



PASSE Provider Q2 Overview and Updates

June 5, 2019

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 Total Care has produced this material as an informational reference for providers furnishing services in our contract network 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 Total Care:
 - ✓ <https://www.arkansastotalcare.com/providers.html>

For Providers

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

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

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

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

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

Name *

Position Title *

Email *

Phone Number *

Group Name *

Group NPI

Tax ID

Submit

Login To Your Account

Access your secure provider information any time.

Login Now

Agenda

- Introductions
- Overview
- Provider Resources
- Secure Provider Portal
- Claim Submission Information
- Top Claim Rejections
- Important Reminders and Tips
- Contact Information

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Overview

What is A PASSE



- A PASSE is a Provider-led Arkansas Shared Savings Entity
- Created by Act 775
- DHS defines the PASSE as “A new model of Organized Care that will address the needs of certain Medicaid Beneficiaries who have complex behavioral health and intellectual and developmental disabilities service needs”
- Provider-led in that providers must own at least 51% of the new company
- To learn more about the PASSE program visit Medicaid’s website at: <https://humanservices.arkansas.gov/about-dhs/dms/passe>

Purpose of the PASSE

- To improve the health of Arkansans who have need of intensive levels of specialized care due to mental health, intellectual or developmental disabilities
- To link providers of physical health care with providers of behavioral health care and services for individuals with developmental disabilities
- To coordinate care for all community-based services for individuals with intensive levels of specialized care needs
- To reduce excess cost of care due to under-utilization and over-utilization of services
- To allow flexibility in the array of services offered to the population served
- To reduce costs by organizing care, not just by managing finances
- To increase the number of service providers available in the community to the population covered



OUR PURPOSE

Helping Arkansas Live Better

CORPORATE PHILOSOPHY

**Transforming the health of the community
one person at a time**

OUR MISSION

Better health outcomes at lower costs

OUR BRAND PILLARS

Focus on individuals + Active Local Involvement + Whole Health

OUR BELIEFS

- We believe in treating the whole person, not just the physical body.
- We believe treating people with kindness, respect and dignity empowers healthy decisions.
- We believe we have a responsibility to remove barriers and make it simple to get well, stay well and be well.
- We believe local partnerships enables meaningful, accessible healthcare.
- We believe healthier individuals create more vibrant families and communities.

About Arkansas Total Care



Arkansas Total Care is a newly formed partnership between Arkansas Health & Wellness, Mercy Health, and Lifeshare, Inc.

Mercy Health- Mercy operates 7 acute care, specialty care, and critical access hospitals in Arkansas, with additional facilities in Kansas, Missouri, and Oklahoma. Mercy provides primary and physical health services as well as behavioral and pharmacy services.

LifeShare- A licensed IDD and community-based provider in Arkansas, supporting people with Intellectual and Developmental Disabilities and other complex needs. For more than 20 years, LifeShare has created person-centered empowering programs and now works with other providers in manage care settings to collaboratively build programs that empower the lives of the people we collectively support.

Arkansas Health & Wellness- Arkansas Health & Wellness currently offers both Ambetter (a health insurance marketplace plan) and Allwell (a Medicare Advantage plan) in Arkansas. Arkansas Health & Wellness has a history of providing products and services for under/uninsured populations, employers, and self-employed groups. Through its corporate parent, Centene, Arkansas Health & Wellness also has over 30 years of experience supporting the community and those covered by Medicaid, including members with IDD and Behavioral Health needs.



PASSE Model Implementation



- There are two phases for Arkansas Medicaid’s implementation of this new model

	Phase I – 2018		Phase II - 2019
	Arkansas Total Care	AR Medicaid	Arkansas Total Care
Care Coordination Services	X		X
Benefits & Eligibility		X	X
Claims Processing		X	X
Prior Authorization		X	X
Utilization Management		X	X
Case Management		X	X
Network Contracting	X		X
Provider Network		X	X

Provider Resources

Provider Webinars

FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Login

Become a Provider

Pharmacy

Provider Webinars

Provider Resources 

Provider News

Grievance and Appeals

PASSE Town Hall Webinar

Provider Webinars

This Provider Webinar Series offers the providers and their office staff the opportunity to learn from subject matter experts. Participants can ask questions about current topics and best practices. Registration is free and each webinar will be approximately one hour in length.

