



Secure Provider Portal

Claim Submission

August 26, 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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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

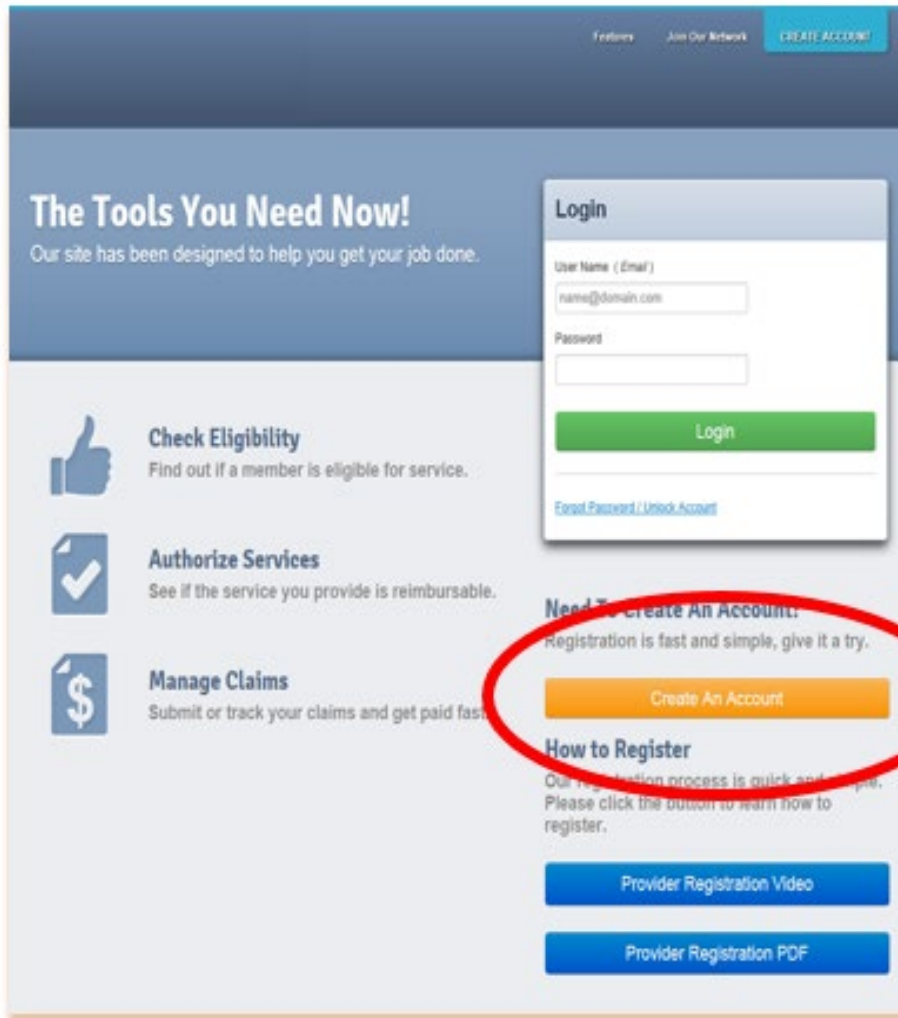
Agenda



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

Creating An Account

Create An Account



The screenshot shows a website interface for a provider portal. At the top right, there are navigation links for 'Features', 'Join Our Network', and 'CREATE ACCOUNT'. The main heading is 'The Tools You Need Now!' with a subtext 'Our site has been designed to help you get your job done.' Below this, there are three main sections: 'Check Eligibility' (with a thumbs up icon), 'Authorize Services' (with a checkmark icon), and 'Manage Claims' (with a dollar sign icon). A 'Login' form is visible, with fields for 'User Name (Email)' and 'Password', and a 'Login' button. Below the login form, there is a 'Need To Create An Account?' section with a red circle around the 'Create An Account' button. Below this, there is a 'How to Register' section with a 'Provider Registration Video' button and a 'Provider Registration PDF' button.

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



inbox x



noreply@arkansashealth.com

to me

Hi

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

6844

Thank you,


Arkansas Health

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 tele, permanently delete the communication from your system. Thank you.

Verification Code



Register Provider

Your Progress 

[Cancel](#)

Registering Provider 331148820 at superuser@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 52125965 at anewry@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 changes will be lost.

Secret Questions

Question 1	What city were you born in?	▼
Answer	Clayton	
Question 2	What is your favorite pet's name?	▼
Answer	Clayton	
Question 3	What is your mother's maiden name?	▼
Answer	Clayton	

Contact Information

Telephone Number	314-445-0915	?
Fax Number	314-445-0915	X ?

Submit →

Registration Complete



Registration Complete!

