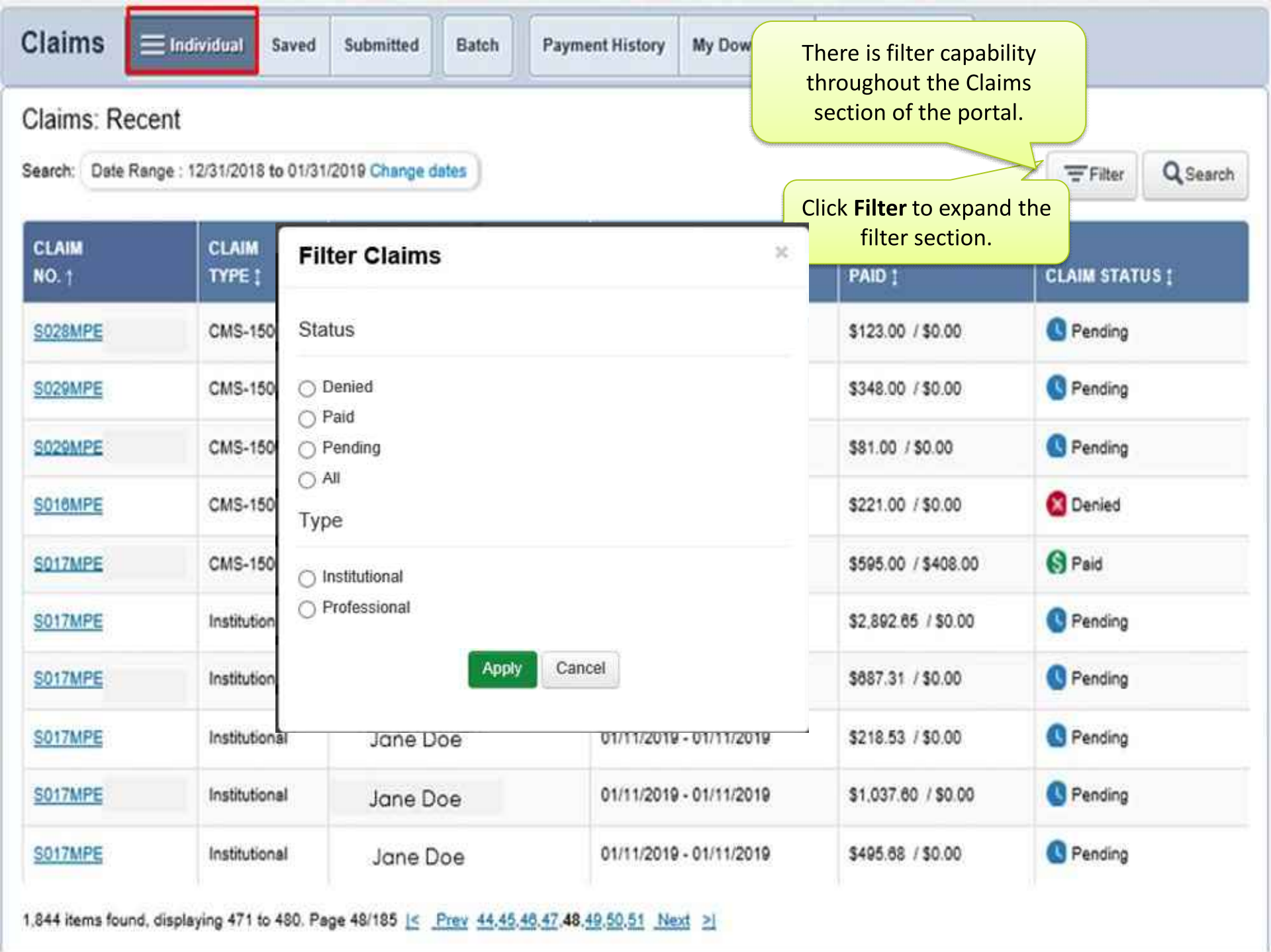
View Claims


Eligibility
Patients
Authorizations
Claims
Messaging
Viewing Dashboard For :
Allwell from AR HW
Ambetter
GO
Click **Claims**.
Quick Eligibility Check
Member ID Only
123456789 or Smith
Birthdate
mm/dd/yyyy
Check Eligibility
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.
PaySpan Site


Claims
Individual
Saved
Submitted
Batch
Payment History
My Downloads
Claims Audit Tool
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.
Search
NO.
TYPE
NAME
SERVICE DATE(S)
PAID
CLAIM STATUS
S028MPE CMS-1500 John Doe 01/12/2019 - 01/12/2019 $123.00 / $0.00 Pending
S029MPE CMS-1500 John Doe 01/12/2019 - 01/18/2019 $348.00 / $0.00 Pending
S029MPE CMS-1500 John Doe 01/12/2019 - 01/12/2019 $81.00 / $0.00 Pending
S016MPE CMS-1500 John Doe 01/11/2019 - 01/11/2019 $221.00 / $0.00 Denied
S017MPE CMS-1500 John Doe 01/11/2019 - 01/11/2019 $595.00 / $408.00 Paid
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $2,892.65 / $0.00 Pending
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $887.31 / $0.00 Pending
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $218.53 / $0.00 Pending
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $1,037.60 / $0.00 Pending
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $495.68 / $0.00 Pending
1,844 items found, displaying 471 to 480. Page 48/185 |< Prev 44,45,46,47,48,49,50,51 Next >|


Claims
Individual
Saved
Submitted
Batch
Payment History
My Dow
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
Filter Claims
Status
Denied
Paid
Pending
All
Type
Institutional
Professional
Apply
Cancel
S028MPE CMS-150 $123.00 / $0.00 Pending
S029MPE CMS-150 $348.00 / $0.00 Pending
S029MPE CMS-150 $81.00 / $0.00 Pending
S016MPE CMS-150 $221.00 / $0.00 Denied
S017MPE CMS-150 $595.00 / $408.00 Paid
S017MPE Institution $2,892.65 / $0.00 Pending
S017MPE Institution $887.31 / $0.00 Pending
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $218.53 / $0.00 Pending
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $1,037.60 / $0.00 Pending
S017MPE Institutional Jane Doe 01/11/2019 - 01/11/2019 $495.68 / $0.00 Pending
1,844 items found, displaying 471 to 480. Page 48/185 |< Prev 44,45,46,47,48,49,50,51 Next >|

Claim Details

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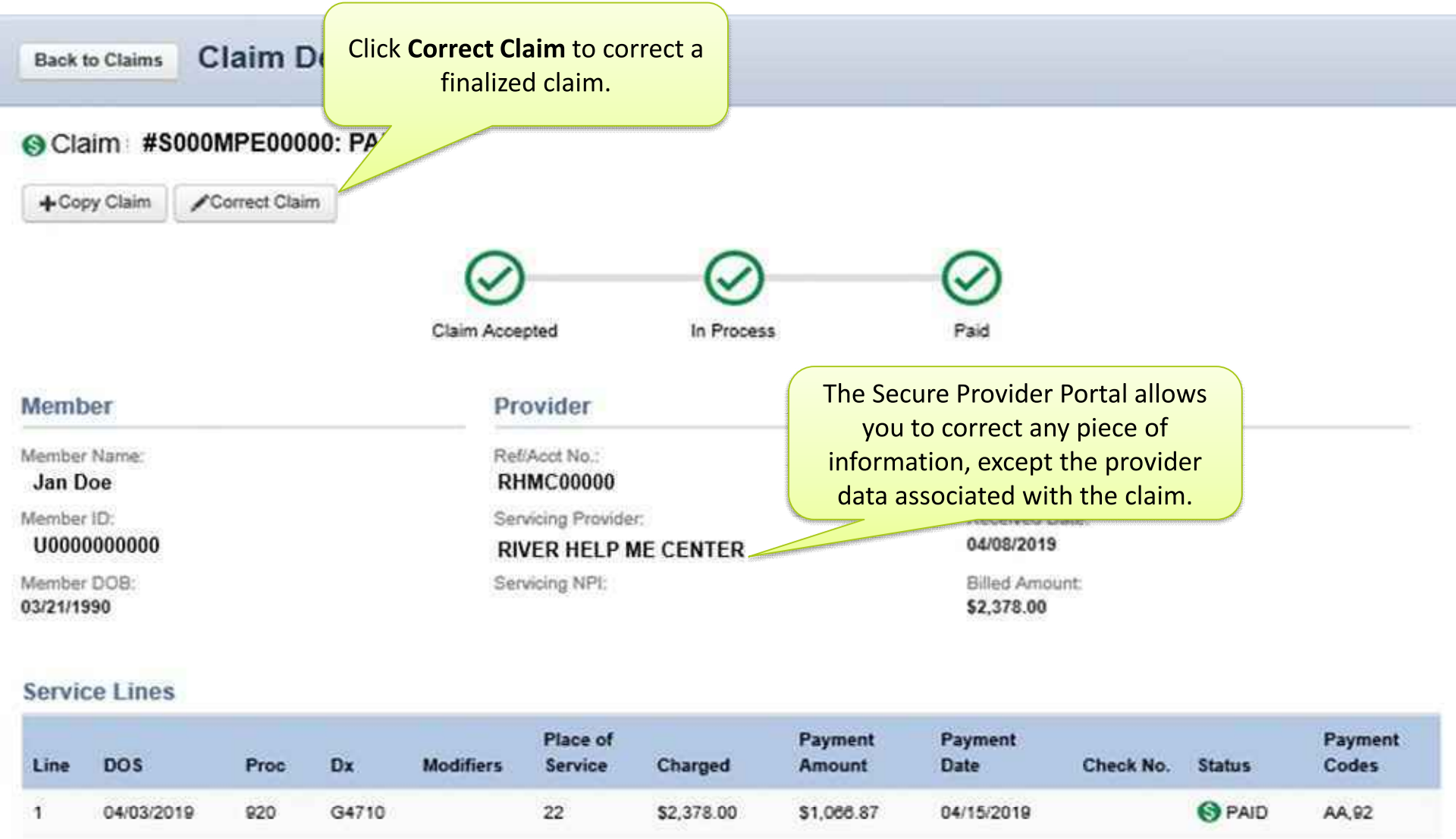
Correct Claim



