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# Secure Provider Portal

*Registration, Eligibility and Secure Messaging*

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

# Disclaimer



- Arkansas Health and Wellness and Arkansas Total Care has produced this material as an informational reference for providers furnishing services in our contract network. Arkansas Health and Wellness and Arkansas Total Care employees, agents and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.
- The presentation is a general summary that explains certain aspects of the program, but is not a legal document.
- Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice.
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# Join Our Email List Today



- 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



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- Introduction
- Creating an Account
- User Management
- Eligibility
- Secure Messaging
- Q&A



# Provider Relation Representatives Western Region



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# Provider Relation Representatives Central Region



**Meghan Hunt**  
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# Provider Relation Representatives Eastern Region



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





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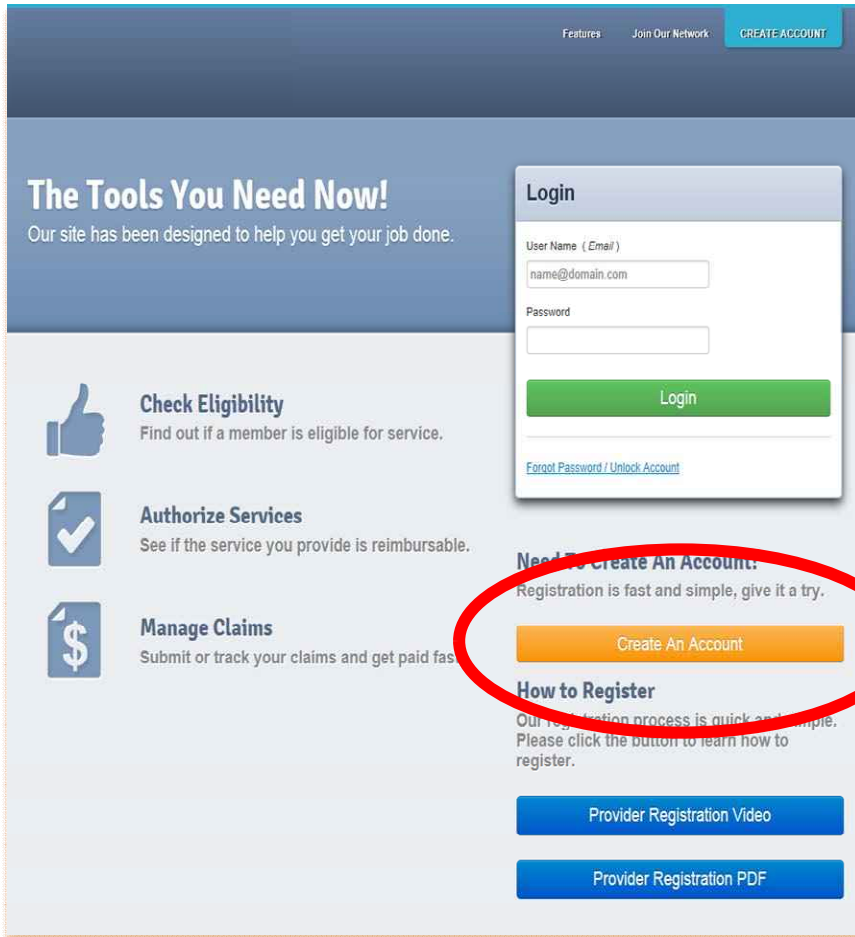


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# Secure Provider Portal

- Creating An Account

# Account Creation



The screenshot shows the website's header with links for 'Features', 'Join Our Network', and 'CREATE ACCOUNT'. Below the header, a banner reads 'The Tools You Need Now!' with the subtext 'Our site has been designed to help you get your job done.' On the left, 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). On the right, there is a 'Login' form with fields for 'User Name (Email)' (containing 'name@domain.com') and 'Password', a 'Login' button, and a link for 'Forgot Password / Unlock Account'. Below the login form, there is a section titled 'Need To Create An Account?' with the text 'Registration is fast and simple, give it a try.' and a prominent orange 'Create An Account' button, which is circled in red. Below this, there is a 'How to Register' section with the text 'Our registration process is quick and simple. Please click the button to learn how to register.' and two buttons: 'Provider Registration Video' and 'Provider Registration PDF'.