Your Progress



Thank you for completing your registration! A First 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 (800) for additional assistance.

Login

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

Viewing Dashboard For : TIN Plan Type [GO](#)

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

Plans (AR Works and FFM) will be rebranded as
or to 1/1, please utilize the QualChoice Member and
arding services dated on or after 1/1, please use

Quick Eligibility Check

Member ID Birthdate [Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
💰	08/10/2020		
💰	08/10/2020		
💰	08/07/2020		
💰	08/07/2020		
💰	08/10/2020		

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](#)

Eligibility Check



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	JANE DOE	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

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

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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



arkansas
health & wellness.



arkansas
total care.

[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 H0630- 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



arkansas
health & wellness.



arkansas
total care.

[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

PCP Information

UNASSIGNED P

[View PCP H](#)

[EPSDT](#)

[Care Gaps](#)

None On File

[Allergies](#)

None On File

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](#)

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 : TIN Plan Type

Eligibility Patients Authorizations Claims Messaging

Click Eligibility.

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](#)

Check Eligibility



Viewing Eligibility For : TIN Plan Type

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

Eligibility Check

Date of Service Member ID DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
----------	-----------------	--------------	--------------	-----------	--------------

Eligibility Status – Not Found



arkansas
health & wellness.



arkansas
total care.

Viewing Eligibility For :

Eligibility Check

Date of Service Member ID or Last Name

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

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	
Not Found	09/20/2016	Patient not found. (123456789 & 01/01/1990)	09/20/2016	<input type="button" value="Remove"/>

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

Eligibility Status - Ineligible



Viewing Eligibility For :

Eligibility Check

Date of Service Member ID or Last Name DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	
Ineligible	09/20/2016	JANE DOE	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 : Allwell from AR HW
Ambetter

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

Claims: Recent

Search:

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.

CLAIM NUMBER	SERVICE DATE(S)	BILLED/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
S028MPE	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	\$2,892.85 / \$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	\$495.66 / \$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

Claims: Recent

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

Filter Claims ×

Status

Denied

Paid

Pending

All

Type

Institutional

Professional

Apply Cancel

CLAIM NO. ↓	CLAIM TYPE ↓	PAID ↓	CLAIM STATUS ↓
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	\$218.53 / \$0.00	🕒 Pending
S017MPE	Institutional	\$1,037.60 / \$0.00	🕒 Pending
S017MPE	Institutional	\$495.88 / \$0.00	🕒 Pending

1,844 items found, displaying 471 to 480. Page 48/185 [<](#) [Prev](#) [44](#) [45](#) [46](#) [47](#) [48](#) [49](#) [50](#) [51](#) [Next](#) [>](#)

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

Click Filter to expand the filter section.

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.

Claim Accepted
In Process
Paid

Member	Provider	Claim
Member Name: Jan Doe Member ID: U00000000000 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




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:
U0000000000

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

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

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	\$1,086.87	04/15/2019		PAID	AA,92

Reconsider Claim



Back to home **Claim Details**

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

Claim: #S000MPE00000: PAID

+ Copy Claim Correct Claim **Reconsider Claim**

Claim Accepted In Process Paid

Member	Provider	Claim
Member Name: Jan Doe	Ref/Acct No.: RHMC00000	DOS Range: 04/03/2019 - 04/03/2019
Member ID: U0000000000	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	\$1,068.87	04/15/2019		PAID	AA,92

Reconsider Claim



Back to home **Claim Details**

Claim: #S000MPE00000: PAID

+ Copy Claim Correct Claim Reconsider Claim

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

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** →

Select your Reconsideration Type, then click Submit Reconsideration.

Back to Claims



Back to Claims
Claim Details

\$ Claim #S000MPE00000: PAID

+ Copy
Correct Claim

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

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

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 #	CLAIM #	MEMBER NAME	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								Filter
Individual	Saved	Submitted	Batch	Payment History	My Downloads	Claims Audit Tool		
SUBMITTED STATUS ↑	DATE SUBMITTED ↑	MEMBER ID ↑	MEMBER NAME ↑	CLAIM TYPE	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.

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

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.

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 dependent on the status of the claim. For questions regarding errors please contact the health plan.

