



ICF Member Responsibility Claims Processing Update

Arkansas Total Care members residing in an intermediate care facility (ICF) have a set responsibility amount that is dependent on the Supplemental Security Income (SSI) benefit. In September 2021, Arkansas Total Care began applying the predetermined amount to claim reimbursements.

To view the member responsibility amount due to the provider, refer to the explanation of payment (EOP). The amount due will be displayed in the coinsurance section of the EOP. This amount is being reduced from the allowed amount to determine the final payment.

Sample EOP

Explanation of Payment

Insured Name:				Mbr No:				MRN:				Claim/Ctrl No:			
Patient Name:				SvcProv No:				PatCtrl No:				Group: Region-North			
Servicing Provider:				NPI:											
Serv	Date	Proc #	Modifiers	Days/ Cu/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld	
0100	9/1/2021- 9/30/2021	0194		30.00	\$6,731.70 \$6,731.70	\$0.00	\$0.00	\$622.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92 02	\$6,109.70 \$0.00	
Sub-total					\$6,731.70 \$6,731.70	\$0.00	\$0.00	\$622.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$6,109.70 \$0.00	

If you have any questions about this update, please contact Arkansas Total Care’s provider services team at 1-866-282-6280 (TTY: 711) or Providers@ArkansasTotalCare.com.