



# Web Wizard for Home and Community Based Service Providers

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Please install and test the Zoom application  
before we begin today's webinar

# Who Should Use the Multiple Claim Submission Wizard?

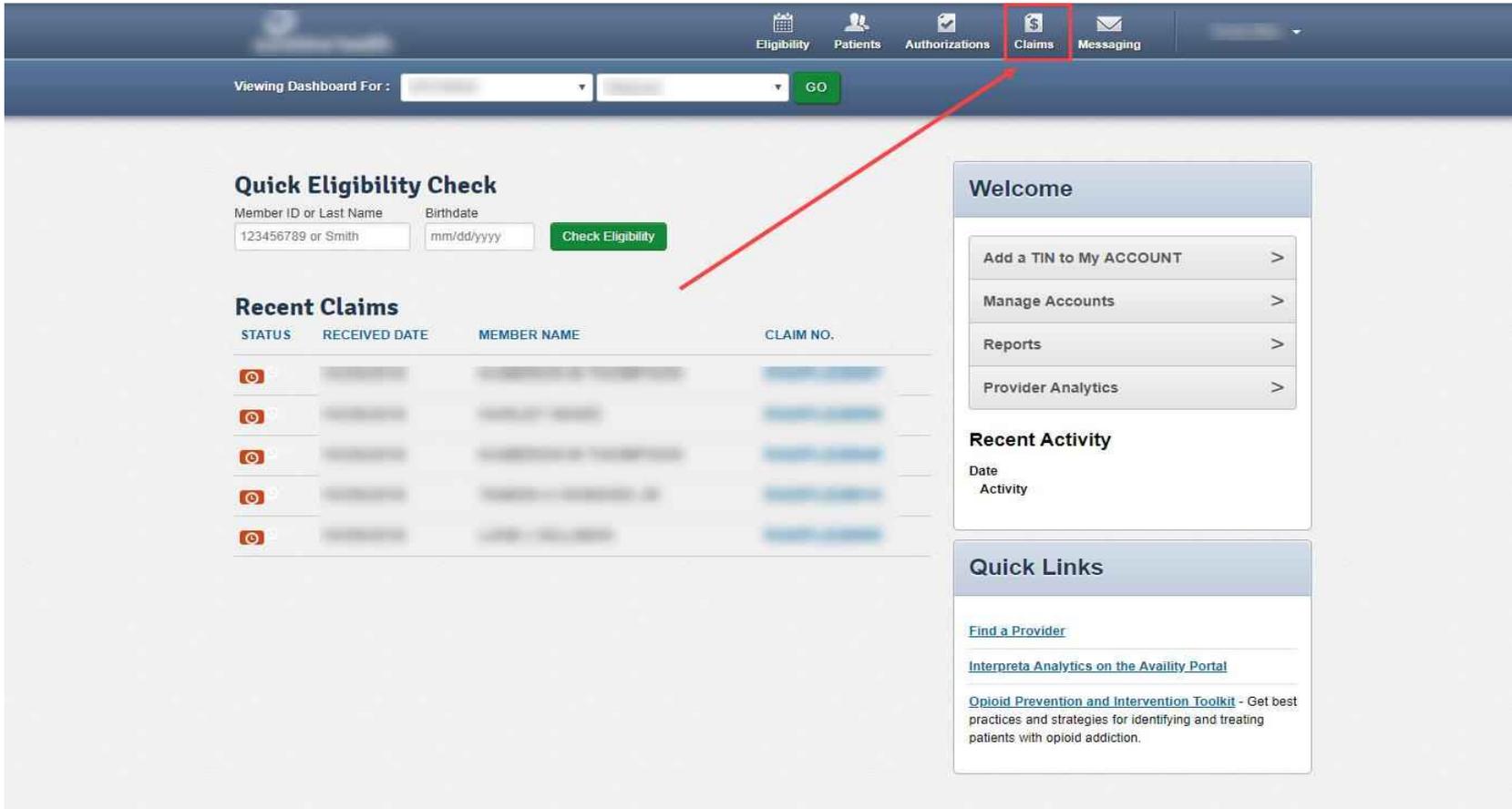


- Multiple Claim Submission Wizard is designed to be used by Home and Community Based Service Providers for billing services such as:
  - Adaptive Equipment
  - Community Transition Services
  - Consultation Services
  - Crisis Intervention
  - Environmental Modification
  - Personal Care Services
 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



# Accessing the Wizard

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



Viewing Dashboard For :

### Quick Eligibility Check

Member ID or Last Name:  Birthdate:

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.

### Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Provider Analytics >

### Recent Activity

Date  
Activity

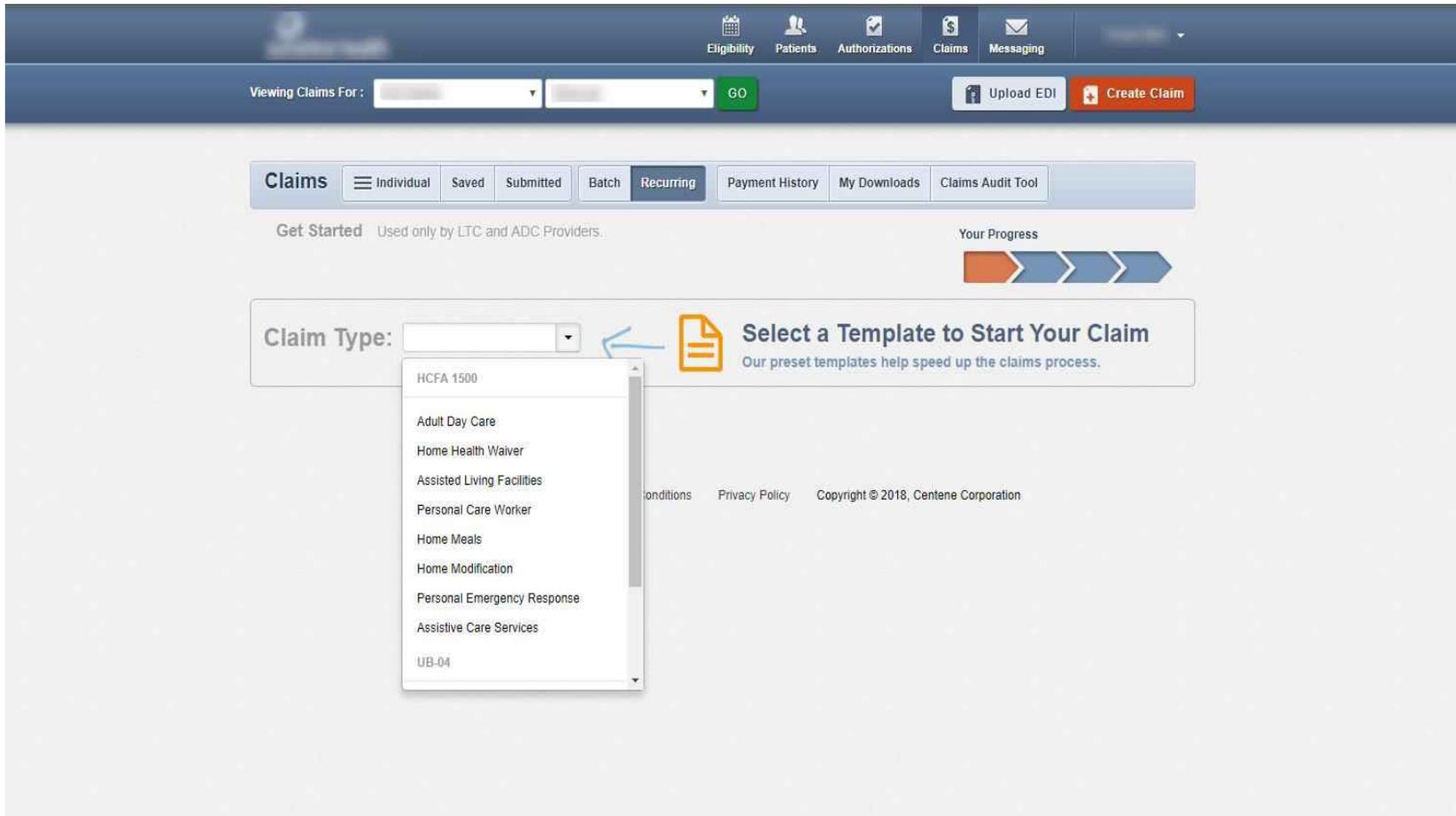
### Quick Links

- [Find a Provider](#)
- [Interpreta Analytics on the Availity Portal](#)
- [Opioid Prevention and Intervention Toolkit](#) - Get best practices and strategies for identifying and treating patients with opioid addiction.