SUBMITTED DATE	CONFIRMATION TYPE #:	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

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	\$519.28	G FFNM
04/15/2019	0001787998		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$471.08	G YWYG
04/15/2019	0001788135		1234 ANYWHERE LITTLE ROCK, AR 72204-2228	\$874.81	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

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

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

Insured Name: JOHN DOE	Group:
Patient Name: JOHN DOE	ID: 001122334
Control Number: P366IME04807	Account: 874566C788589
Service Provider: PROVIDER NAME	NPI: 1234567890

Insured Name: JANE DOE	Group:
Patient Name: JANE DOE	ID: 002244556
Control Number: O367IM	Account: 875577C788590
Service Provider: PROVI	NPI: 1234567890

Insured Name: JUDITH DOE	Group:
Patient Name: JUDITH DOE	ID: 003355667
Control Number: P368IME04809	Account: 876588C788410
Service Provider: PROVIDER NAME	NPI: 1234567890

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

View Service Line Details

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

Print and Download

Viewing Claims For :

Explanation of Payment Details

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

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

Serv	Date	Diag#/ Drug#	Proc#/ Proc2	Mod	Days/ Cnt Qty	Charged	Allowed	Deduct/ Copy	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

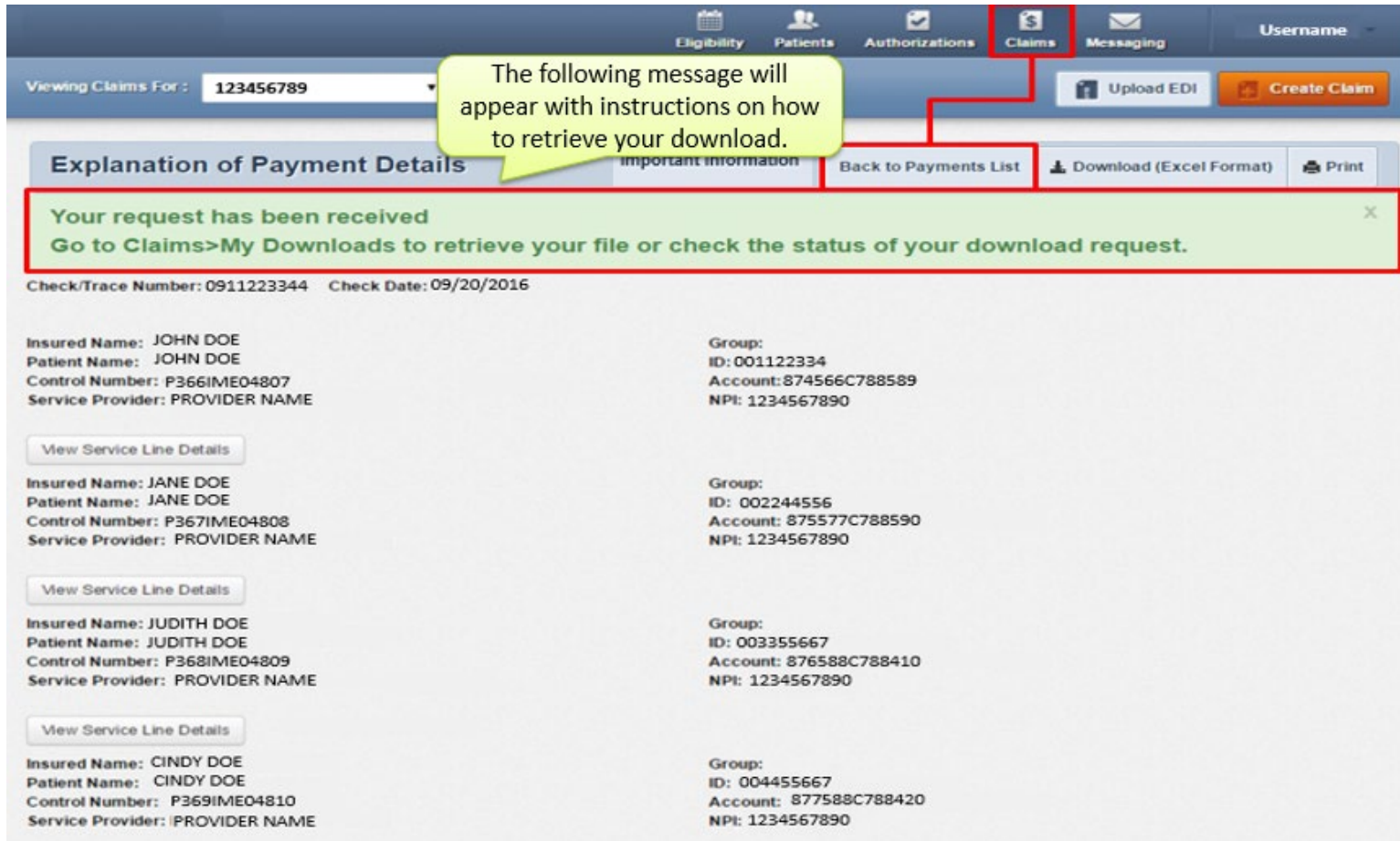
Insured Name: JANE DOE
Patient Name: JANE DOE
Control Number: P367IME04808
Service Provider: PROVIDER NAME
View Service Line Details