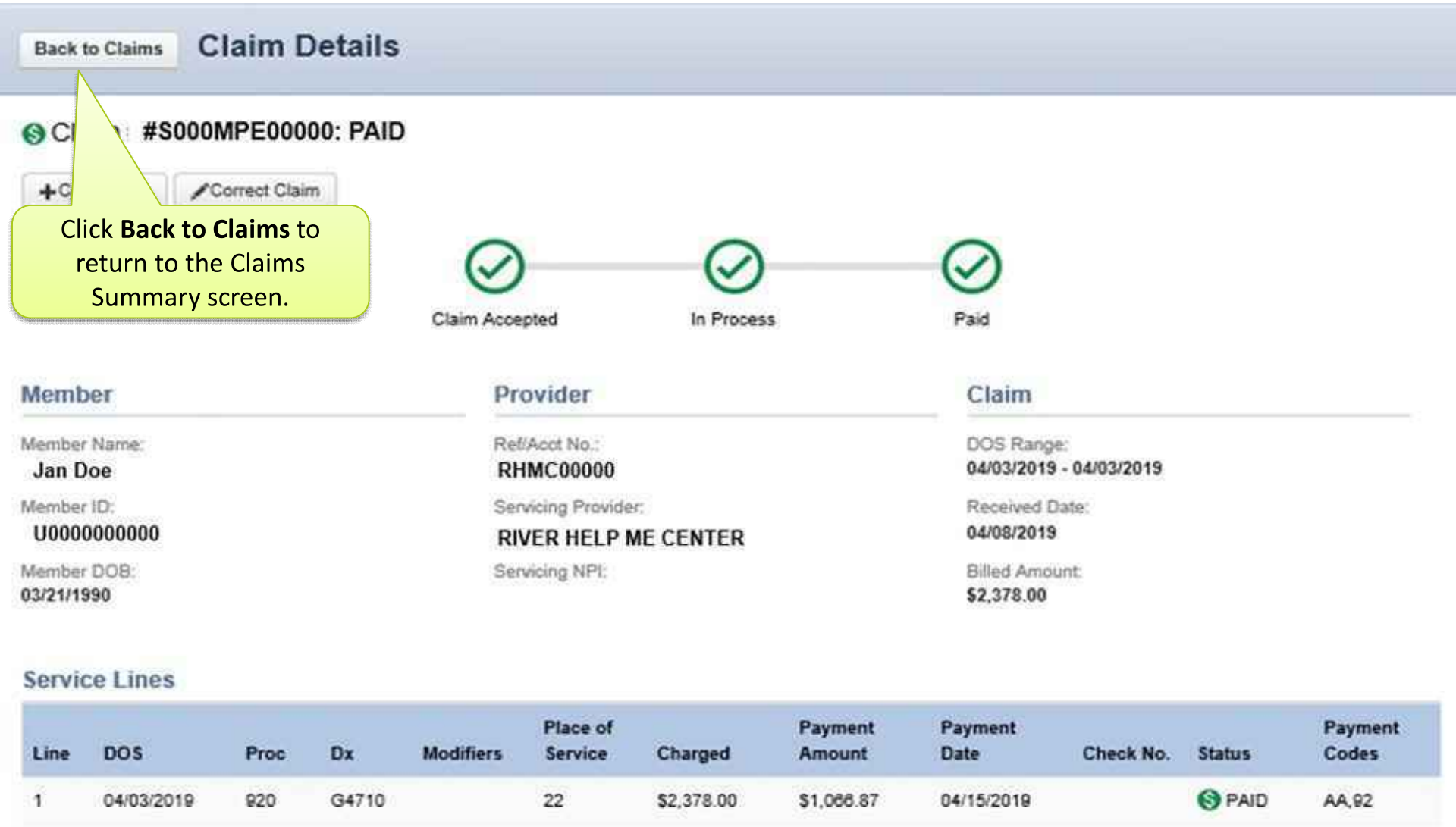
Copy Claim

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

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

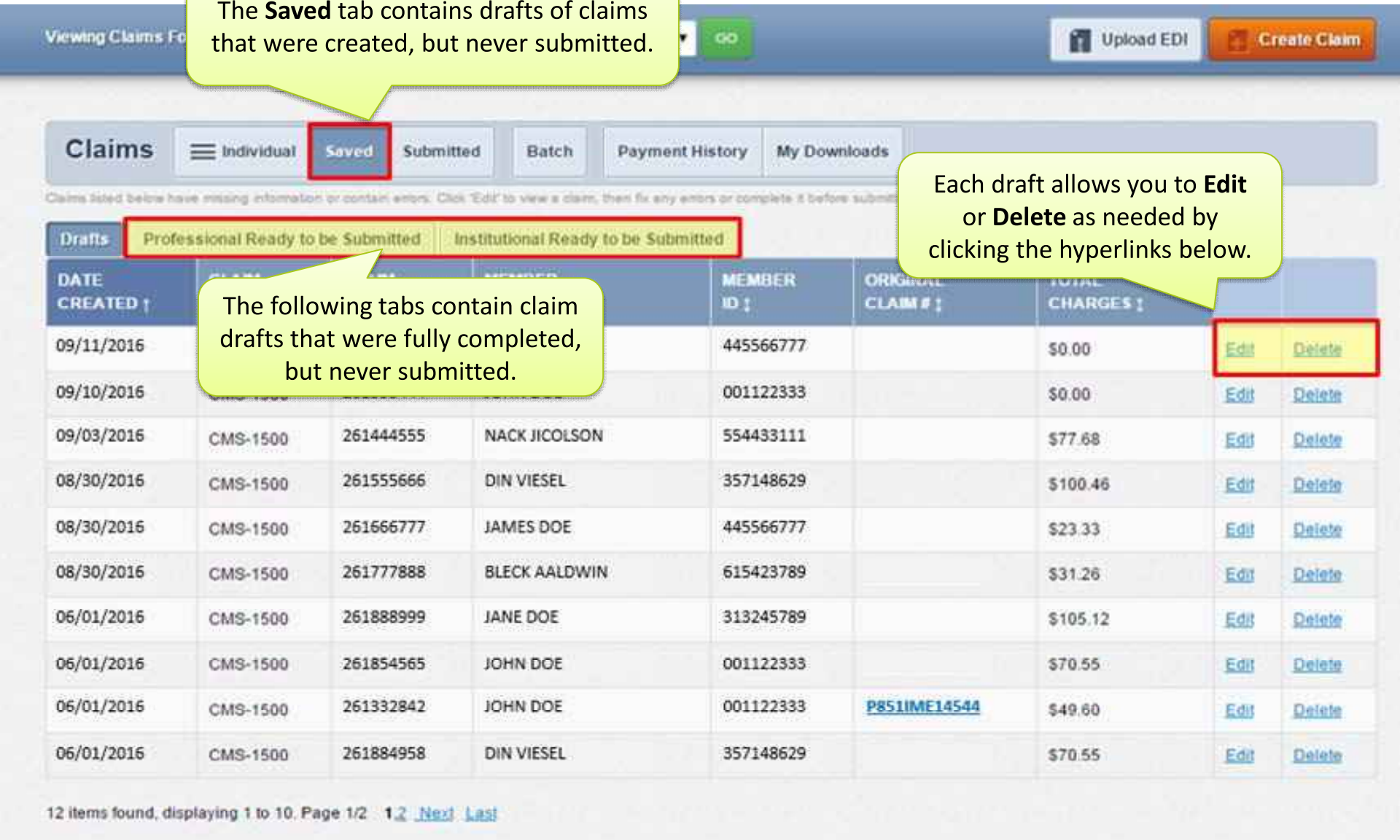
It is considered a new claim submission and will be processed as a 1st time claim.