## 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



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## 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



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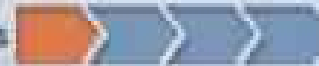
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If you receive error message: "We could not find your Tax ID in our system. If you have not already, please join our network." Please return to our public site to join the network. Once your data is in our systems you'll be able to create your account.

## 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



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Verification Code 



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 telephoning the sender and permanently delete the communication from your system. Thank you.

# Verification Code




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## Register Provider

Your Progress 

Cancel

Registering Provider 221149920 at [supervisor@gmail.com](mailto: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.

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

# Account Setup



## Register Provider

**Your Progress**

Cancel

Registering Provider (0/100%) at [aww@arkstone.com](mailto:aww@arkstone.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 as your changes will be lost.

#### SECRET QUESTIONS

Question 1

What city were you born in?

Answer

Cityton

Question 2

What is your favorite pet's name?

Answer

Cityton

Question 3

What is your mother's maiden name?

Answer

Cityton

#### Contact Information

Telephone Number

3144400010

Fax Number

3144400010

Submit

# Registration Complete



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## Registration Complete!

Your Progress



Thank you for completing your registration! A Health & Wellness 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) 842-7222 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

[Forgot Password / Unlock Account](#)

[Login](#)

### 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](#)



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# Account Manager/User Management

- Creating An Account

Viewing Dashboard For :

123456789 ▾

GO

Account Details

User Management

## Quick Eligibility Check

Member ID or Last Name






Birthdate

123456789 or Smith

mm/dd/yyyy

Check Eligibility

## Recent Claims

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

## Welcome

Add a TIN to My ACCOUNT &gt;

Manage Accounts &gt;

Reports &gt;

## Recent Activity

Date

Activity

## Health Passport

Launch Health Passport &gt;

[Health Passport online training](#)

## Search for User

Email Last Name Status  
Email Last Name Like Status

☐ Verification Pending

Go

Clear

The **Invite a User** tool allows you to invite others to register for the portal.

## Invite a User

Email Address

name@domain.com

[Account Manager user guide](#)

Email Address ↑	Last Name ↑	First Name ↑	TIN ↑	Telephone Number ↑	Status ↑		
					Active		<input type="button" value="Update User"/>
					Active		<input type="button" value="Update User"/>
					PasswordExpired	Account Manager Access	<input type="button" value="Update User"/>
					Active	Account Manager Access	<input type="button" value="Update User"/>

Viewing For

123456789

GO

## Search for User

Email: Last Name: Status:

Email Last Name Like Status...

☐ Verification Pending

Go

Clear

Search for User by  
Email, Last Name,  
and/or Status.




## Add a User

Email Address:

name@domain.com

Send Invitation

[Account Manager user guide](#)

Email Address	Last Name	First Name	TIN	Telephone Number	Status	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Active	 Update User
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Active	 Update User
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PasswordExpired	Account Manager Access  Update User
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Active	Account Manager Access  Update User

Click **Update User** to  
modify User's  
account.

## Update User status and permissions for [REDACTED]

The Update User screen allows you to view/edit user status and permissions.

## User Information

Email: [REDACTED]

Status: Active

Name: [REDACTED]

Last Login Time: 2016-06-23 09:04:43

Telephone Number: [REDACTED]

## Profile Information

Click **Disable user/Enable user** to update user's account status.

Click on a specific item(s) to grant/remove access as needed.

Can Access:



[REDACTED]



Claims



Manage Account



Eligibility



Health Passport



Assessments



Authorizations

Update Status:



Disable user

Comments:

200

characters left

Comments History:

Enter comments listing updates made to user's account.

Click **Update User** to save changes.

Cancel

Update User

Viewing Dashboard For:

123456789

GO

Click your **Name**.

## Quick Eligibility Check

Member ID or Last Name


Birthdate

123456789 or Smith

mm/dd/yyyy

Check Eligibility

## Recent Claims

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

PayFrom Doc

Viewing Dashboard For:

123456789



Account Details

User Management

Click Account Details

## Quick Eligibility Check

Member ID or Last Name

Birthdate

123456789 or Smith

mm/dd/yyyy

Check Eligibility

## Recent Claims

STATUS

RECEIPT DATE

MEMBER NAME

CLAIM NO.