# Select Template (HCFA 1500)

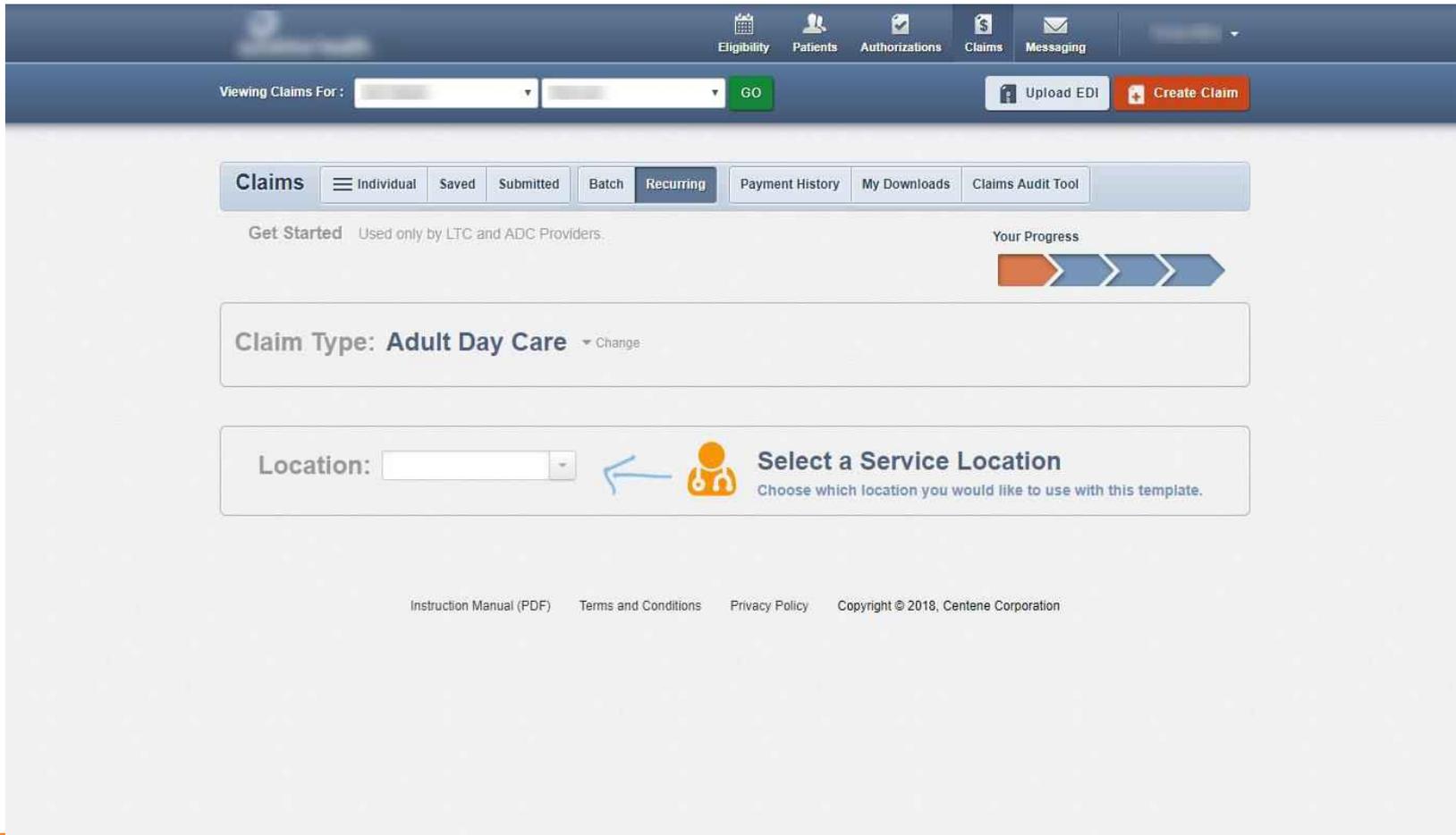
- Select a template to start your claim from the drop down



The screenshot displays the Arkansas Total Care claims management interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar for 'Viewing Claims For' with a 'GO' button and 'Upload EDI' and 'Create Claim' buttons. The main content area features a 'Claims' section with tabs for Individual, Saved, Submitted, Batch, Recurring, Payment History, My Downloads, and Claims Audit Tool. A 'Get Started' link is noted as '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 including HCFA 1500, Adult Day Care, Home Health Waiver, Assisted Living Facilities, Personal Care Worker, Home Meals, Home Modification, Personal Emergency Response, Assistive Care Services, and UB-04. A blue arrow points to the 'HCFA 1500' option. To the right of the dropdown, a callout box titled 'Select a Template to Start Your Claim' contains a document icon and the text 'Our preset templates help speed up the claims process.' At the bottom of the page, there are links for 'Conditions', 'Privacy Policy', and 'Copyright © 2018, Centene Corporation'.

# Service Location

- Select the desired address from the dropdown



The screenshot shows the 'Claims' management interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar for 'Viewing Claims For' with two dropdown menus and a 'GO' button. To the right are 'Upload EDI' and 'Create Claim' buttons.

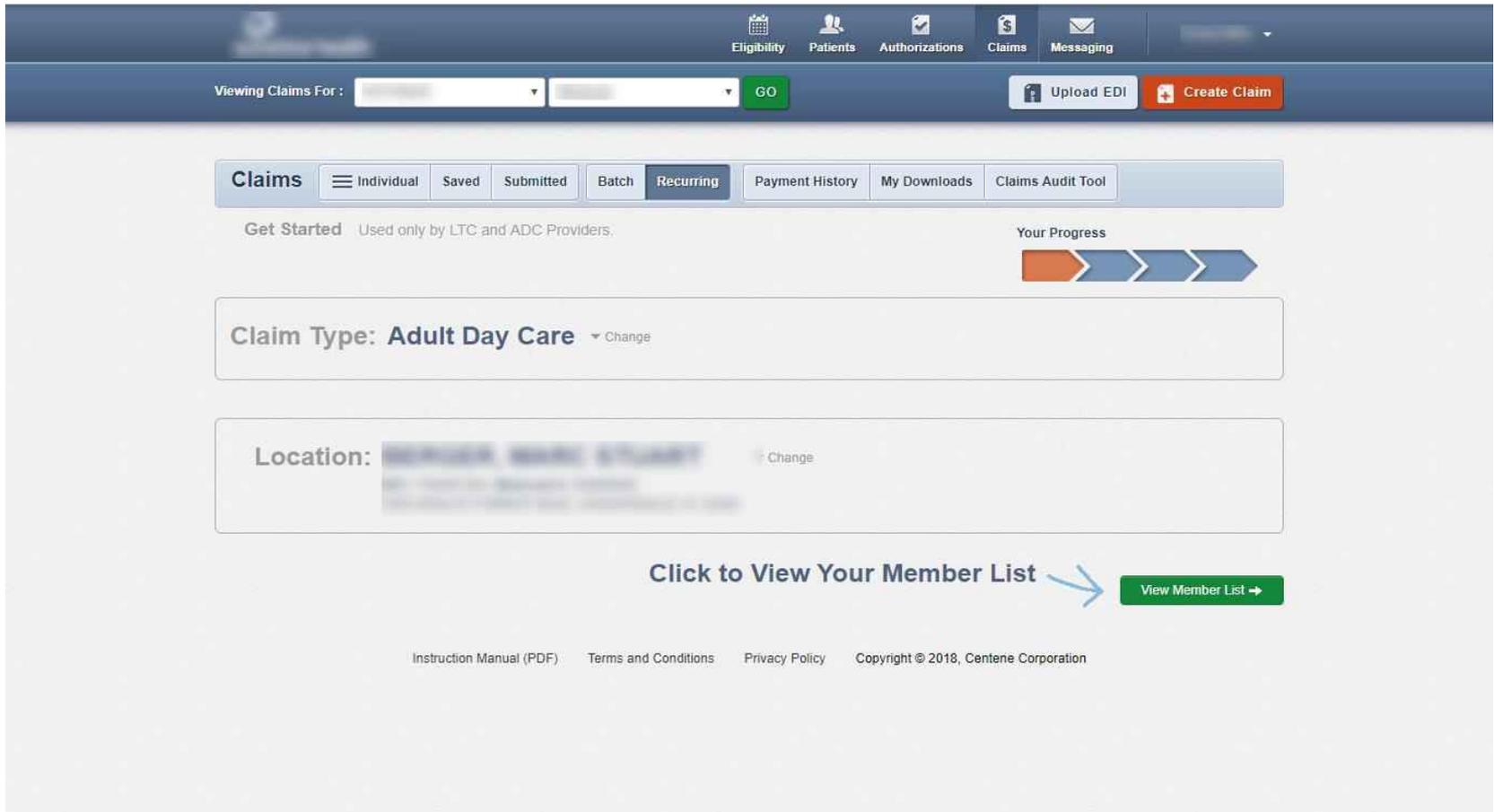
The main content area features a 'Claims' section with tabs for Individual, Saved, Submitted, Batch, Recurring, Payment History, My Downloads, and Claims Audit Tool. The 'Recurring' tab is selected. Below the tabs, there is a 'Get Started' link and a 'Your Progress' indicator showing a sequence of steps, with the first step highlighted in orange.