2019 Q1 Provider Webinar

When: March 6th, 2019 at 10 AM and 3 PM (CST)**Where:** Online session**Summary:** This webinar covers a general overview of ARTC, the PASSE model, billing, our provider portal, and contact information.

Web Wizard For Home And Community Based Service Providers

When: March 8th, 2019 at 3:00 PM-4:00 PM (CST)**Where:** Online session**Summary:** This webinar covers a general overview of Web Wizard.*Webinars **

Please choose which webinar(s) you would like to attend. Registration ends one hour before the scheduled class time.

*First Name ***Last Name **

Provider Resources



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Provider Webinars

Provider Resources 

Clinical & Payment Policies

Pre-Auth Check

Provider News

Grievance and Appeals

QI Program 

Provider Resources

Arkansas Total Care provides the tools and support you need to deliver the best quality of care.

Reference Materials

- [Provider Newsletter - Q1 2019 \(PDF\)](#)
- [2019 Provider Manual \(PDF\)](#)
- [Quick Reference Guide \(PDF\)](#)
- [Payspan \(PDF\)](#)
- [Secure Portal \(PDF\)](#)
- [Provider Education Member ID Card \(PDF\)](#)
- [Prior Authorization Guide \(PDF\)](#)
- [Incident Report \(PDF\)](#)

Medical Management

- [Pre-Auth Needed?](#)
- [Inpatient Prior Authorization Fax Form \(PDF\)](#)
- [Outpatient Prior Authorization Fax Form \(PDF\)](#)

Quick Reference Guide

Quick Reference Guide

Simplify Office Administrative Tasks



Keep our Quick Reference Guide nearby to make pre-visit planning and post-visit tasks quick and easy.

Website: ArkansasTotalCare.com

- Patient care forms
- Pre-Auth Needed tool
- Arkansas Total Care News
- Provider Manual
- Preferred Drug List
- Member resources

Secure Provider Portal: Provider.ArkansasTotalCare.com

- Verify member eligibility
- Access patient health records
- View patient gaps
- Manage prior authorizations
- Submit and manage claims
- And more!

Member ID Card



SAMPLE CARD FRONT

- Product Name:** arkansas total care.
- PASSE Logo:** PASSE An Arkansas Medicaid Program
- Pharmacy Information:** RX: ENVOLVE PHARMACY SOLUTIONS
1-800-460-8988
RXBIN: 004336
RXPCN: MCAIDADV
RXGRP: RX5476
PHARMACY HELP DESK: 1-855-266-2596
- Member Information:** NAME: <JANE DOE>
MEMBER ID#: XXXXXXXXXXXX
- 24/7 Nurse Advice Line Information:** If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Arkansas Total Care's 24/7 nurse advice line at 1-866-282-6280.

SAMPLE CARD BACK

- Important Contact Information:** IMPORTANT CONTACT INFORMATION: Member Services: 1-866-282-6280
TTY/TDD: 711, 24/7 Nurse Advice Line: 1-866-282-6280, Vision: 1-844-280-6792
- Medical Claims Address:** MEDICAL CLAIMS:
EDI Payer for Medical Claims 68069
Arkansas Total Care
Attr: Claims
P.O. Box 8020
Farmington, MD 63640
- Vision Claims Address:** VISION CLAIMS:
EDI Payer for Vision Claims 56190
Involve Benefit Options
Attr: Claims
PO Box 7548
Rocky Mount, NC 27804
- Provider Services Information:** PROVIDERS:
Provider Services: 1-866-282-6280
IVR Eligibility Inquiry - Prior Auth: 1-866-282-6280
Vision: 1-844-280-6792

EDI/EFT/ERA please visit Provider Resources at ArkansasTotalCare.com

Do You Need a Prior Authorization?