Back to Claims



Saved Claims

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



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

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

Submi

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

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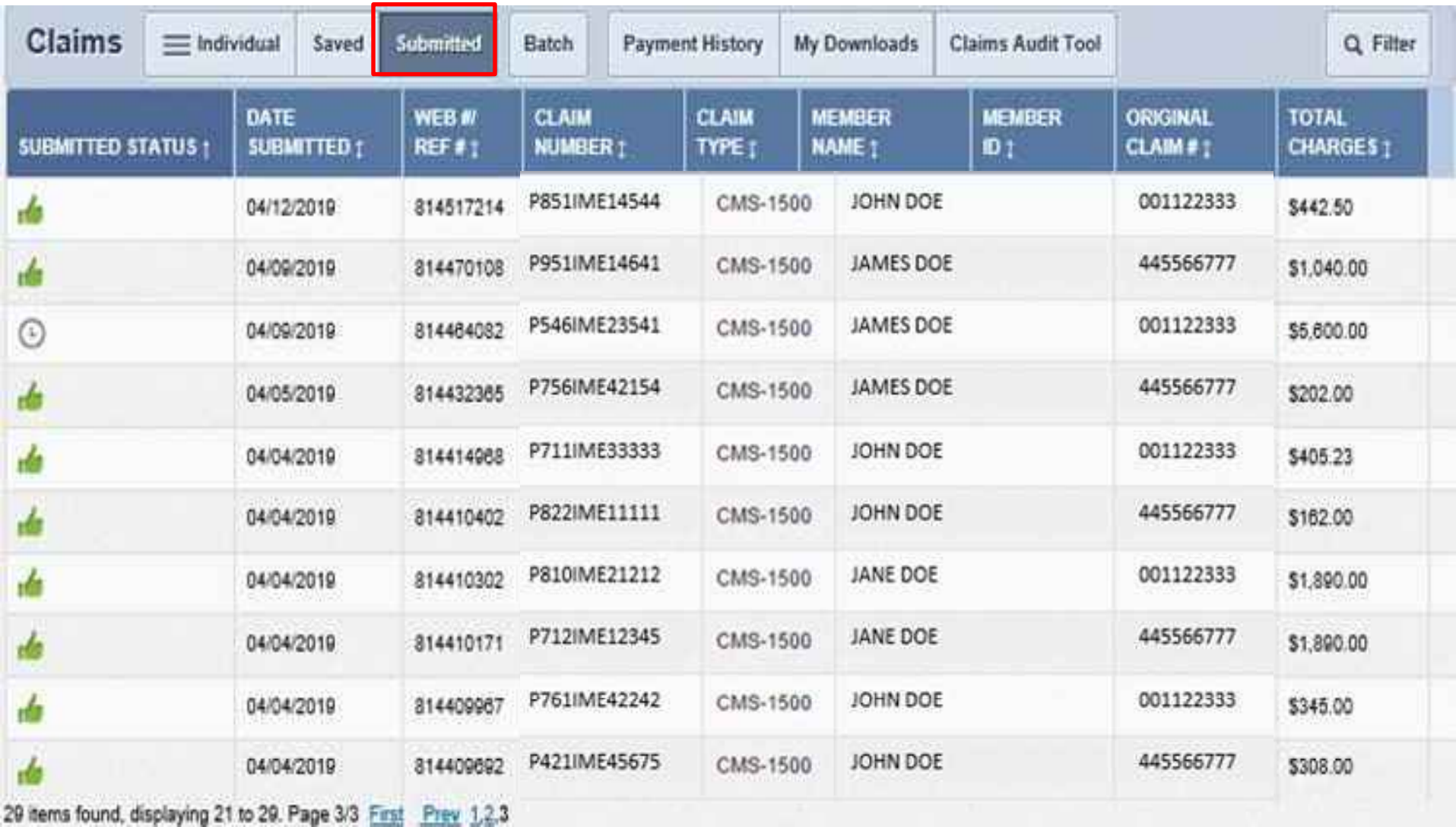

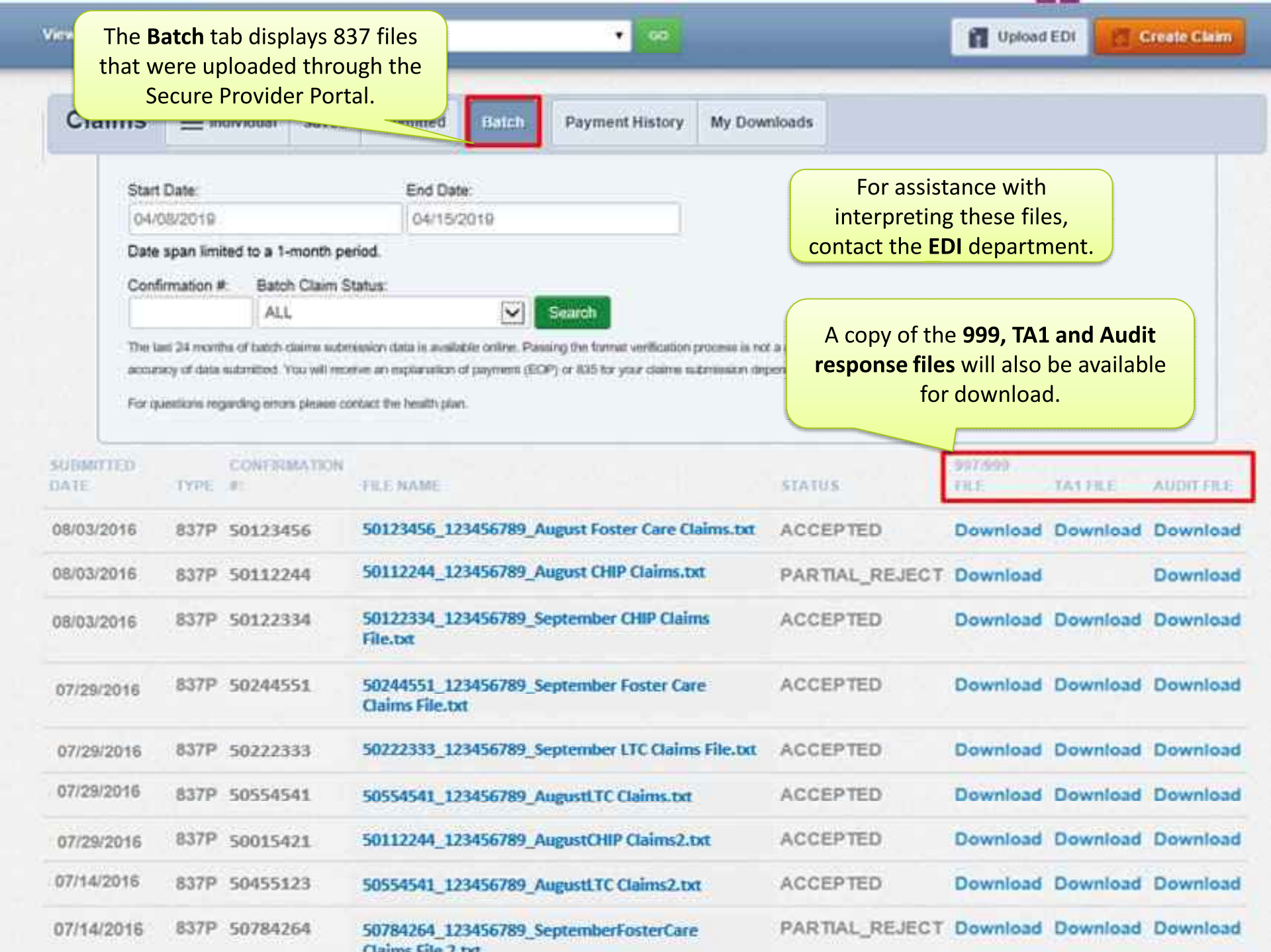

SUBMITTED DATE	TYPE	CONFIRMATION #	FILE NAME	STATUS	997/999 FILE	TA1 FILE	AUDIT FILE
08/03/2016	837P	50123456	50123456_123456789_August Foster Care Claims.txt	ACCEPTED	Download	Download	Download
08/03/2016	837P	50112244	50112244_123456789_August CHIP Claims.txt	PARTIAL_REJECT	Download		Download
08/03/2016	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_AugustLTC Claims.txt	ACCEPTED	Download	Download	Download
07/29/2016	837P	50015421	50112244_123456789_AugustCHIP Claims2.txt	ACCEPTED	Download	Download	Download
07/14/2016	837P	50455123	50554541_123456789_AugustLTC Claims2.txt	ACCEPTED	Download	Download	Download
07/14/2016	837P	50784264	50784264_123456789_SeptemberFosterCare	PARTIAL_REJECT	Download	Download	Download

