



Web Wizard for Home and Community Based Service Providers

August 2020

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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For Providers

The best support is close to home. That's why Arkansas Total Care operates from your neighborhood. We partner with local services and providers. Our team brings over 20 years of healthcare experience. We look forward to continuing that dedication.

Every individual should live with respect and dignity. We will help our members to maximize their independence. We will also help and maintain members quality of life in their chosen setting.

If you are interested in joining us as a provider, please visit our [Become a Provider](#) page.

Arkansas Total Care provides the tools and support you need to deliver the best quality of care. Please view our listing on the left that covers forms, guidelines and helpful links.

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

<i>Name *</i>	<i>Position Title *</i>
<input type="text"/>	<input type="text"/>
<i>Email *</i>	
<input type="text"/>	
<i>Phone Number *</i>	
<input type="text"/>	
<i>Group Name *</i>	
<input type="text"/>	
<i>Group NPI</i>	
<input type="text"/>	
<i>Tax ID</i>	
<input type="text"/>	
<input type="submit" value="Submit"/>	

Login To Your Account

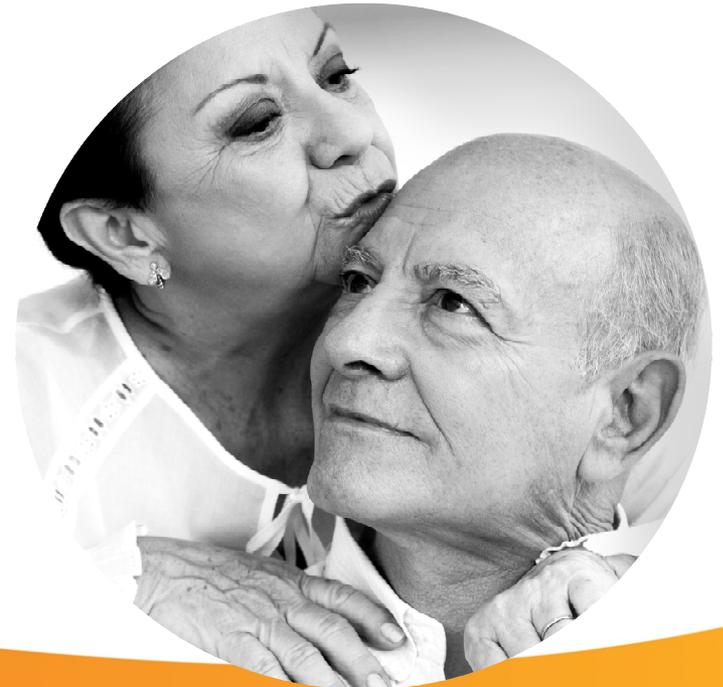
Access your secure provider information any time.

[Login Now](#)

Who Should Use the Multiple Claim Submission Wizard?



- Multiple Claim Submission Wizard is designed to be used by Home and Community Based Service (HCBS) Providers for billing services such as:
 - Adaptive Equipment
 - Adult Day Care
 - Community Transition Services
 - Consultation Services
 - Clinic Visit/encounter
 - Crisis Intervention
 - Environmental Modification
 - Personal Care Services
 - Respite
 - Supportive Employment
 - Supportive Living



Provider Login

- Click on 'Login' under the For Providers tab (www.arkansastotalcare.com)
- Login with your username & password

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](#)