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

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

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

Download Retrieval



Eligibility Patients Authorizations **Claims** Messaging Username

Viewing Claims For : 123456789

Upload EDI Create Claim

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 Calendar Person Checkmark Back to Payments List Envelope Username

Viewing Claims For: 123456789

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
<input type="button" value="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
<input type="button" value="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
<input type="button" value="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

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

Important Information

Viewing Claim [dropdown]

Important Information

Insured Name: JOHN DOE
Patient Name: JOHN DOE
Control Number: P366IME04807
Service Provider: PROVIDER NAME
Group: 001122334

Important Information

Serv	Date	Diag	Drug	Payment
10	08/16/2016	2959		33.27
20	08/17/2016	2959		18.71
Sub Total:				\$51.98

Remit Code Description
92
PAID ACCORDING TO CONTRACT

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

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

ID: 003355667
Account: 876588C788410
NPI: 1234567890

CLAIM SUBMISSION
Ambetter of Arkansas
Attn: Claims Department
P.O. Box 5000
Farmington, MO 63840-5000

CORRECTED CLAIMS & DISPUTES
Ambetter of Arkansas
P. O. Box 5010
Farmington, MO 63840-5010

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 consideration, or claim dispute process.

Click on Important Information to view the address for paper claims, corrected claims and disputes. This feature is currently not available in the ARTC portal

Viewing Claims For : 123456789

Click on My Downloads.

Claims

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

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

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arkansas
health & wellness.



arkansas
total care.

Viewing Claims For : 123456789

Claims

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	download

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

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

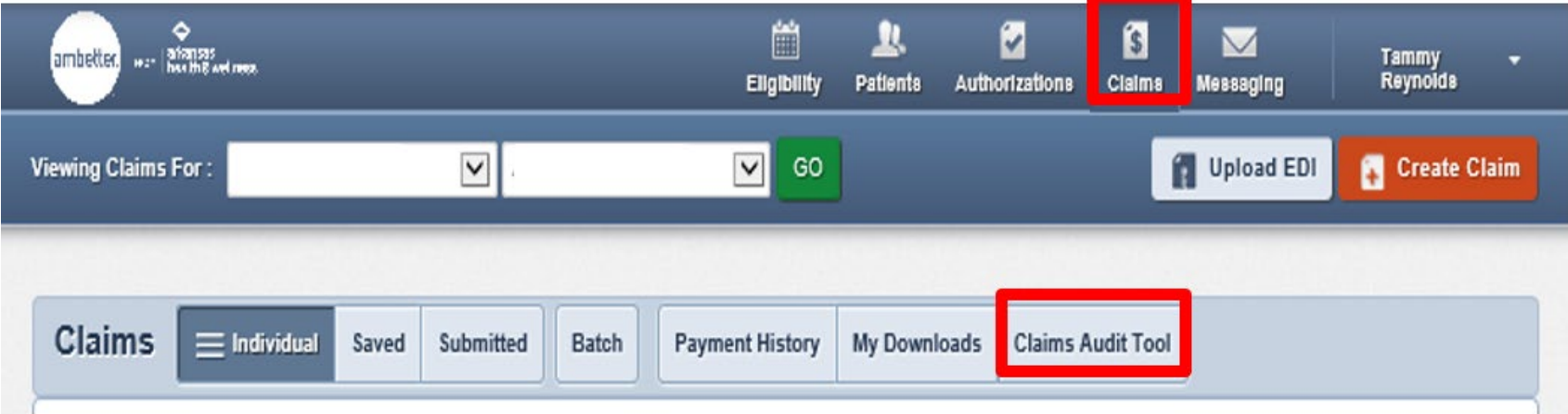


- The tool offers several benefits:
 - Prospectively access the appropriate coding and supporting clinic edit clarifications for services before claims are submitted
 - Proactively determine appropriate code/code combination representing the service for accurate billing purposes
 - Retrospectively access the clinical edit clarifications on a denied claim for billed services after and Explanation of Payment (EOP) has been received.

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: ▼

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	80055					1	4/15/2019	23 (ER - Hospital) ▼	Z00.121			
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--				

Add More Procedures >>

Complete this portion.

Enter each service line for the claim.

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

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

52

Claim Audit Results



Clear Claim Connection™

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

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Clinical Edit Clarification

1 of 1 Clarifications

[Printable Version](#)

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

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

Ambetter from Arkansas Health and Wellness Provider Services

Phone: 1-877-617-0390

TTY/TDD: 1-877-617-0392

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



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 Q & A feature to
enter your questions.**

Thank you for joining!