Payr

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

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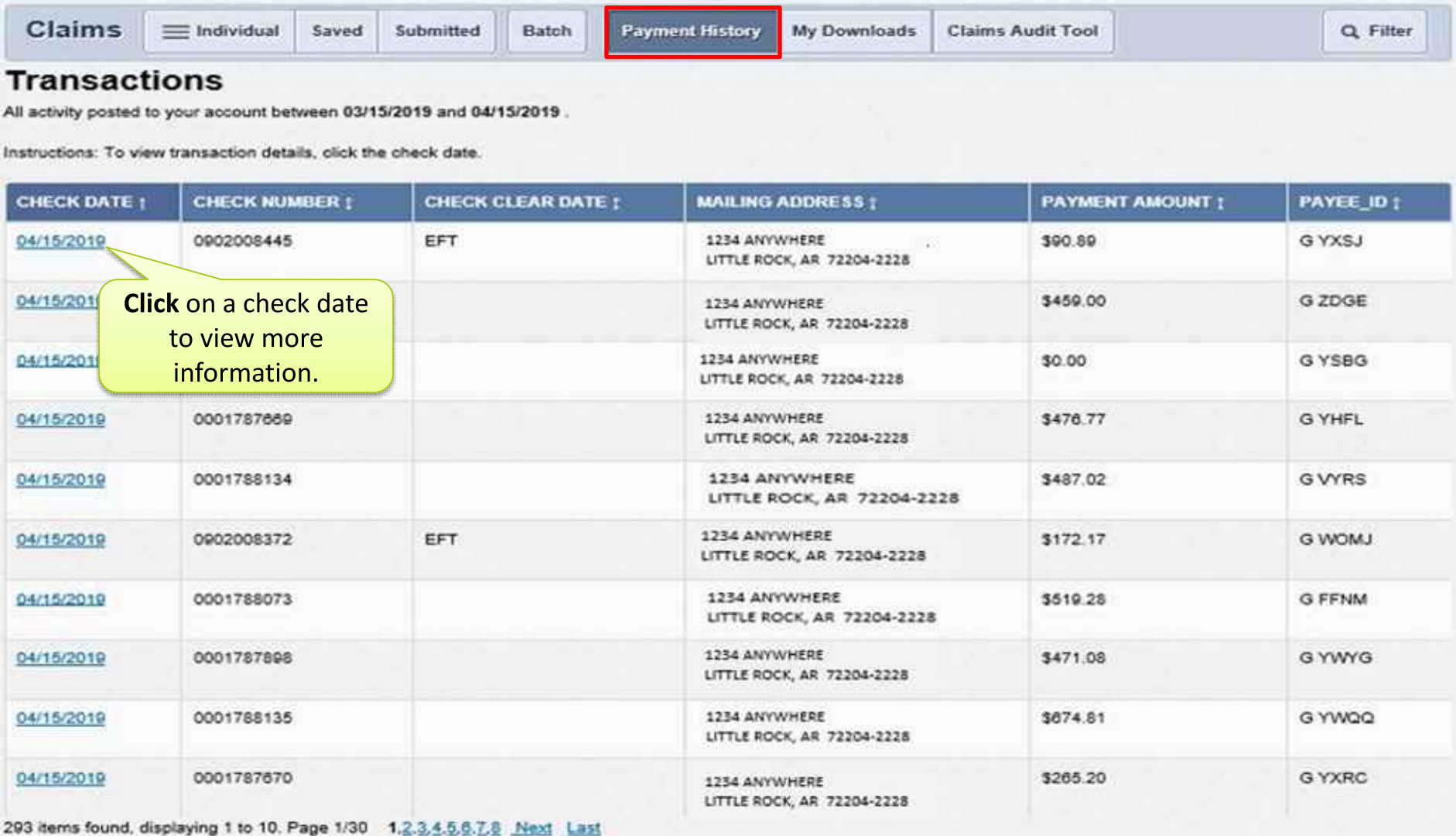
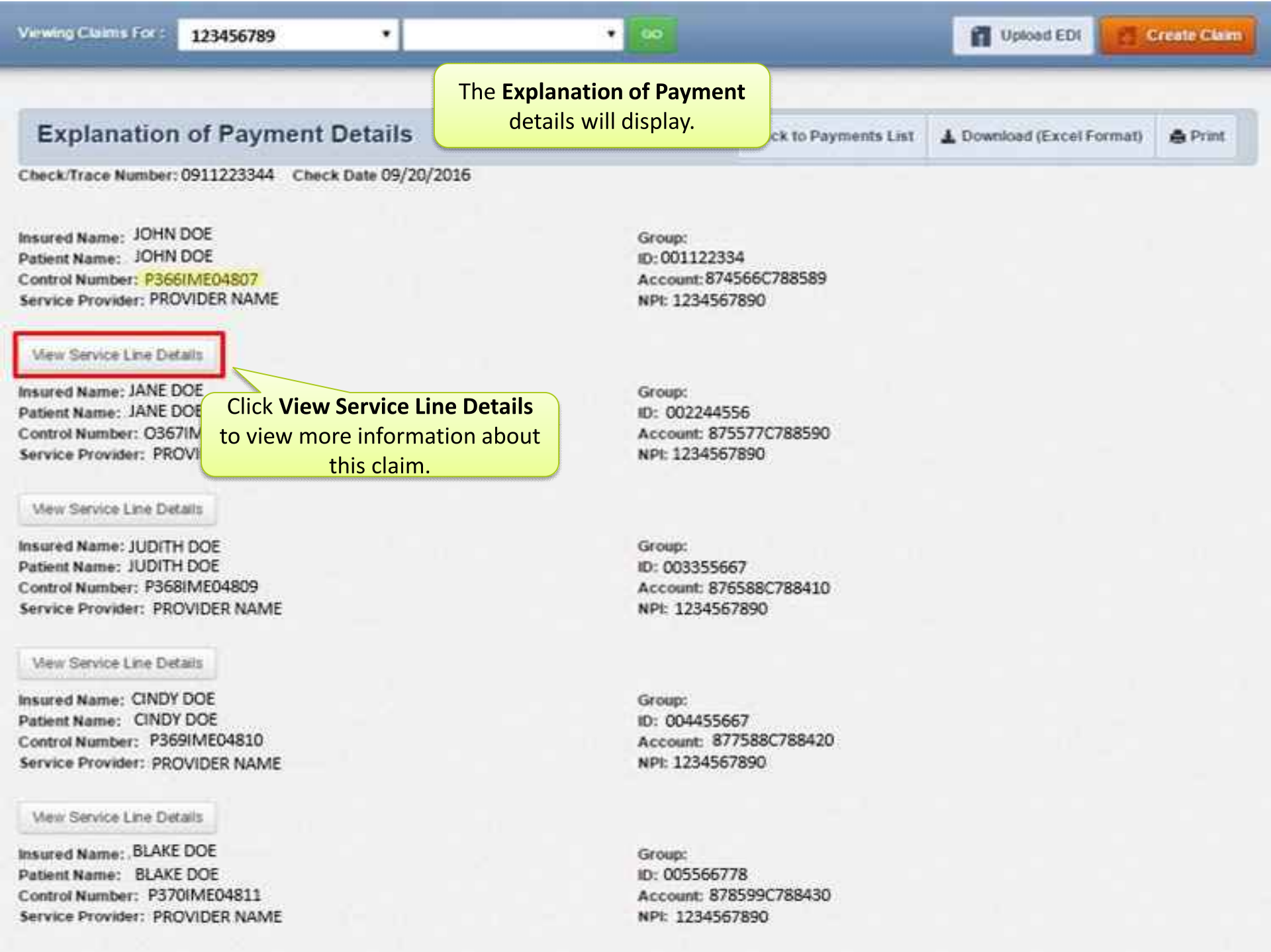
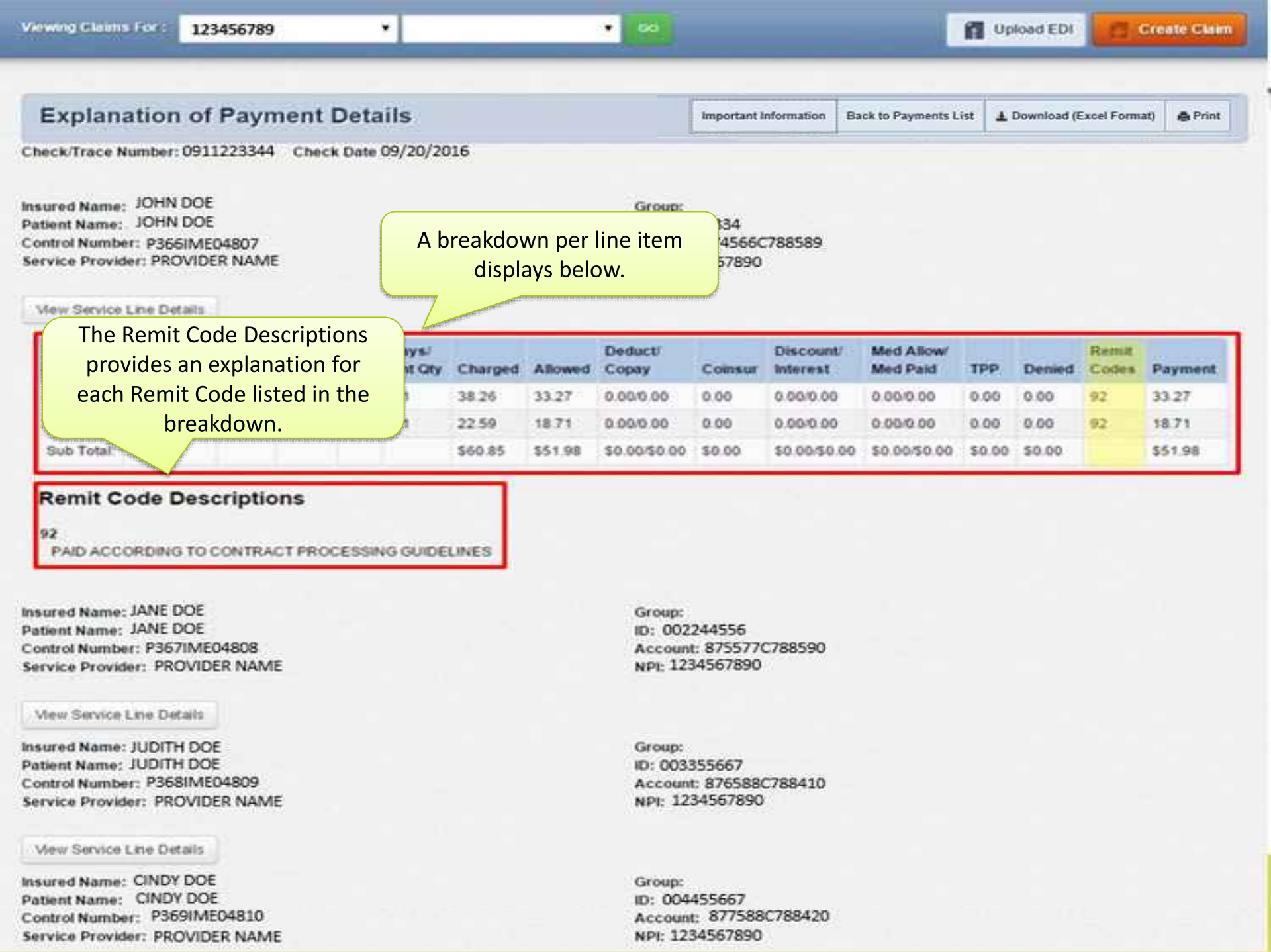