The 'Claim Type' is set to 'Adult Day Care' with a 'Change' link. Below this, the 'Location' field is empty, and a blue arrow points to a 'Select a Service Location' button. A note below the button reads: 'Choose which location you would like to use with this template.'

At the bottom, there are links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2018, Centene Corporation'.

# Member List

- Click to view your member list



The screenshot shows 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 is a search bar for "Viewing Claims For" with a "GO" button and "Upload EDI" and "Create Claim" buttons. The main content area features a "Claims" section with tabs for Individual, Saved, Submitted, Batch, and Recurring. Below the tabs, there is a "Get Started" section with a "Your Progress" indicator. The "Claim Type" is set to "Adult Day Care" and the "Location" is "MEMBER HOME STUART". A prominent green button labeled "View Member List" is highlighted with a blue arrow pointing to it.

Viewing Claims For :

**Claims**

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

**Claim Type: Adult Day Care**

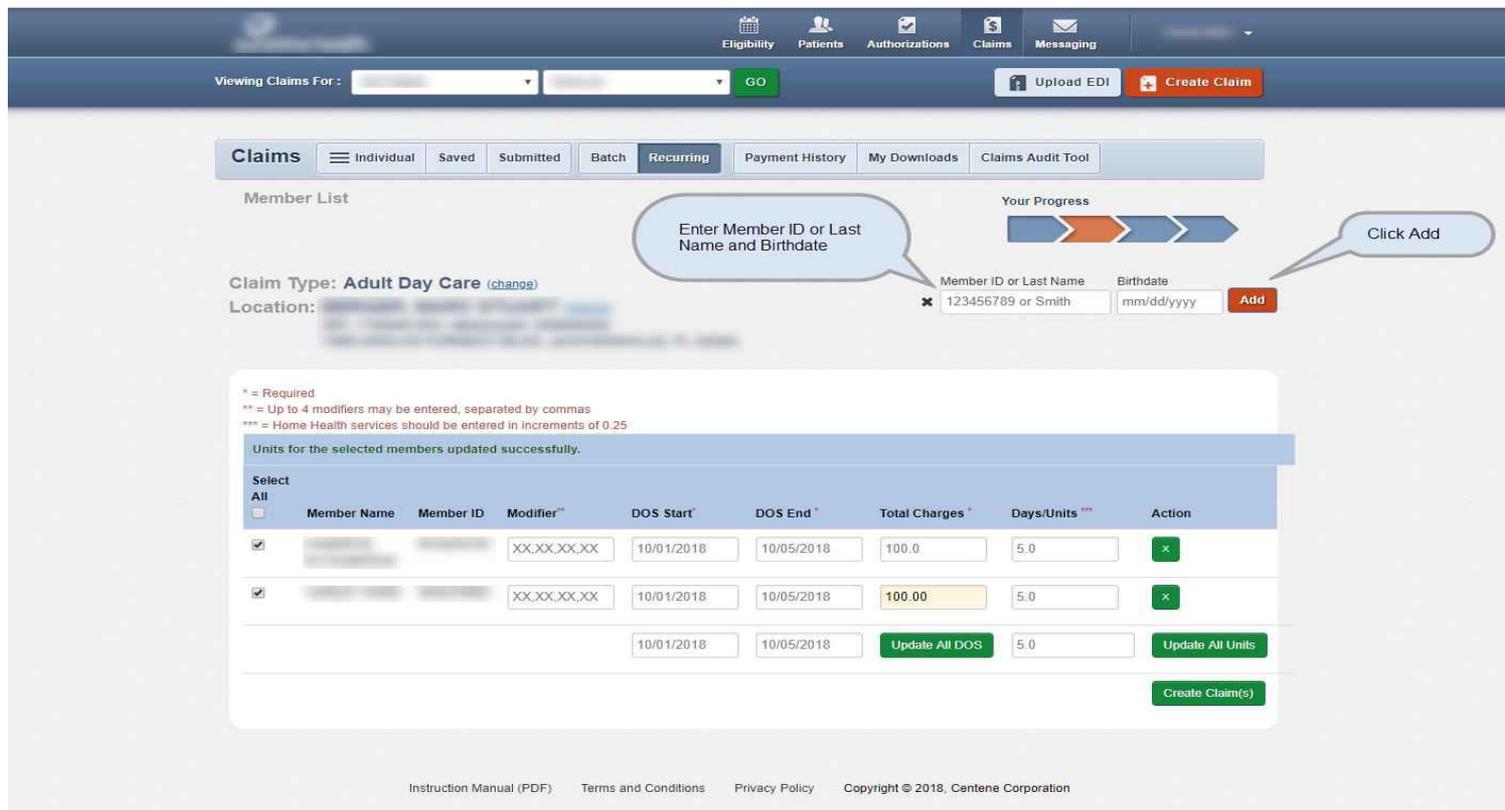
**Location: MEMBER HOME STUART**

**Click to View Your Member List**

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# Add Member

- Enter Member ID or Last Name and Birthdate
- Member ID is the Medicaid ID on the Member ID card
- Click Add Member



Viewing Claims For: [dropdown] [dropdown] **GO** **Upload EDI** **Create Claim**

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

Member List

Your Progress

Enter Member ID or Last Name and Birthdate

Claim Type: **Adult Day Care** (change)

Location: [blurred]

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy **Add**

Click Add

\* = Required  
 \*\* = Up to 4 modifiers may be entered, separated by commas  
 \*\*\* = Home Health services should be entered in increments of 0.25