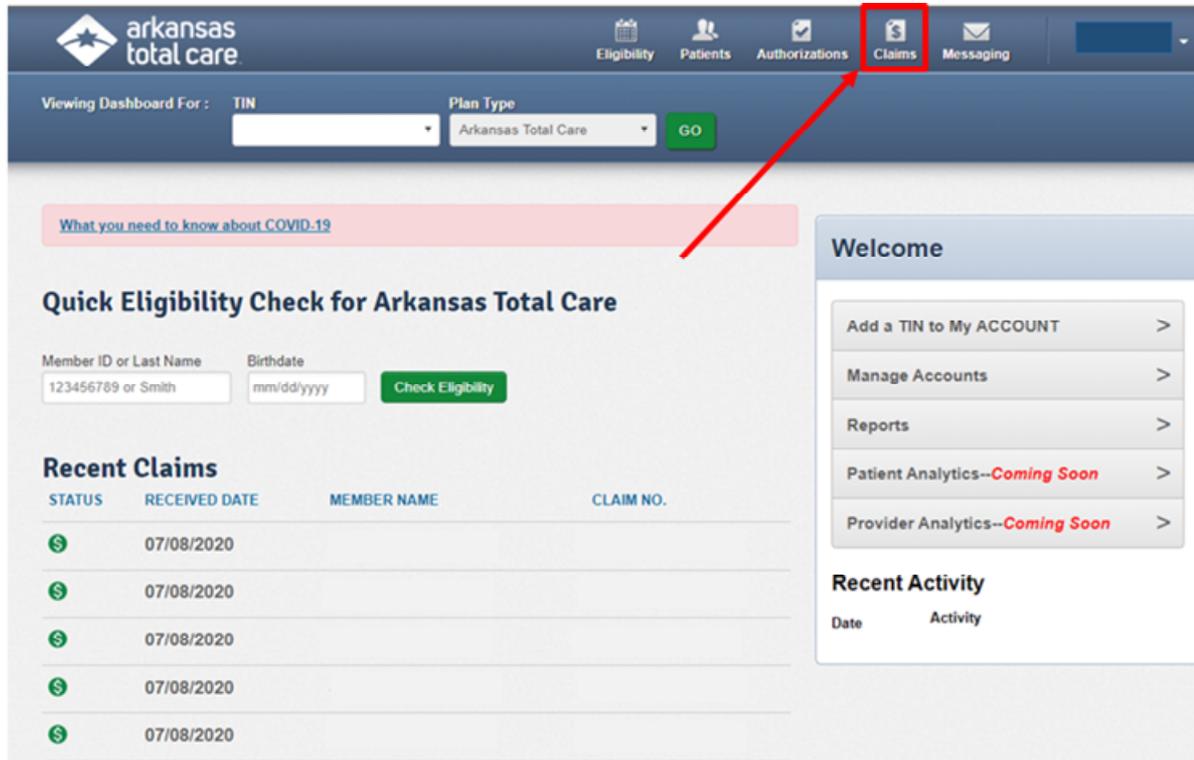
Need To Create An Account?

Registration is fast and simple, give it a try.

Create An Account

Accessing the Wizard

- To create a HCBS claim using the Multiple Claim Submission Wizard
- Click on the “Claims” tab on the Provider Dashboard header