Click on a check date to view more information.


Viewing Claims For :
123456789
GO
Upload EDI
Create Claim
The **Explanation of Payment** details will display.
Explanation of Payment Details
ck 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


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: P366IME04807
Service Provider: PROVIDER NAME
Group:
34
4566C788589
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.
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
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: 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

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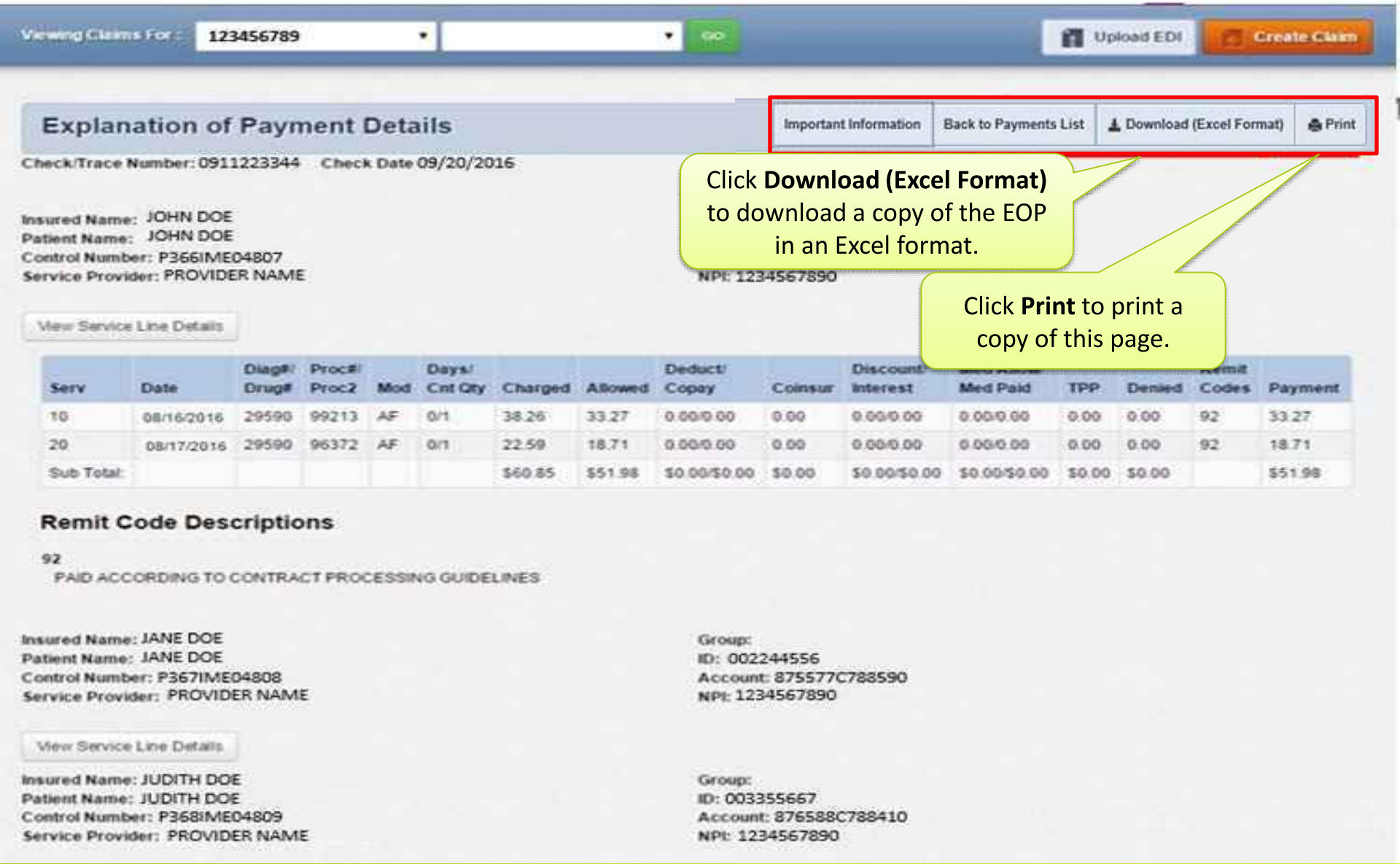
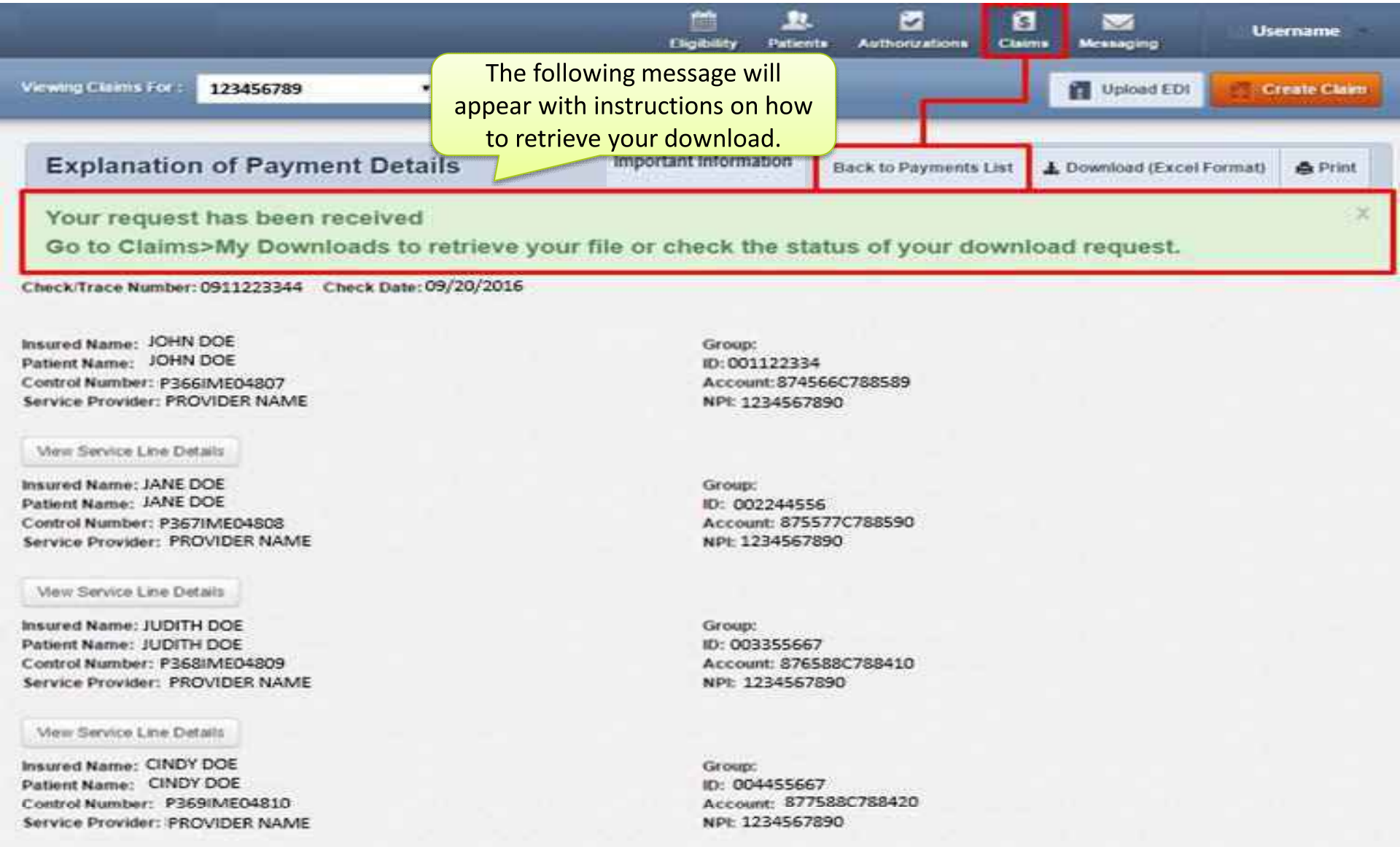