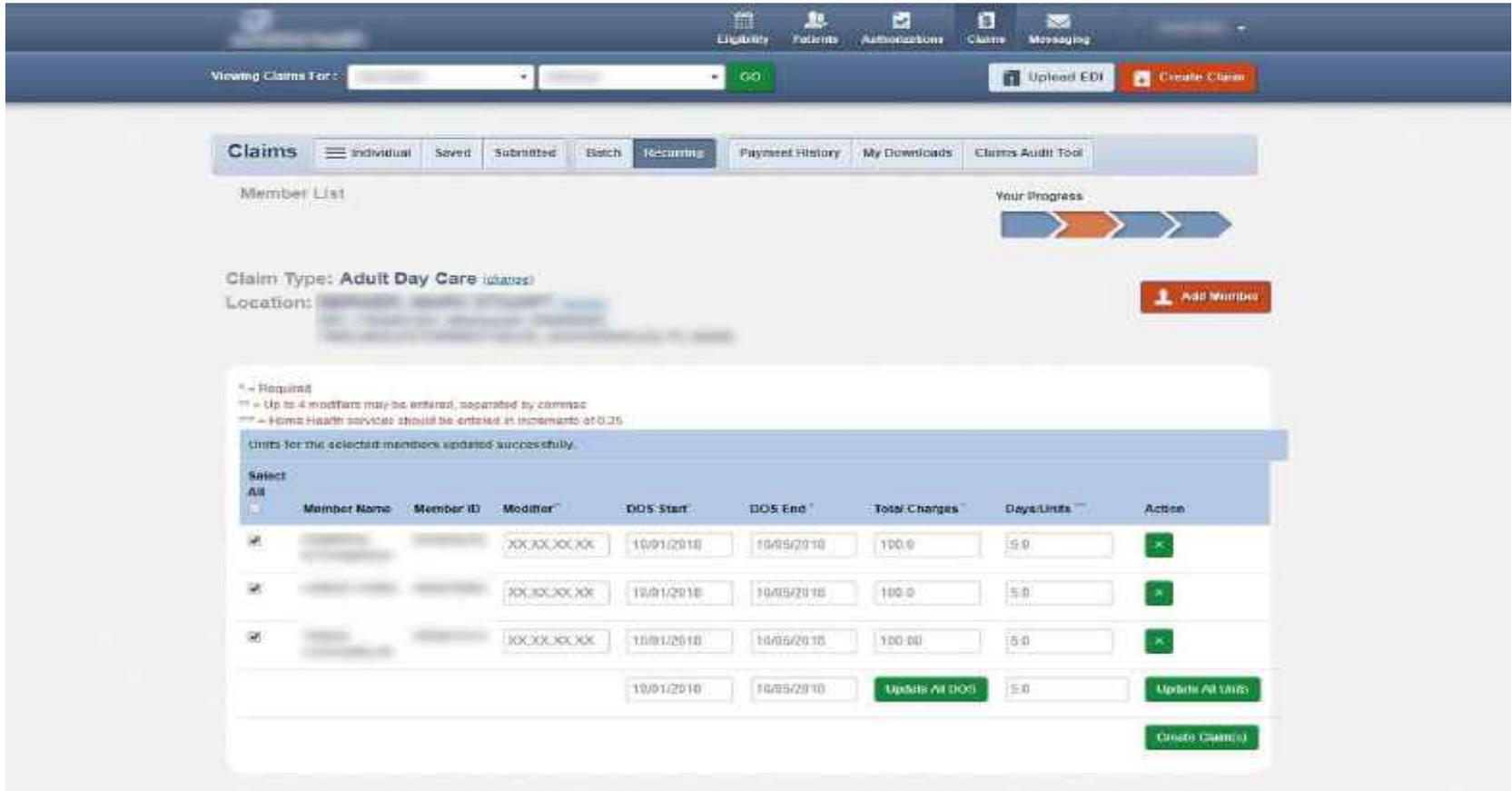
Units for the selected members updated successfully.

Select	Member Name	Member ID	Modifier*	DOS Start*	DOS End*	Total Charges*	Days/Units***	Action
<input checked="" type="checkbox"/>	[blurred]	[blurred]	XX,XX,XX,XX	10/01/2018	10/05/2018	100.0	5.0	<input type="button" value="x"/>
<input checked="" type="checkbox"/>	[blurred]	[blurred]	XX,XX,XX,XX	10/01/2018	10/05/2018	100.00	5.0	<input type="button" value="x"/>
				10/01/2018	10/05/2018	<input type="button" value="Update All DOS"/>	5.0	<input type="button" value="Update All Units"/>
								<input type="button" value="Create Claim(s)"/>

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# Remove Member From List

- Under “Actions” click the X to remove the member from your member list



The screenshot shows the 'Claims' section of the web portal. The 'Recurring' tab is selected, and a table of member claims is displayed. Each row in the table includes a checkbox for selection, member details, dates, charges, and a 'Days/Units' field. An 'Action' column contains a green 'X' icon for removing the member from the list.

**Claim Type:** Adult Day Care (030000)

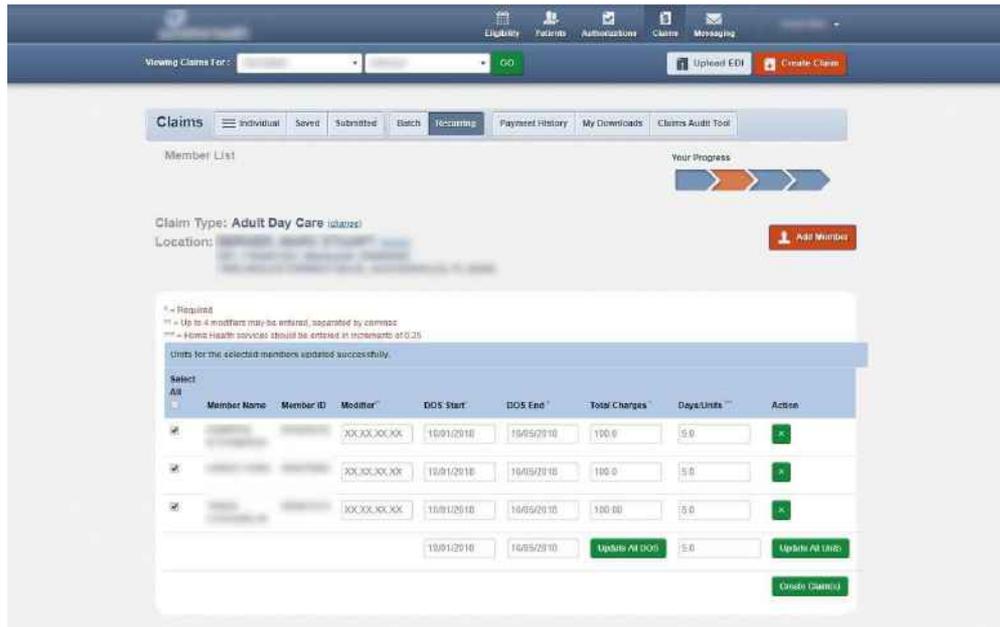
**Location:** [Redacted]

**Units for the selected members updated successfully.**

Select	Member Name	Member ID	Modifier <sup>**</sup>	DOS Start <sup>††</sup>	DOS End <sup>††</sup>	Total Charges <sup>††</sup>	Days/Units <sup>†††</sup>	Action
<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	XX,XX,XX,XX	10/01/2010	10/05/2010	100.00	5.0	X
<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	XX,XX,XX,XX	10/01/2010	10/05/2010	100.00	5.0	X
<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	XX,XX,XX,XX	10/01/2010	10/05/2010	100.00	5.0	X
				10/01/2010	10/05/2010	Update All DOS	5.0	Update All DARS Create Claims