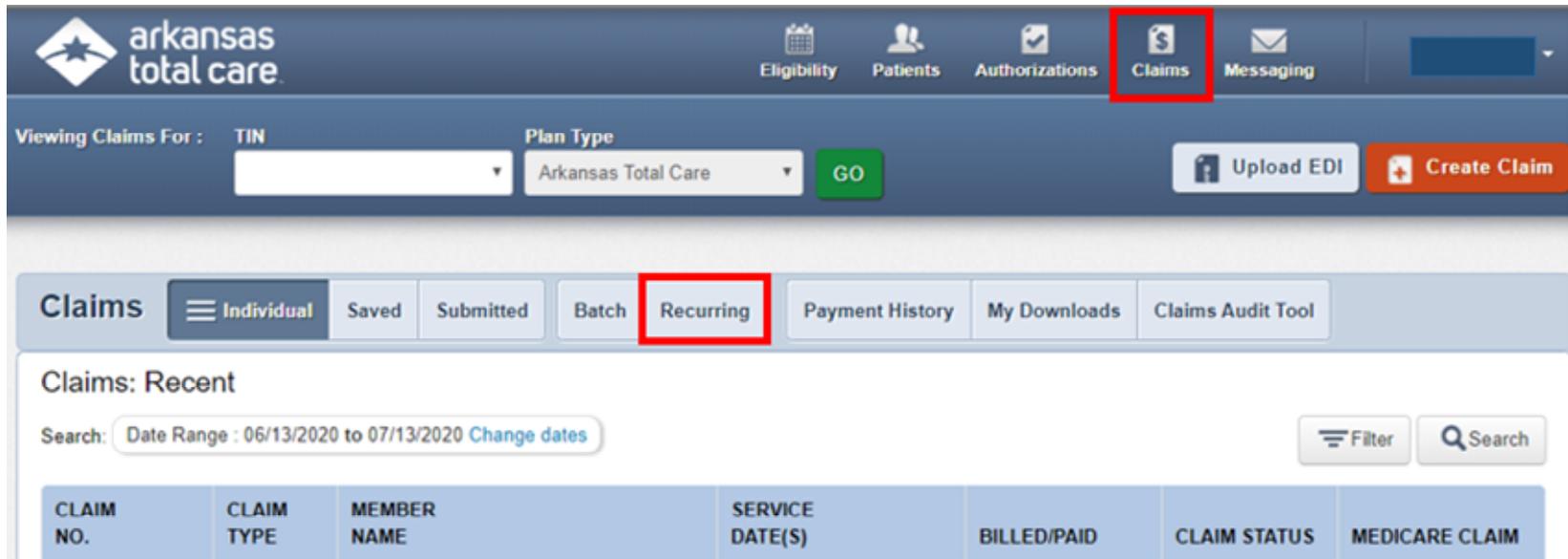


Dashboard features:

- View Claims & Status
- Check eligibility
- View Patient list
- Submit claims
- Send a Secure Message
- Manage Accounts
- Access Reports