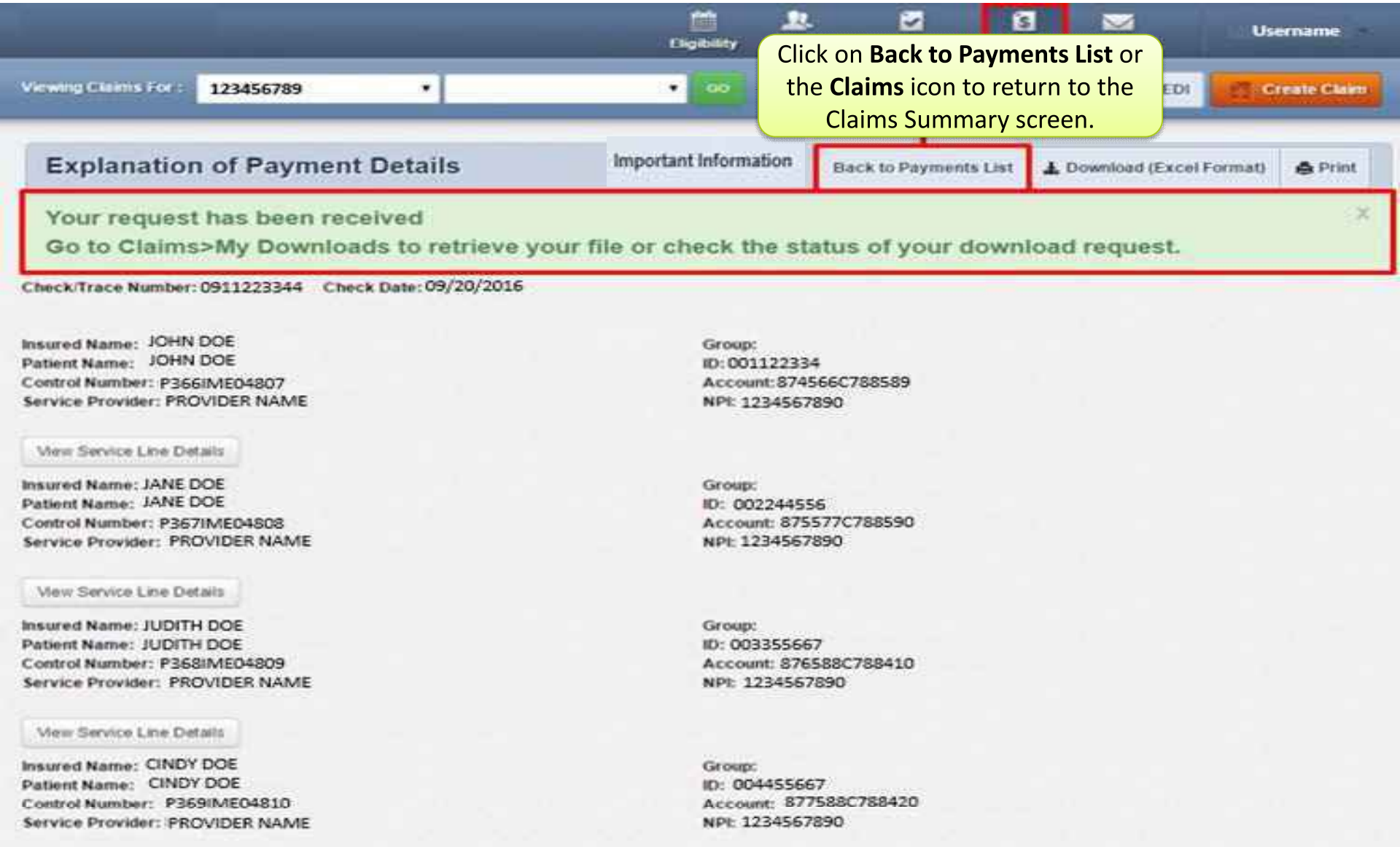
Click **Download (Excel Format)** to download a copy of the EOP in an Excel format.