09/20/2016 JOHN DOE

P555IME66666



09/20/2016 JOHN DOE

P444IME55555



09/18/2016 JOHN DOE

P333IME44444



09/05/2016 JOHN DOE

P222IME33333



09/01/2016 JOHN DOE

P111IME22222

## 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.

PayOpen Up



# Adding a TIN



Account Details

Name: [Redacted]

Order Name (Email): [Redacted]

Phone: [Redacted]

Telephone Number: (957) 900-1000

Fax Number: (957) 900-1000

Secret Question: What city were you born in?

Secret Question: What is your favorite sports team?

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

Update Account

**Add a TIN**

Please note, provider services will need to validate any additional TINs, which could take several days. You will be notified by email when verification is complete.

Name TIN

Enter Name

Tax ID

171454788

Add TIN

1. Enter the Name for the TIN and the Tax ID number.
2. Click **Add TIN**



Note: If the TIN entered is not found –the following message appears. Each new TIN added will require verification from the health plan and can take up to 48 hours to complete.

## Add a TIN

We could not find your Tax ID in our system. If you have not already, please visit our public site to join the network.

# Member Eligibility

- How to check Member Eligibility

# Quick Eligibility Check



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Viewing Dashboard For: **123456789**

### Quick Eligibility Check

Member ID or Last Name:  Birthdate:

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

Enter the **member ID or Last Name**

Enter the **Birthdate**

Click **Check Eligibility** to continue.

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 Activity

Date	Activity

#### Go Paperless

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[PaySign Site](#)

# Eligibility Results



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Viewing Eligibility For :

**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"/>

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

Click the member's name for more information.

# Member Information - Ambetter



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[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](#)

**Allegies**

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.



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# 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 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.



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# 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

**PCP Information**

UNASSIGNED PCP

[View PCP History](#)

**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.





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# Alternate Way to Verify Eligibility

Viewing Dashboard For: 123456789

**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
------	----------

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[PaySpan Site](#)



# Check Eligibility



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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



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Viewing Eligibility For: 123456789

### Eligibility Check

Date of Service: 09/22/2016 Member ID or Last Name: [redacted] Check Eligibility Print

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

Remove

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



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Viewing Eligibility For:

### Eligibility Check

Date of Service:  Member ID or Last Name:  DOB:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED
 <b>Ineligible</b>	09/20/2016	<b>JANE DOE</b>	09/20/2016

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

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

# Quick Eligibility Check



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Viewing Dashboard For: **123456789**

### Quick Eligibility Check

Member ID or Last Name:  Birthdate:

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

Enter the **member ID or Last Name**

Enter the **Birthdate**

Click **Check Eligibility** to continue.

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 Activity

Date	Activity

#### Go Paperless

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[PaySign Site](#)

# Eligibility Results



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Viewing Eligibility For :

**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"/>

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

Click the member's name for more information.

# Member Information - Ambetter



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[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.

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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 6 (2019)	AR Balance C6 87%
Jan 1, 2018	Dec 31, 2018	Ambetter Balanced Care 6 (2018)	AR Balance C6 87%

[more](#)

**PCP Information**  
[View PCP History](#)  
[Allergies](#)  
None On File

[View Clinical Information](#)

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

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

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# 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 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.





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# 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

**PCP Information**

UNASSIGNED PCP

[View PCP History](#)

**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.





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# Alternate Way to Verify Eligibility

Viewing Dashboard For: 123456789

**Eligibility** Patients Authorizations Claims Messaging Username

**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](#)

Click Eligibility.

# Check Eligibility



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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



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Viewing Eligibility For: 123456789

### Eligibility Check

Date of Service: 09/22/2016 Member ID or Last Name: [redacted] Check Eligibility Print

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

Remove

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



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Viewing Eligibility For:

### Eligibility Check

Date of Service:  Member ID or Last Name:  DOB:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED
 <b>Ineligible</b>	09/20/2016	<b>JANE DOE</b>	09/20/2016

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

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

# Secure Messaging

Viewing Dashboard For: 123456789

Click **Messaging**.

## Quick Eligibility Check






Member ID or Last Name

Birthdate

123456789 or Smith

mm/dd/yyyy

## Recent Claims

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

## Welcome

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[Manage Accounts](#) >

[Reports](#) >

## Recent Activity

Date Activity

# Creating a Message



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Secure messages submitted through the Secure Provider Portal are fully encrypted.

Viewing Messages For:

GO

Create Message

Click **Create Message**.