Recurring Tab

- Click on the “Recurring” tab to access the Wizard



Viewing Claims For : TIN Plan Type

Claims

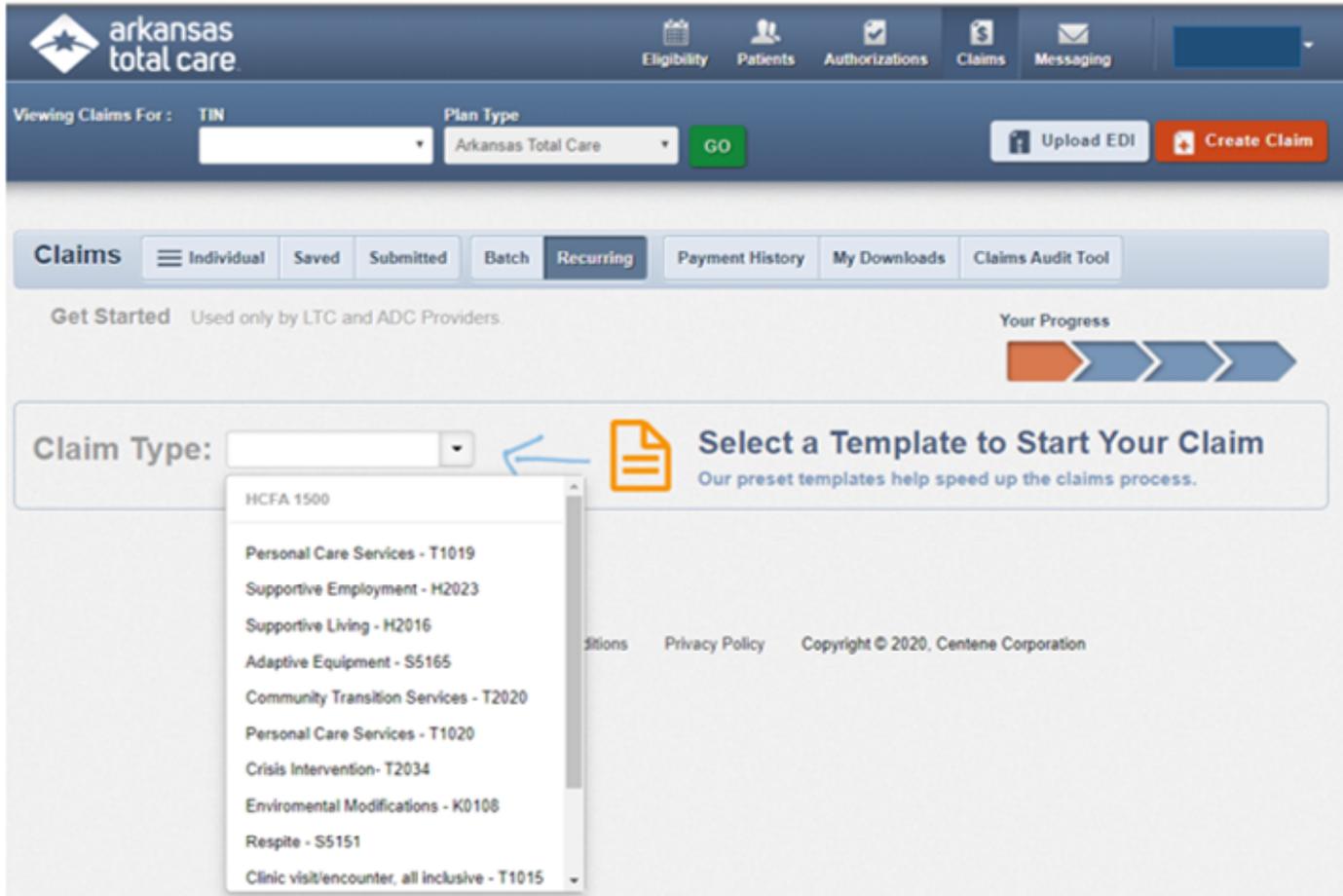
Claims: Recent

Search: [Change dates](#)

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS	MEDICARE CLAIM
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Select Template (HCFA 1500)

- Select a template to start your claim from the drop down



The screenshot displays the Arkansas Total Care Claims Management System interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a search bar allows users to filter claims by TIN and Plan Type (Arkansas Total Care). A 'GO' button and 'Upload EDI' and 'Create Claim' buttons are also present.

The main section is titled 'Claims' and includes tabs for Individual, Saved, Submitted, Batch, and Recurring. A 'Get Started' section notes that it is used only by LTC and ADC Providers. A 'Your Progress' indicator shows a sequence of steps, with the first step highlighted in orange.

The 'Claim Type' dropdown menu is open, showing a list of templates. The first option is 'HCFA 1500'. Other options include 'Personal Care Services - T1019', 'Supportive Employment - H2023', 'Supportive Living - H2016', 'Adaptive Equipment - S5165', 'Community Transition Services - T2020', 'Personal Care Services - T1020', 'Crisis Intervention- T2034', 'Environmental Modifications - K0108', 'Respite - S5151', and 'Clinic visit/encounter, all inclusive - T1015'. A blue arrow points to the dropdown menu.

A callout box titled 'Select a Template to Start Your Claim' contains the text: 'Our preset templates help speed up the claims process.' Below the callout, there are links for 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2020, Centene Corporation'.

Service Location

- Select the desired address and Medicaid ID from the drop down menu

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

Get Started Used only by LTC and ADC Providers. Your Progress 

Claim Type: Personal Care Services - T1019 ▼ Change

Location: ▼   **Select a Service Location**
Choose which location you would like to use with this template.

Member List

- Click to view your member list

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

Get Started Used only by LTC and ADC Providers. Your Progress

Claim Type: Personal Care Services - T1019 Change

Location: Change

Click to View Your Member List View Member List →

Add Member

- Click on “Add Member”
- Enter Member ID or Last Name and Birthdate:
 - Member ID is the ID on the Arkansas Total Care Member ID card
- Click the Add button

Claims

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

Member List Your Progress 

Claim Type: **Personal Care Services - T1019** [\(change\)](#)

Location: [\(change\)](#)

* = Required
** = Up to 4 modifiers may be entered, separated by commas

Select	Member Name	Member ID	Modifier**	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input type="checkbox"/>		<input type="text" value="XX,XX,XX,XX"/>	<input type="text" value=""/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="XX.XX"/>	<input type="text" value="XXXX"/>	<input type="button" value="x"/> <input type="button" value="📄"/>
				<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Update All DOS"/>	<input type="text" value="XXXX"/>	<input type="button" value="Update All Units"/>
								<input type="button" value="Create Claim(s)"/>

Remove Member From List

- Under “Action” column, click the X to remove the member from your member list

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

Member List Your Progress 

Claim Type: **Personal Care Services - T1019** [\(change\)](#)
 Location: [\(change\)](#)

Member ID or Last Name: Birthdate: Add

* = Required
 ** = Up to 4 modifiers may be entered, separated by commas

Select	Member Name	Member ID	Modifier**	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input type="checkbox"/>			<input type="text" value="XX,XX,XX,XX"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="XX.XX"/>	<input type="text" value="XXXX"/>	<input type="button" value="X"/> 
				<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	Update All DOS	<input type="text" value="XXXX"/>	Update All Units
								Create Claim(s)

Create Claim(s) HCFA-1500

- Begin by selecting the appropriate Member(s)
- For each member selected enter the:
 - Modifier (if applicable) up to 4 modifiers may be entered, separated by commas
 - First date of service (DOS Start)
 - Last date of service (DOS End)
 - Total charges
 - Number of days or units