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

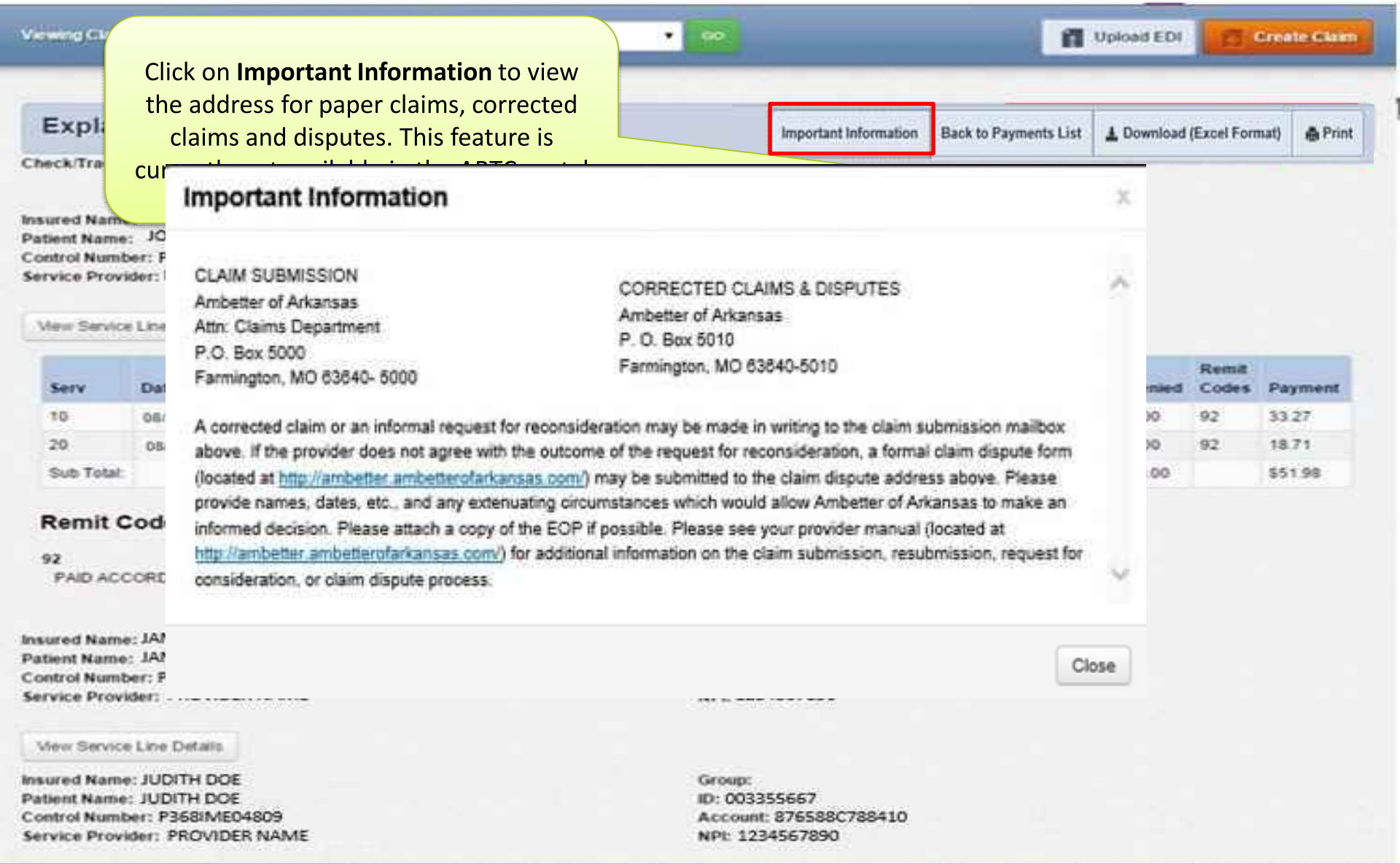
Download Retrieval

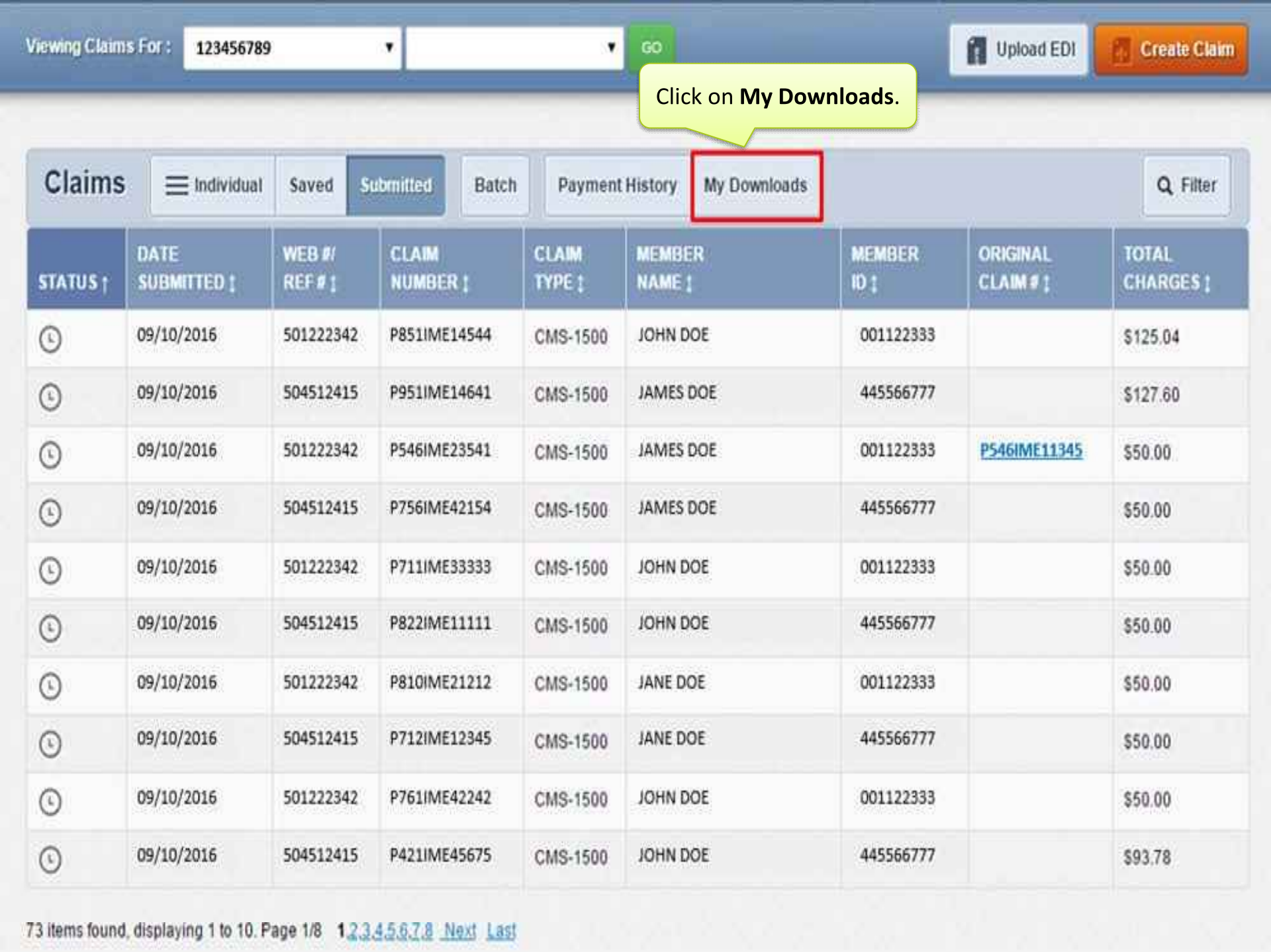


Back to Payment List



Important Information





STATUS	DATE SUBMITTED	WEB # / REF #	CLAIM NUMBER	CLAIM TYPE	MEMBER NAME	MEMBER ID	ORIGINAL CLAIM #	TOTAL CHARGES
	09/10/2016	501222342	P851IME14544	CMS-1500	JOHN DOE	001122333		$125.04
	09/10/2016	504512415	P951IME14641	CMS-1500	JAMES DOE	445566777		$127.60
	09/10/2016	501222342	P546IME23541	CMS-1500	JAMES DOE	001122333	P546IME11345	$50.00
	09/10/2016	504512415	P756IME42154	CMS-1500	JAMES DOE	445566777		$50.00
	09/10/2016	501222342	P711IME33333	CMS-1500	JOHN DOE	001122333		$50.00
	09/10/2016	504512415	P822IME11111	CMS-1500	JOHN DOE	445566777		$50.00
	09/10/2016	501222342	P810IME21212	CMS-1500	JANE DOE	001122333		$50.00
	09/10/2016	504512415	P712IME12345	CMS-1500	JANE DOE	445566777		$50.00
	09/10/2016	501222342	P761IME42242	CMS-1500	JOHN DOE	001122333		$50.00
	09/10/2016	504512415	P421IME45675	CMS-1500	JOHN DOE	445566777		$93.78

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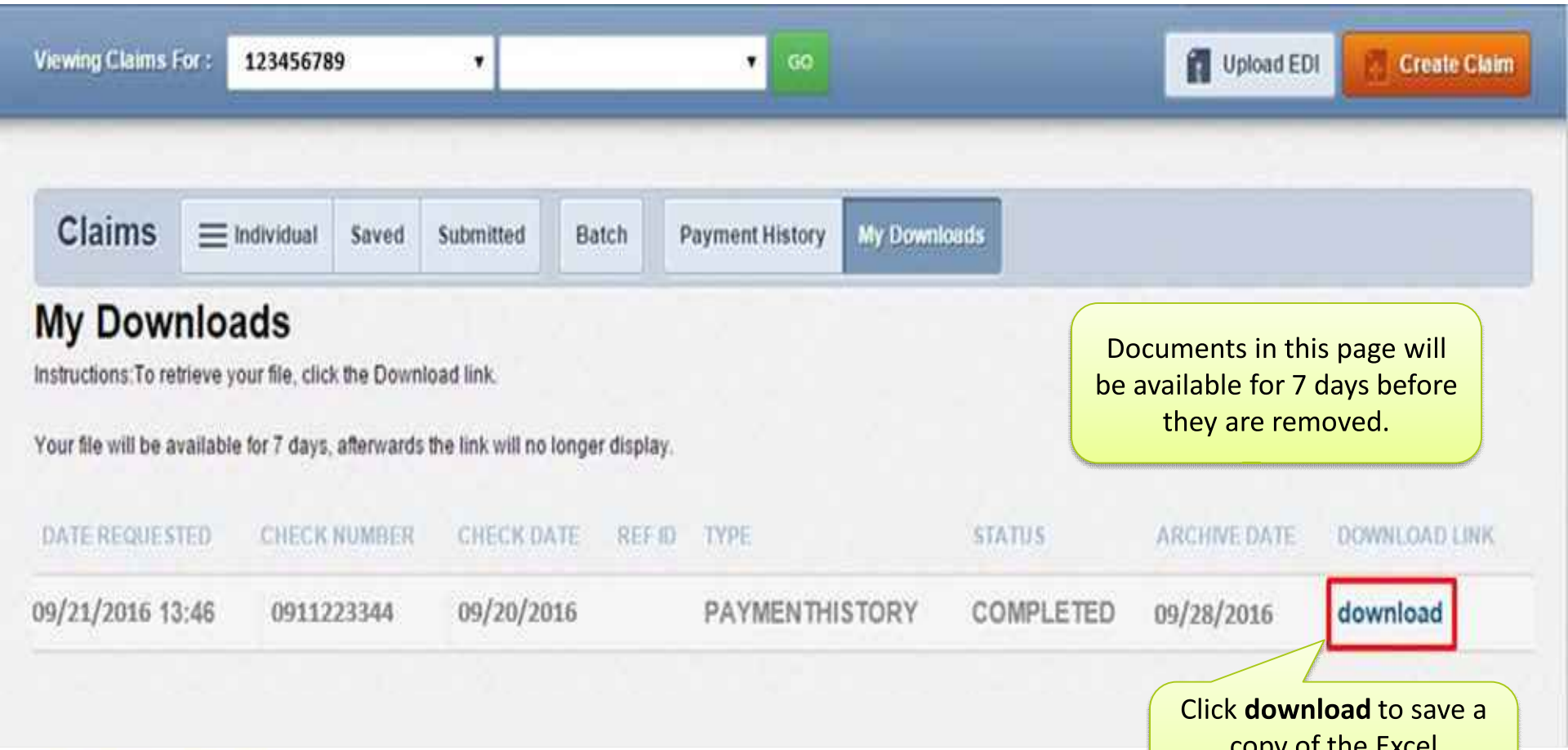