# Create Claim(s) HCFA-1500

- 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

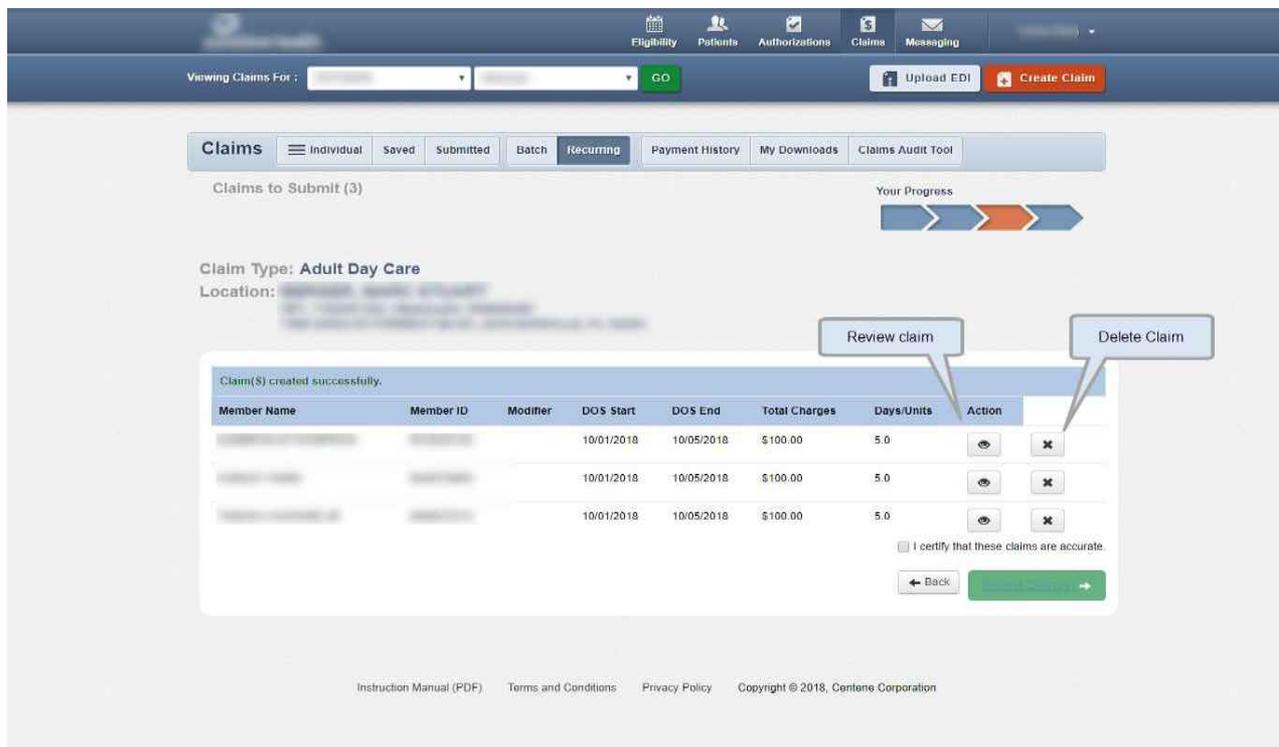


The screenshot shows the 'Claims' management interface. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar for 'Viewing Claims For:' and buttons for 'Upload EDI' and 'Create Claim'. The main section is titled 'Claims' and includes sub-tabs for Individual, Saved, Submitted, Batch, **Recording**, Payment History, My Downloads, and Claims Audit Tool. A 'Member List' section shows a progress bar. The 'Claim Type' is set to 'Adult Day Care (classes)' and there is an 'Add Member' button. A table below contains the following data:

Select	Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	XXXX,XXX,XX	10/01/2010	10/05/2010	100.00	5.0	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	XX,XXX,XX,XX	10/01/2010	10/05/2010	100.00	5.0	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	XXXX,XX,XX	10/01/2010	10/05/2010	100.00	5.0	<input checked="" type="checkbox"/>
				10/01/2010	10/05/2010		5.0	<input type="button" value="Update All DOS"/> <input type="button" value="Update All Units"/> <input type="button" value="Create Claim(s)"/>

# Review Claim

- To review your claim click on the action icon eye
- You can review the claim or change some fields
- 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 X to delete the claim



Viewing Claims For : [ ] [ ] GO Upload EDI Create Claim

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

Claims to Submit (3) Your Progress

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

Claim(S) created successfully.

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
[ ]	[ ]		10/01/2018	10/05/2018	\$100.00	5.0	[eye] [X]
[ ]	[ ]		10/01/2018	10/05/2018	\$100.00	5.0	[eye] [X]
[ ]	[ ]		10/01/2018	10/05/2018	\$100.00	5.0	[eye] [X]

I certify that these claims are accurate.

Back Next

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# 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 to Add New to add additional service lines to your claims

**Review Claim:** ✕

---

**Member Name:** [REDACTED]  
Member Account Number: [REDACTED]

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

Diagnosis Codes

---

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

From	To	Place	Proc	Diagnosis	Amount	Days/Units	Modifier	NDC
1								

**Providers**

Provider Type	Name	Tax ID	NPI	Member #	Taxonomy	Address
Billing Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Service Facility Location	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[Close](#)

# Adding Service Lines/Changing Claim Fields

- Click on Action icon after your claim has been successfully created
- You can either edit the existing line or select Add New to add additional service lines to our claims

**Review Claim:**

---

**Member Name:** [REDACTED]  
 Member Account Number: [REDACTED]

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

**Diagnosis Codes**

---

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

From	To	Place	Proc	Diagnosis	Amount	Days/Units	Modifier	NDC
1								

**Providers**

Provider Type	Name	Tax ID	NPI	Member #	Taxonomy	Address
Billing Provider	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Service Facility Location	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

[Close](#)

# Edit Service Lines

- Enter the new from and to dates, amount and days/units
- Click the green add 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](#)

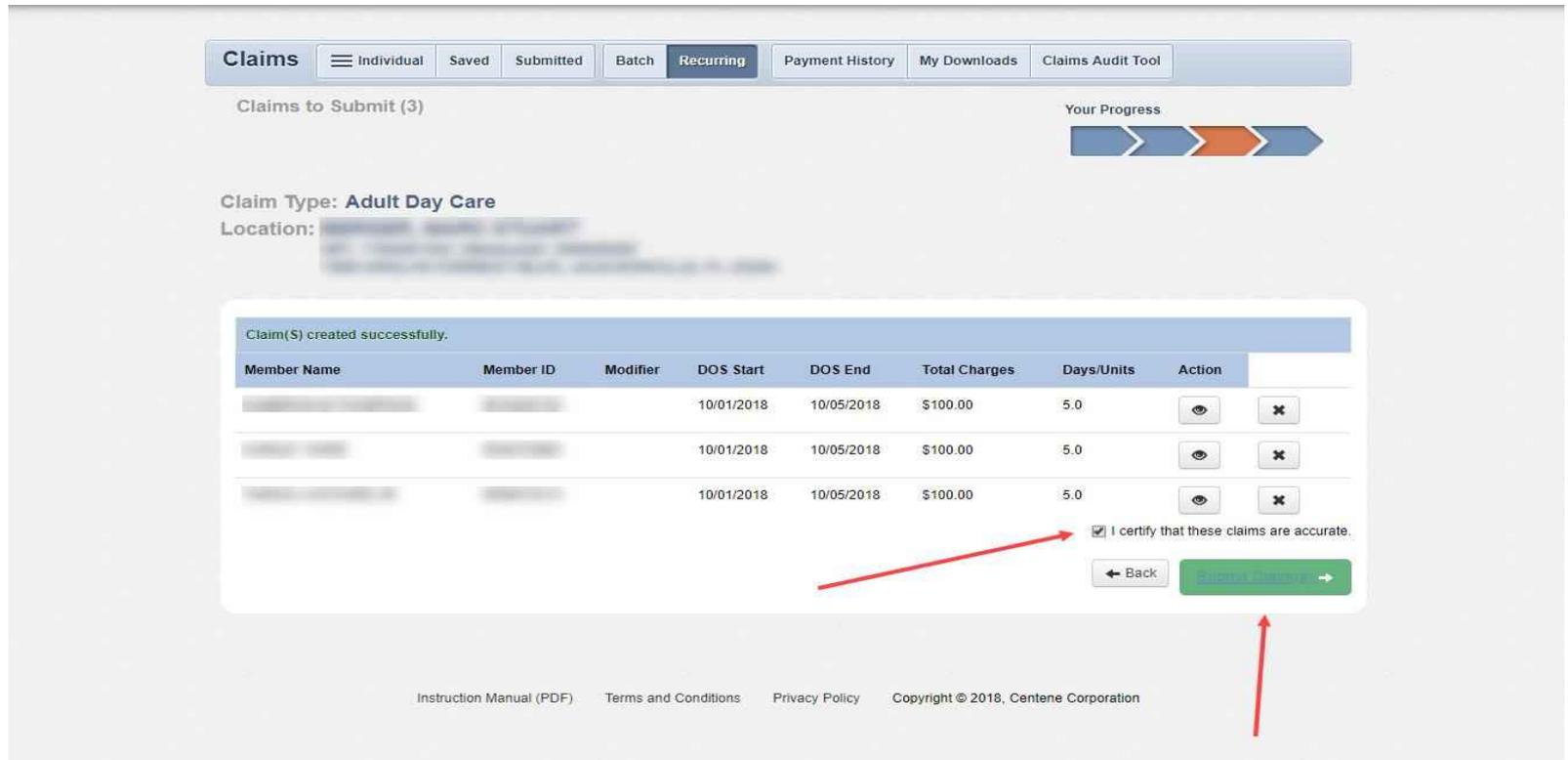
Enter maximum of 50 service lines.