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

Member List Your Progress

Claim Type: **Personal Care Services - T1019** [\(change\)](#)

Location: [\(change\)](#)

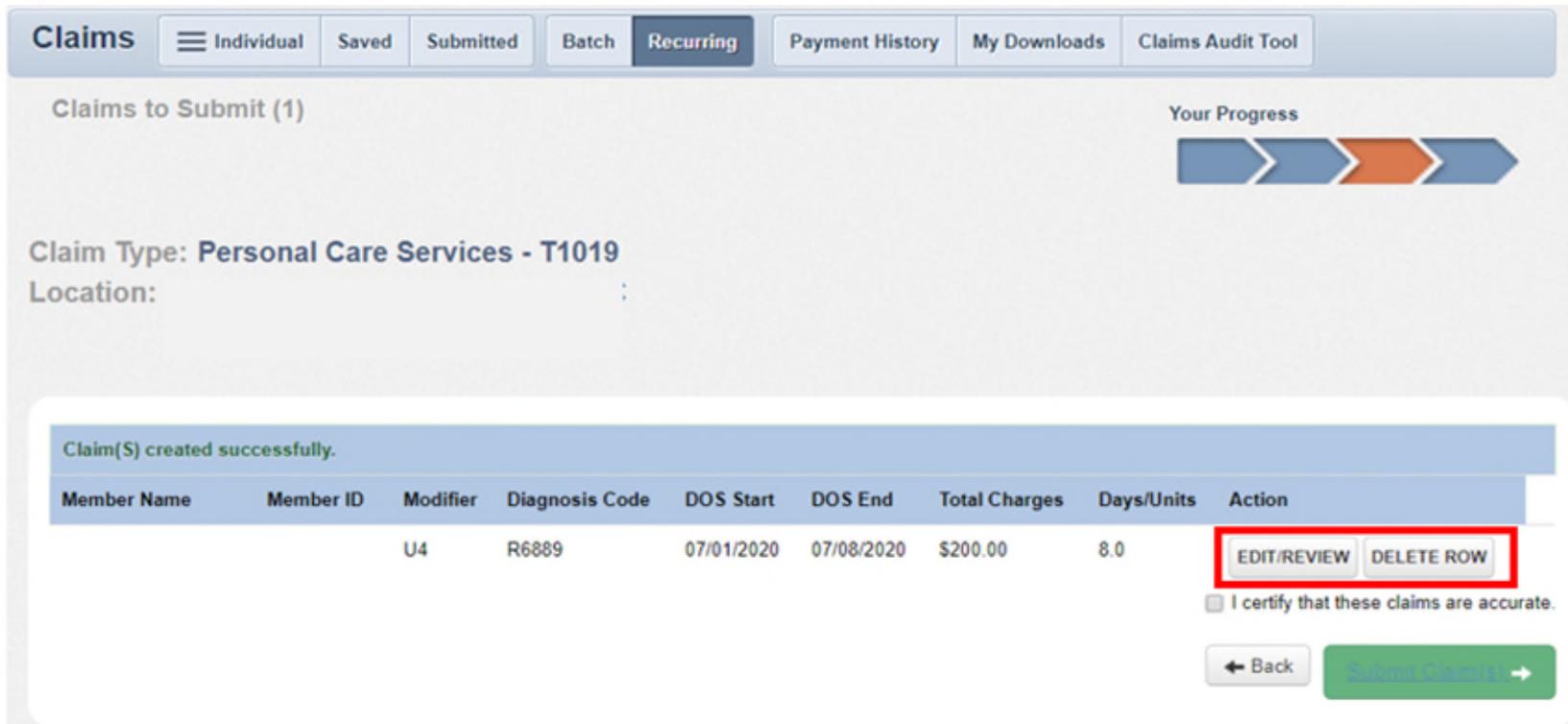
Member ID or Last Name: Birthdate: Add

* = Required
** = Up to 4 modifiers may be entered, separated by commas

Select	Member Name	Member ID	Modifier**	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input checked="" type="checkbox"/>			<input type="text" value="XX,XX,XX,XX"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="XX.XX"/>	<input type="text" value="XXXX"/>	<input type="button" value="x"/> <input type="button" value="📄"/>
				<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Update All DOS"/>	<input type="text" value="XXXX"/>	<input type="button" value="Update All Units"/>
								<input type="button" value="Create Claim(s)"/>

Review Claim

- To review your claim click on the EDIT/REVIEW button in the Action column
- You can modify fields if necessary
- Some fields may not allow you to edit:
 - If those fields need to be changed you will need to delete the claim and start over
- Click on the DELETE ROW button to delete the row.