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Helpful Tips

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

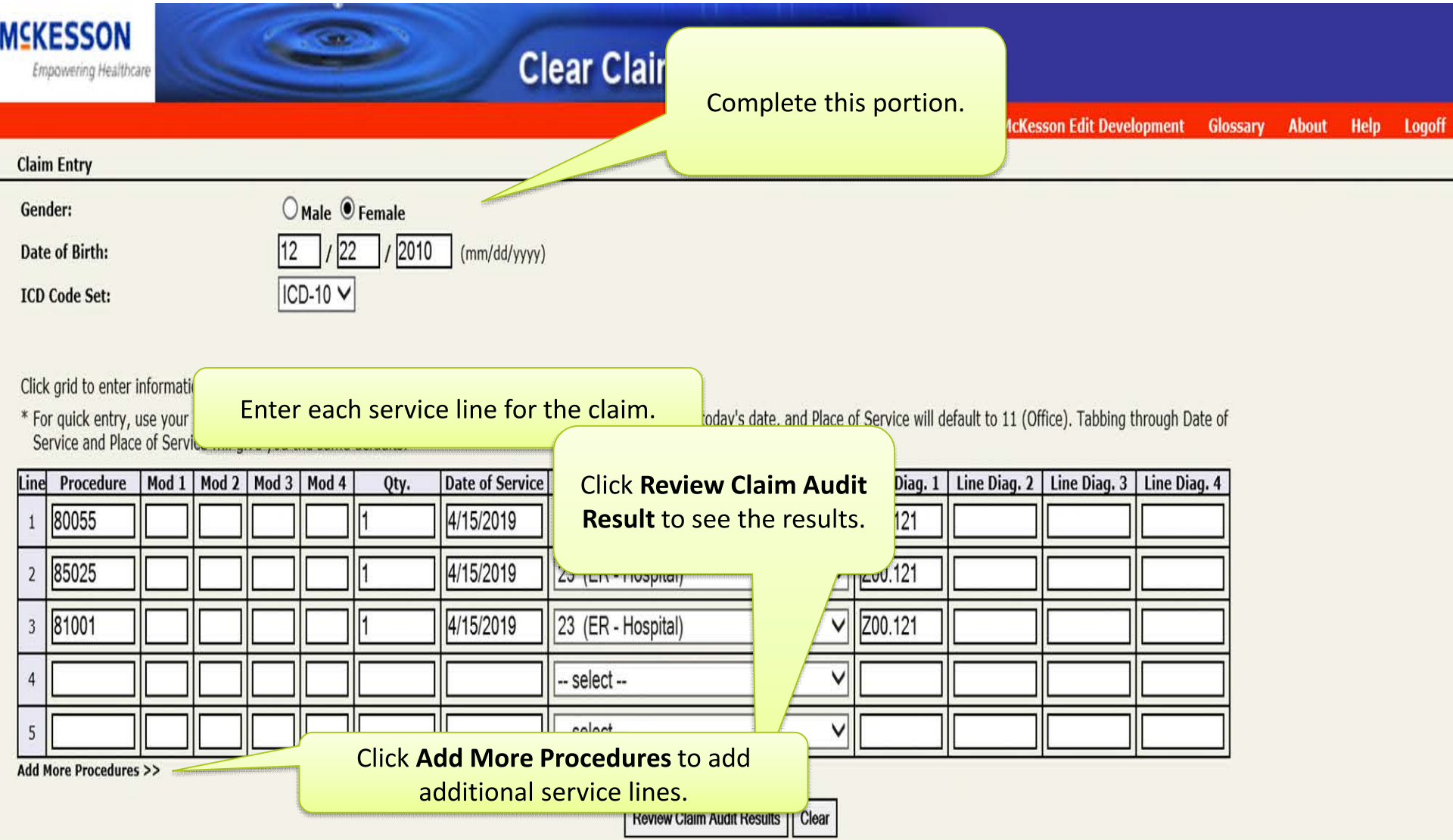
- Our organization provides a web-based code auditing reference tool designed to “mirror” how our code auditing software evaluates code combinations during the auditing of claims
- The tool offers several benefits:
  - Prospectively access the appropriate coding and supporting clinic edit clarifications 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
Empowering Healthcare
Clear Clair
Complete this portion.
McKesson Edit Development
Glossary
About
Help
Logoff
Claim Entry
Gender:
Male
Female
Date of Birth:
12 / 22 / 2010 (mm/dd/yyyy)
ICD Code Set:
ICD-10
Click grid to enter informati
Enter each service line for the claim.
* For quick entry, use your
today's date, and Place of Service will default to 11 (Office). Tabbing through Date of
Service and Place of Servi
Click Review Claim Audit Result to see the results.
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 Z00.121
3 81001 1 4/15/2019 23 (ER - Hospital) Z00.121
4 -- select --
5
Add More Procedures >>
Click Add More Procedures to add additional service lines.
Review Claim Audit Results
Clear

Claim Audit Results

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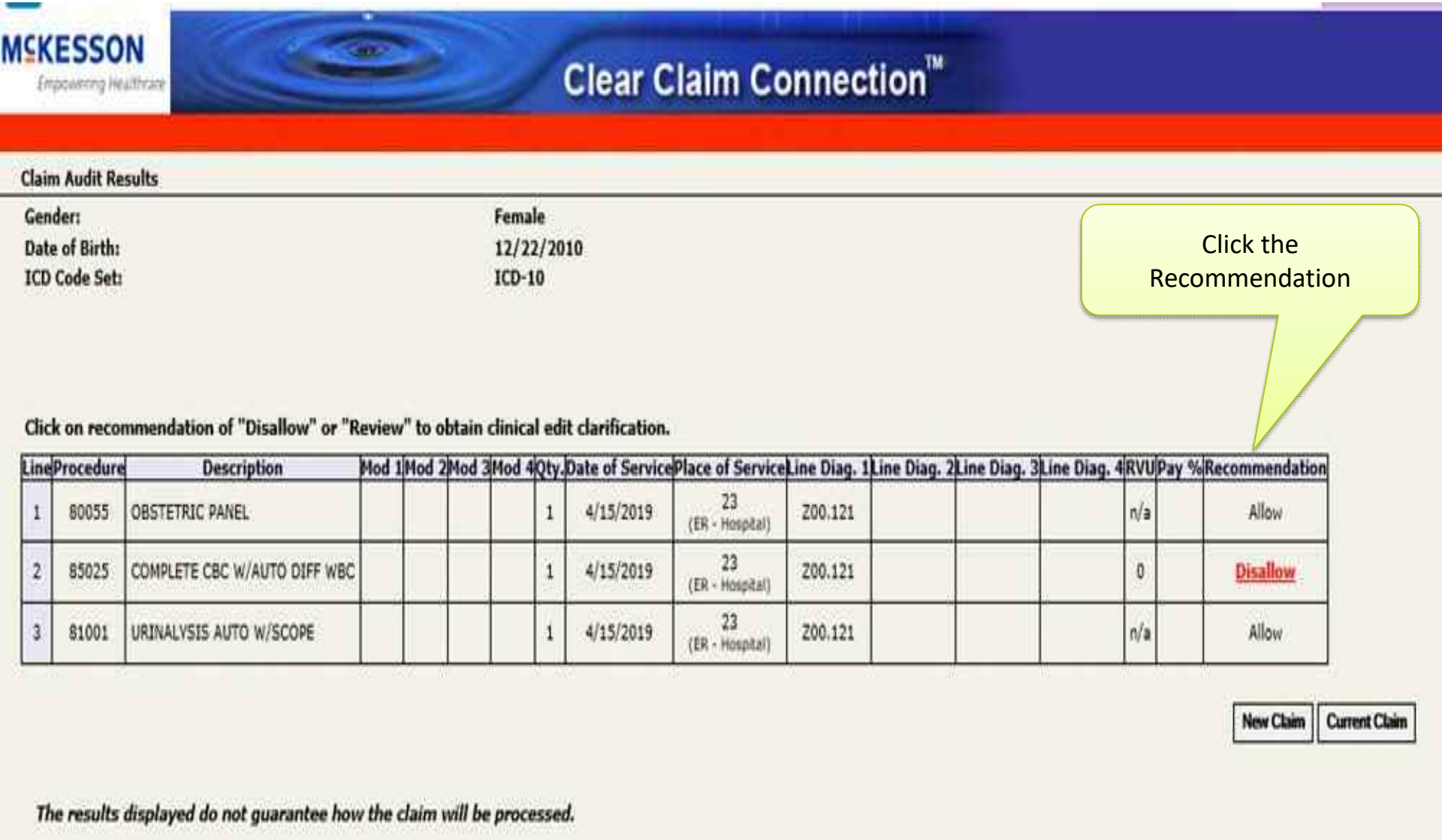

Claim Edit Clarification

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McKesson Edit Development | Glossary | About | Help | Logoff

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.

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Needing to Contact Us?

Allwell from Arkansas Health and Wellness

Provider Services

Phone: 1-855-565-9518

TTY/TDD: 711

allwell.arhealthwellness.com

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Ambetter from Arkansas Health and Wellness

Provider Services

Phone: 1-877-617-0390
TTY/TDD: 1-877-617-0392
ambetter.arhealthwellness.com

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Arkansas Total Care

Provider Services

Phone: 1-866-282-6280

TTY/TDD: 711

ArkansastTotalCare.com

Education Requests

Would you like training for you and your staff?

You can submit your requests to

Providers@arhealthwellness.com

Providers@ArkansasTotalCare.com

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Contracting Department

Phone Number: 1-844-631-6830
Hours of Operation: 8am-4:30pm

Provider Contracting Email Address:
ArkansasContracting@centene.com
Regular contracting inquiries and contract requests

Questions

Please use the Chat feature to enter your questions

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Thank you for joining!