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

From	To	Place of Service	Procedure Code	Diagnosis
05/01/2016	05/31/2016	99	S5102	R6889
Amount	Days/Units	Modifier**	NDC	
100	1	XX,XX,XX,XX	NDC	

# Certify Claim(s)

- Once you've completed adding additional service line(s) check certification box and click Submit claims



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

Claims to Submit (3) Your Progress 

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

Claim(S) created successfully.

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
			10/01/2018	10/05/2018	\$100.00	5.0	 
			10/01/2018	10/05/2018	\$100.00	5.0	 
			10/01/2018	10/05/2018	\$100.00	5.0	 

I certify that these claims are accurate.

[← Back](#) [Submit Claims →](#)

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# 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

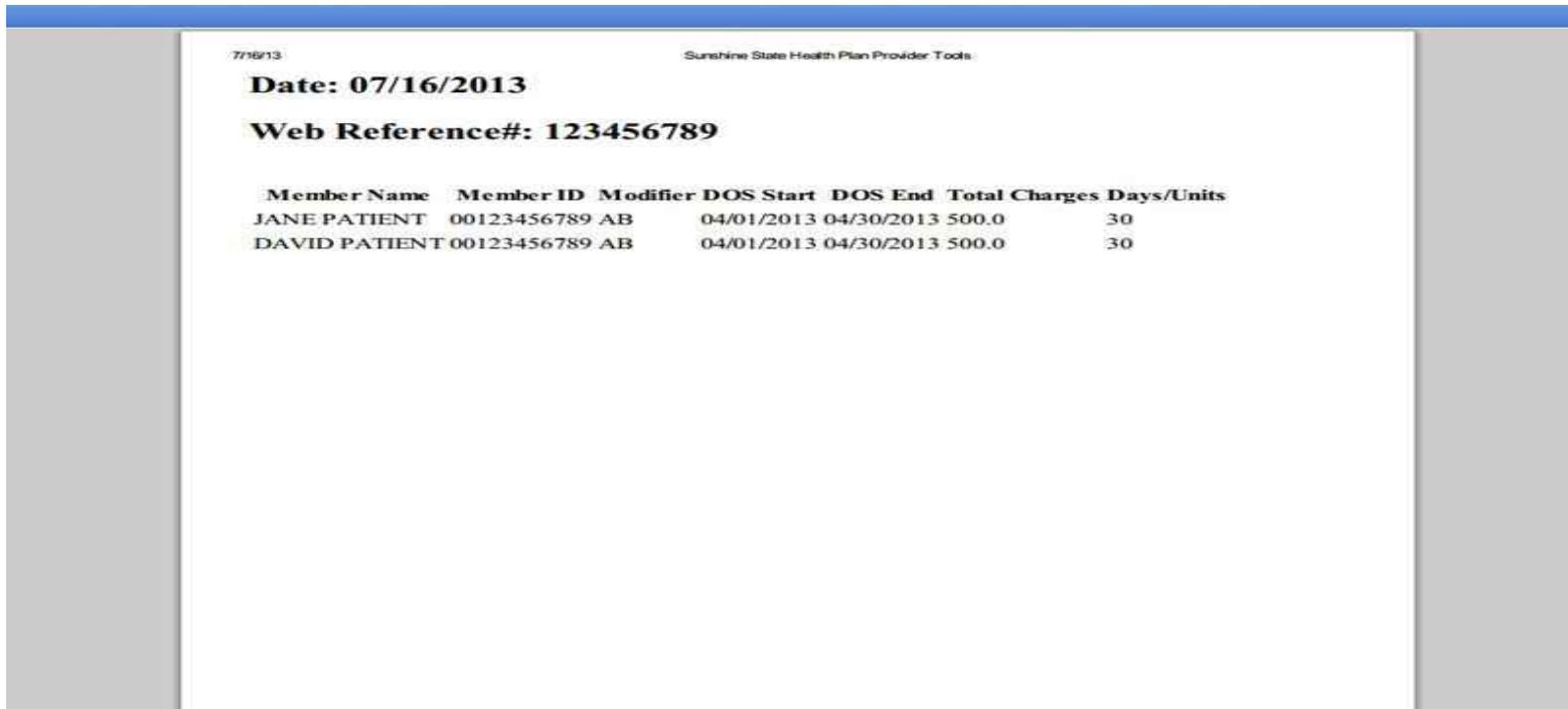
Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units
JANE PATIENT	00123456789	AD	04/01/2013	04/30/2013	500.0	30
DAVID PATIENT	00123456790	AD	04/01/2013	04/30/2013	500.0	30

[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

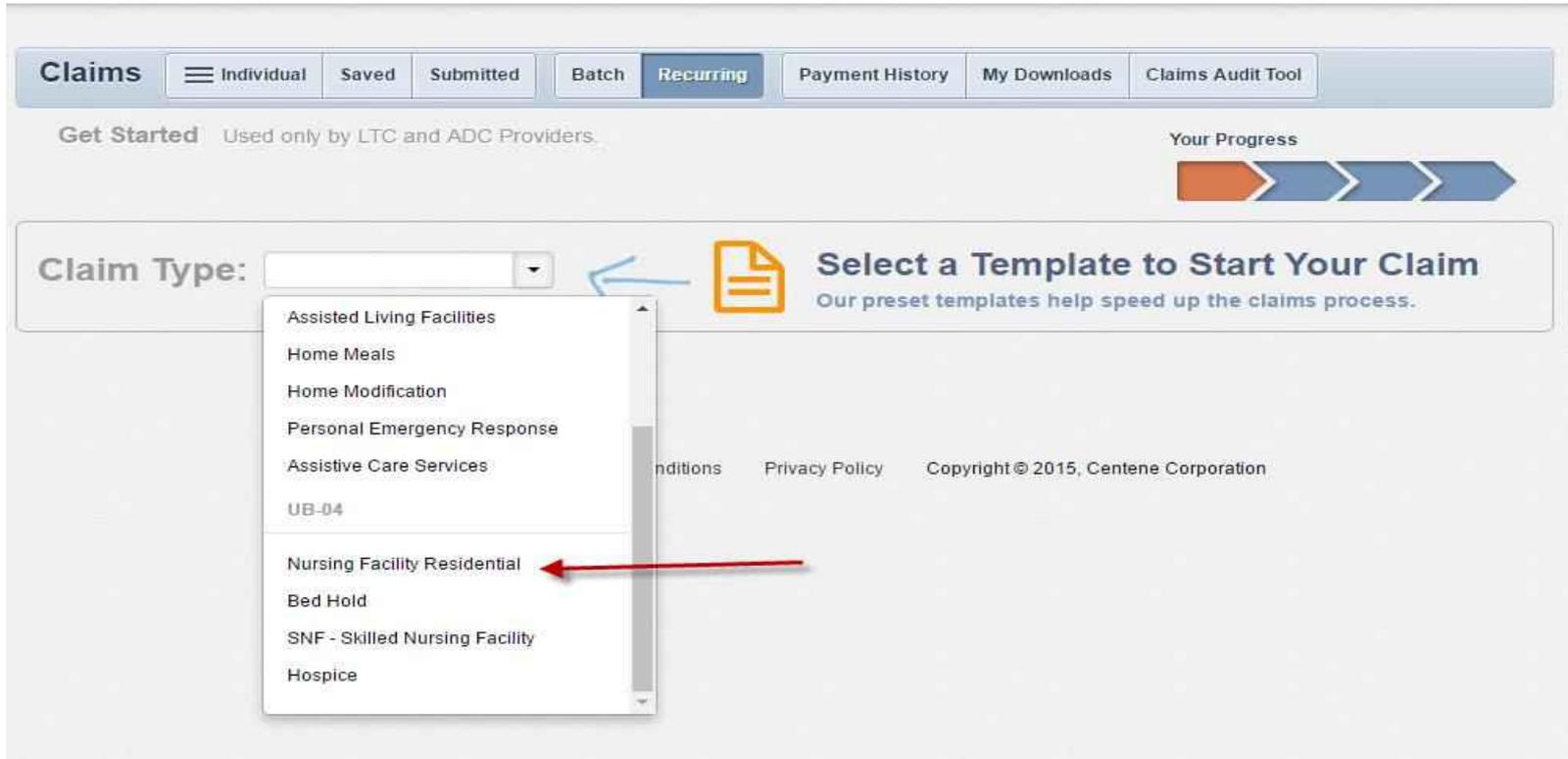
**Date: 07/16/2013**

**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

# Select Template (UB-04)

- Select a Template to Start Your claim from the drop down
- The template is designed to speed up the claim submission process and contains pre-coded claim data