## Secure Messaging

Inbox

Sent

Trash

No Message to display

No Messages to display

You can include member and/or provider specific data without the fear of committing a HIPAA violation.

# New Message

Select a **subject** from the available options.

To: Ambetter of Arkansas ▼

Member ID: 123456789

Subject: **Cost & Billing**

Date of Birth: mm/dd/yyyy

Your Message

- Cost & Billing
- Benefit Inquiry - Transportation
- Eligibility Inquiry
- Claim Payment
- Claim Status
- Claim Adjustment
- Contract Clarification
- Contract Request
- Provider Material
- Provider Relations Visit Request
- Appeal
- Provider Demographic Correction/Update
- Member Corrections Request - Member/Patient Outreach
- Provider Panel Question
- Member/Patient Problem
- Benefit Inquiry - Benefit Units/Copy
- Other

A new message will be created.

Send

Cancel



## New Message

We've selected **Claim Payment** for this example.

Enter your message in the following text box. Be sure to include as much information as needed.

If your message is about a specific member, please include their ID and Date of Birth below.

Member ID

123456789

Date of Birth

mm/dd/yyyy

Your Message

Hello,

I'm interested in getting set up for Electronic Funds Transfers, how would I go about doing that?

Please advise,

Thank you

Click **Send** to submit your message.

Send

Cancel

# Message Confirmation



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Eligibility

Patients

Authorizations

Claims

Messaging

Username

Viewing Messages For:

123456789

Create Message

Secure Messaging

Inbox

Sent

Trash

No Messages to display

Success! Message sent.

No Message to display

A confirmation that your message was sent will display.

Viewing Dashboard For: 123456789

A red notification icon with the number of unread messages will appear.

Messaging.

## Quick Eligibility

Member ID or Last Name






123456789 or Smith

mm/dd/yyyy

Check Eligibility

You'll receive a response to your message within 1 – 2 business days.

## Recent Claims

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

## Welcome

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

## Recent Activity

Date Activity

# Secure Messaging

- Inbox
- Sent
- Trash

Ambetter of Arkansas  
3/02/2017 Claim Status

Ambetter of Arkansas  
2/22/2017 Claim Status

The following action buttons will allow you to reply or trash this message.

reply send to trash

A response to your message will be displayed below.

These tabs will allow you to toggle between your Messaging Inbox, Sent and Deleted Messages.

Good Morning,

I, has been denied for timely filing on 4/28/16. If further assistance is needed, please contact a customer service representative below and a customer service representative will be happy to assist you.

ambetter.arhealthwellness.com  
877.617.0390

From: \_\_\_\_\_  
Date: 02/22/2017 03:10:00 CST  
User ID: \_\_\_\_\_  
Tax ID: \_\_\_\_\_

Member ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Checking the status of a claim for member. Date of service was 8/6/15 in the amount of \$90.00. Please advise.



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# Needing to Contact Us?





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# **Allwell from Arkansas Health and Wellness**

## Provider Services

Phone: 1-855-565-9518

TTY/TDD: 711

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



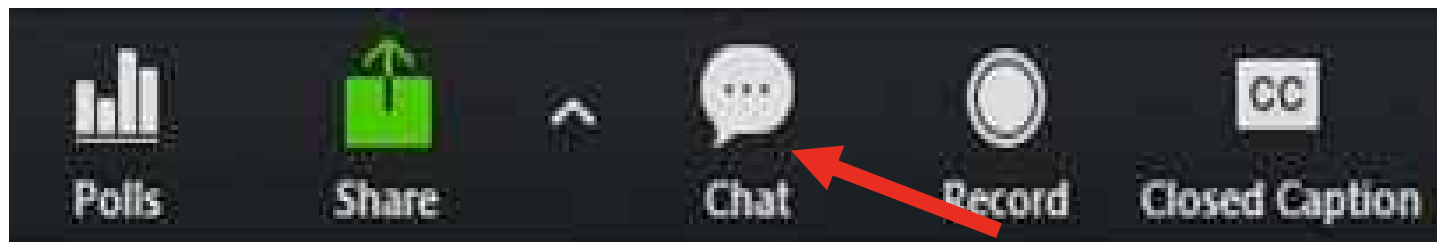
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# Questions

Please use the Chat feature to enter  
your questions



Thank you for joining!