Claims to Submit (1)

Your Progress

Claim Type: **Personal Care Services - T1019**
Location:

Claim(S) created successfully.

Member Name	Member ID	Modifier	Diagnosis Code	DOS Start	DOS End	Total Charges	Days/Units	Action
		U4	R6889	07/01/2020	07/08/2020	\$200.00	8.0	EDIT/REVIEW DELETE ROW

I certify that these claims are accurate.

← Back Submit Claims →

Verify Information

- From Review claim you can verify the claim information is correct:
 - If correct, click close to go back to submit the claim
- If needed, you can edit the existing service line or select 'Add New' to add additional service lines to your claims

Review Claim: x

Member Name:
Member Account Number:

General Info [Edit](#)
Prior Authorization Number:
Hospitalized From:
Hospitalized To:

Diagnosis Codes
1. R6889 -- OTHER GENERAL SYMPTOMS AND SIGNS

Service Lines [Edit](#) [Add New](#)
Enter maximum of 50 service lines.

From	To	Place	Proc	Diagnosis	Amount	Days/Units	Modifier	NDC
1	07/01/2020	07/08/2020	99	T1019	R6889	\$200.00	8.0	U4

Providers

Provider Type	Name	Tax ID	NPI	Medicaid #	Taxonomy	Address
BillingProvider						
Service Facility Location						

[Close](#)

Edit Service Lines

- Modify Place of Service, Procedure Code, Amount, Days/Units, Modifier as necessary
- Click the green 'Save' button
- You can add up to 4 additional lines for a total of 5 lines per claims
- If you want to change any of the pre-coded fields you should select Edit after you've added your new service line

Service Lines [Edit](#) [Add New](#)

Enter maximum of 50 service lines.

** = Up to 4 modifiers may be entered, separated by commas

Line 1	From 07/01/2020	To 07/08/2020	Place of Service 99 -- OTHER PLACE OF SERVICE ▼	Procedure Code T1019	Diagnosis <input checked="" type="checkbox"/> R6809 - OTHER GENERAL SYMPTOMS AND SIGNS
	Amount 200.0	Days/Units 8.0	Modifier** U4	NDC NDC click for instructions	

Certify Claim(s)

- Once you've completed the review and making the necessary edits, check certification box and click Submit claims

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

Claims to Submit (1)
Your Progress

Claim Type: Personal Care Services - T1019
Location:

Member Name	Member ID	Modifier	Diagnosis Code	DOS Start	DOS End	Total Charges	Days/Units	Action
.		U4	R6889	07/01/2020	07/08/2020	\$200.00	8.0	<input type="button" value="EDIT/REVIEW"/> <input type="button" value="DELETE ROW"/>
		U4	07/09/2020	07/12/2020	\$80.00	3.0		

I certify that these claims are accurate.

Success

- Success! Your claims have been submitted!

Claim Type: **Adult Day Care**
 Location: 

Success! Your claims have been submitted.