The screenshot displays the 'Claims' management interface. At the top, there is a navigation bar with tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring', 'Payment History', 'My Downloads', and 'Claims Audit Tool'. Below this, a 'Get Started' section indicates the user is 'Used only by LTC and ADC Providers' and shows a 'Your Progress' indicator with three arrows. The main content area features a 'Claim Type:' dropdown menu. A blue arrow points to the dropdown arrow, and a red arrow points to the 'Nursing Facility Residential' option. To the right, a document icon is accompanied by the text 'Select a Template to Start Your Claim' and 'Our preset templates help speed up the claims process.' At the bottom, there are links for 'Conditions', 'Privacy Policy', and 'Copyright © 2015, Centene Corporation'.

# Service Location

- Select the desired service address from the dropdown

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

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

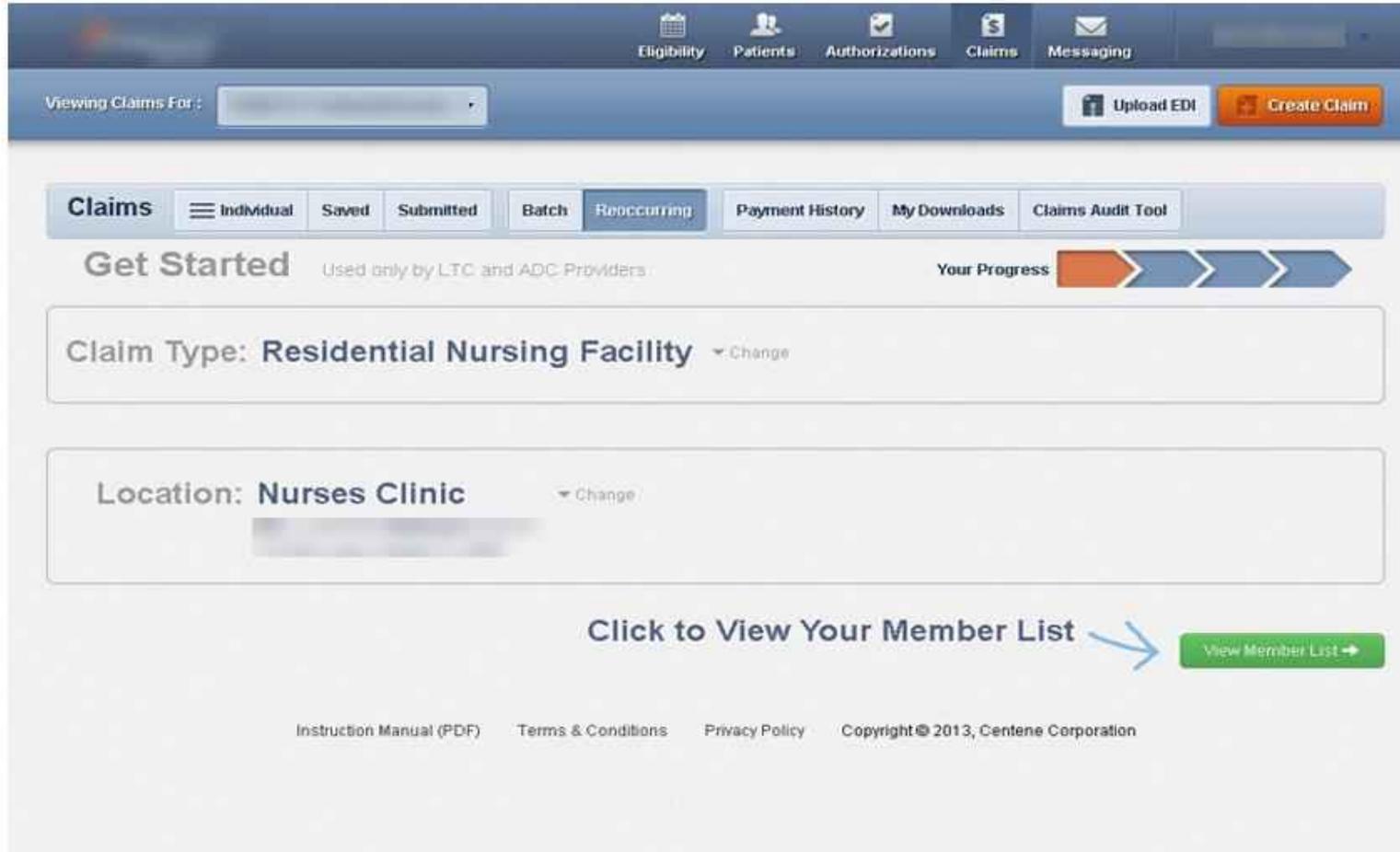
**Claim Type: Nursing Facility Residential** ▼ Change

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

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# Member List

- View Member List



The screenshot displays the Arkansas Total Care web portal interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a section for 'Viewing Claims For:' with a dropdown menu and buttons for 'Upload EDI' and 'Create Claim'. A main menu for 'Claims' includes options like Individual, Saved, Submitted, Batch, Recurring, Payment History, My Downloads, and Claims Audit Tool. A 'Get Started' section is noted as 'Used only by LTC and ADC Providers' and includes a 'Your Progress' indicator with three arrows. Two input fields are visible: 'Claim Type: Residential Nursing Facility' and 'Location: Nurses Clinic', both with 'Change' links. A prominent call to action reads 'Click to View Your Member List' with a blue arrow pointing to a green 'View Member List' button. The footer contains links for 'Instruction Manual (PDF)', 'Terms & Conditions', 'Privacy Policy', and 'Copyright © 2013, Centene Corporation'.

# Add a Member

- The member list only needs to be created once during your first time using the Multiple Claims Submission Wizard.
- Enter Member ID or Last Name and Birthdate. Member ID is the Medicaid ID on the member ID card. Click on Add Member.

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

Member List

Your Progress: 

Enter Member ID or Last name and Member Birthdate

Claim Type: **Nursing Facility Residential** [\(change\)](#)

Location:

Member ID or Last Name:  Birthdate:  **Add**

\* = Required

**Member Added.**

Select	Member Name	Member ID	Bill Type*	DOS Start*	DOS End*	Rev Code*	Total Charges*	Serv Units*	Patient Liability*	Action
<input type="checkbox"/>	...	...	213	MM/DD/YYYY	MM/DD/YYYY	101	XX.XX	XXXX	XX.XX	<input type="checkbox"/>
<input type="checkbox"/>	...	...	213	MM/DD/YYYY	MM/DD/YYYY	101	XX.XX	XXXX	XX.XX	<input type="checkbox"/>
				MM/DD/YYYY	MM/DD/YYYY	<b>Update All DOS</b>		XXXX	<b>Update All Units</b>	
<b>Create Claim(s)</b>										

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# Verify Member Added

- You will see Member Added
- Under Actions click the X to remove a member from your list
- If a claim has already been submitted you can click on the page icon to view the last claim submitted for that member.

\* = Required

**Member Added.**

Select  
All

<input type="checkbox"/>	Member Name	Member ID	Bill Type*	DOS Start*	DOS End*	Rev Code*	Total Charges*	Serv Units*	Patient Liability*	Action
<input type="checkbox"/>	[REDACTED]	[REDACTED]	213	MM/DD/YYYY	MM/DD/YYYY	101	XX.XX	XXXX	XX.XX	X
<input type="checkbox"/>	[REDACTED]	[REDACTED]	213	MM/DD/YYYY	MM/DD/YYYY	101	XX.XX	XXXX	XX.XX	X
<input type="checkbox"/>	[REDACTED]	[REDACTED]	213	MM/DD/YYYY	MM/DD/YYYY	101	XX.XX	XXXX	XX.XX	X

MM/DD/YYYY MM/DD/YYYY  XXXX

# Create a Claim(s) 1450 UB

- For each member selected enter the:
  - Bill Type
  - First date of service (DOS Start)
  - Last date of service (DOS End)
  - Rev Code (Revenue Code)
  - Total charges
  - Service Units (days or service units)
  - Patient Liability

\* = Required

Member Added.

Select

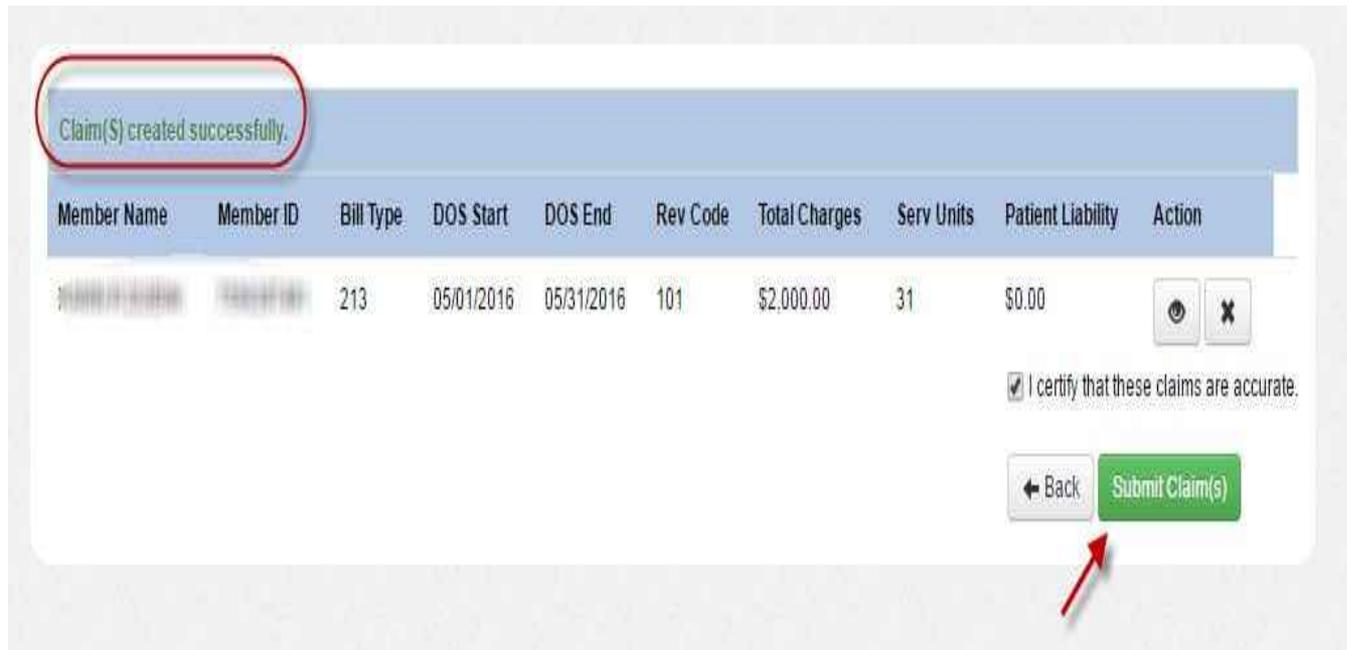
All

<input type="checkbox"/>	Member Name	Member ID	Bill Type*	DOS Start*	DOS End*	Rev Code*	Total Charges*	Serv Units*	Patient Liability*	Action
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	213	05/01/2016	05/31/2016	101	2000	31	0	<input type="button" value="x"/>
<input type="checkbox"/>	[REDACTED]	[REDACTED]	213	MM/DD/YYYY	MM/DD/YYYY	101	XX.XX	XXXX	XX.XX	<input type="button" value="x"/>
<input type="checkbox"/>	[REDACTED]	[REDACTED]	213	MM/DD/YYYY	MM/DD/YYYY	101	XX.XX	XXXX	XX.XX	<input type="button" value="x"/>
				MM/DD/YYYY	MM/DD/YYYY	<input type="button" value="Update All DOS"/>	XXXX	<input type="button" value="Update All Units"/>		
										<input type="button" value="Create Claim(s)"/>

*Note: A red circle highlights the DOS Start, DOS End, Rev Code, Total Charges, Serv Units, and Patient Liability columns. A red arrow points to the 'Create Claim(s)' button.*

# Certify Claim(s)

- Certify the claims being submitted are accurate
- You can review claims prior to submitting. (Refer to Review Claim and Add Service Line from above) After all the claims have been reviewed for accuracy, select “I certify that these claims are accurate” and click Submit Claims.



Claim(s) created successfully.

Member Name	Member ID	Bill Type	DOS Start	DOS End	Rev Code	Total Charges	Serv Units	Patient Liability	Action
XXXXXXXXXX	XXXXXXXXXX	213	05/01/2016	05/31/2016	101	\$2,000.00	31	\$0.00	 

I certify that these claims are accurate.

[← Back](#) [Submit Claim\(s\)](#)

# Success

- Success! Your claims have been submitted!

Success! Your claims have been submitted.

Date: 07/15/2013

Web Reference#: 123456789

Member Name	Member ID	Bill Type	DOS Start	DOS End	Rev Code	Serv Units	Total Charges
JANE PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0
DAVID PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0

Submit More Claims

Print

# Print Submitted Claims

- Click Print to print a copy of the claims submitted including the web reference #. Click Submit More Claims to request a new template or move on to other functions.

<b>Date: 07/15/2013</b>							
<b>Web Reference#: 123456789</b>							
<b>Member Name</b>	<b>Member ID</b>	<b>Bill Type</b>	<b>DOS Start</b>	<b>DOS End</b>	<b>Rev Code</b>	<b>Serv Units</b>	<b>Total Charges</b>
JANE PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0
DAVID PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0

# Arkansas Total Care

## Provider Services

Phone: 1-866-282-6280

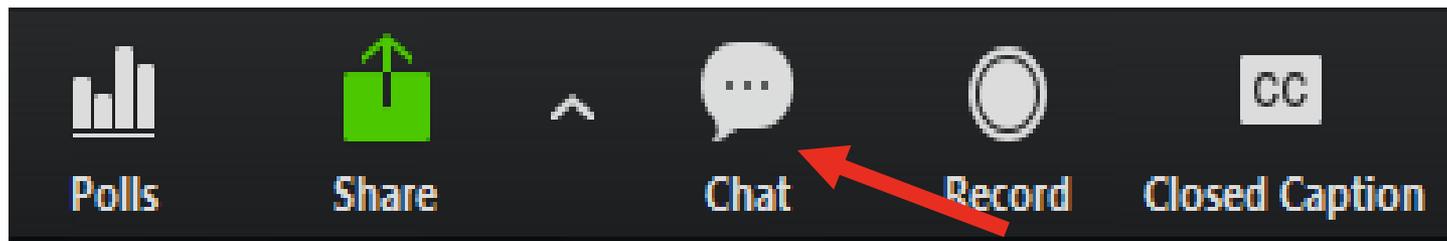
Website: [arkansastotalcare.com](http://arkansastotalcare.com)

Email inquiries to:

[Providers@ArkansasTotalCare.com](mailto:Providers@ArkansasTotalCare.com)

# Questions

Please use the Chat feature to enter  
your questions



# Thank you