Date: 07/12/2013
 Web Reference#: 123456789

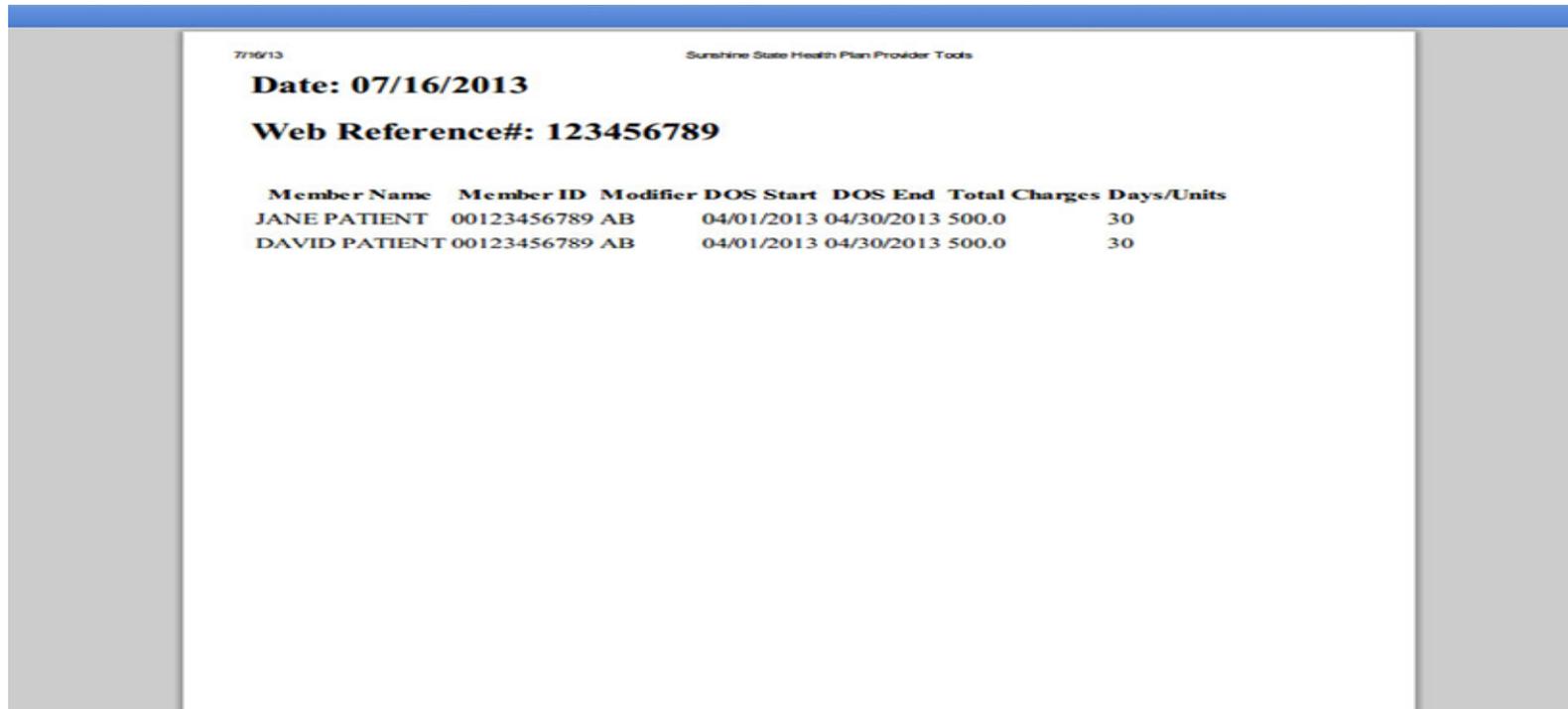
Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units
JANE PATIENT	00123456789	AD	04/01/2013	04/30/2013	500.0	30
DAVID PATIENT	00123456790	AD	04/01/2013	04/30/2013	500.0	30

[Submit More Claims](#)
[Print](#)

Please note: Claims may take up to 24 hours to be viewable on this site.

Print Submitted Claims

- Click on Print to print a copy of the claims submitted including the Web Reference number
- Click Submit More Claims to return to the claims screen to request a new template or move on to other functions



7/16/13 Sunshine State Health Plan Provider Tools

Date: 07/16/2013

Web Reference#: 123456789

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units
JANE PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30
DAVID PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30

Provider Services

Provider Services Call Center:

First line of communication - 1-866-282-6280

- Answer questions regarding
 - Eligibility
 - Authorizations
 - Claims
 - Payment inquiries
- Available Monday through Friday, 8am to 5pm CST

Provider Inquiries

- After speaking with a Provider Service Representative you will receive the following:
 - All inquiries are assigned a reference number, which will be used to track the status of your inquiry
- If you need to contact your assigned Provider Relations Representative, you should have the following when calling or submitting an email inquiry:
 - Reference number assigned by the Provider Services Center
 - Provider's Name
 - Tax ID
 - National Provider Identifier (NPI)
 - Summary of the issue
 - Claim numbers (if applicable)

Provider Relations

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4/20/2020

CHRISTOPHER ISHMAEL

KARI MURPHY

MEGHAN HUNT

PATRICE EACKLES

VALINDA PERKINS

Q&A

Please use the Q & A feature to
enter your questions.

**Thank you for
joining us!**