Inpatient Services

Acute Facility	YES - PA Needed
Residential Treatment Facility	YES - PA Needed
Intermediate Care Facility	YES - PA Needed

Outpatient & Prescription Services

IDD Waiver services with existing authorizations from AR Medicaid (end dates are extended to 12/31/2019)	NO - PA Not Needed
All other outpatient services & prescriptions with existing authorizations from AR Medicaid (end dates are extended to 8/31/2019)	NO - PA Not Needed
All new services & prescriptions that are not included in an existing authorizations from AR Medicaid	YES - PA Needed
Non-waiver authorized services that member will exhaust prior to 9/1/2019	YES - PA Needed

Pre-Auth Check Tool

- Pre-Auth Needed Tool- Check to see if a service needs a Prior Authorization
- You will need to answer 6 questions with the radio buttons before the box to enter your code will appear
- Once your code is entered, you will see a green N for no auth required, a red Y for auth required, or a blue C for conditional.

FOR PROVIDERS

- Login
- Become a Provider
- Pharmacy
- Provider Webinars
- Provider Resources
- Clinical & Payment Policies
- Pre-Auth Check**
- Provider News
- Grievance and Appeals
- QI Program

Pre-Auth Check

Use our tool to see if a pre-authorization is needed. It's quick and easy. If an authorization is needed, you can access our login to submit online. For the best experience, please use the Pre-Auth tool in Chrome, Firefox, or Internet Explorer 10 and above.

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response

Vision Services need to be verified by Envolve Vision.
Dental Services are provided through Delta Dental or MCNA. Please verify.
Complex imaging, MRA, MRI, PET, and CT scans need to be verified by NIA

Non-participating providers must submit Prior Authorization for all services.
For non-participating providers, [Join Our Network](#).

Would this be Emergency or Urgent Care, Dialysis or are these family planning services billed with a contraceptive management diagnosis?

Yes No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Are anesthesia services being rendered for pain management?	<input type="radio"/>	<input type="radio"/>
Are oral surgeon services being rendered in the office?	<input type="radio"/>	<input type="radio"/>
Are chiropractic services being rendered?	<input type="radio"/>	<input type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	<input type="radio"/>	<input type="radio"/>
Are hospice services being provided?	<input type="radio"/>	<input type="radio"/>

Enter the code of the service you would like to check:

99213

C **99213 - OFFICE/OUTPATIENT VISIT EST**
Conditional Pre-authorization required for non-participating providers only.

To submit a prior authorization [Login Here](#).

Prior Authorization Turnaround Timeframes

Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices.

All out-of-network providers will be required to request a prior authorization for services performed starting 9/1/2019.

TURNAROUND TIME* FOR AUTHORIZATIONS:

Urgent Care	1 Business Day
Non-Urgent Care	2 Business Day
Prescription	24 Hours

**Turnaround time is based on receipt of all necessary information.*



All new requests for services (for new or existing members) should be checked using our **Pre-Auth Check Tool** on the website to quickly determine if a service requires prior authorization.

Please visit [ArkansasTotalCare.com](https://www.arkansastotalcare.com)

under For Provider, Provider Resources tab, Pre-Auth Check

Submit Prior Authorization

After you determine if a service requires authorization, submit via one of the following ways:



SECURE WEB PORTAL

PROVIDER.ARKANSASTOTALCARE.COM



PHONE

1-866-282-6280 (TDD/TTY: 711)

After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line. Notification of authorization will be returned phone, fax, or web.



FAX

1-833-249-2342

ARTC19-H-109

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Clinical and Payment Policies



Arkansas Total Care updated Clinical and Payment policies as of May 1, 2019. You can find the policies under Provider Resources tab.

The screenshot shows a website navigation menu on the left and a main content area on the right. The navigation menu has three tabs: "FOR MEMBERS", "FOR PROVIDERS", and "CONTACT US". Under the "FOR PROVIDERS" tab, a dropdown menu is open, listing several options: "Login", "Become a Provider", "Pharmacy", "Provider Webinars", "Provider Resources" (with a minus sign), "Clinical & Payment Policies" (highlighted with a green border), "Pre-Auth Check", "Provider News", "Grievance and Appeals", and "QI Program" (with a plus sign). The main content area is titled "Clinical & Payment Policies" and contains three expandable sections: "WHAT ARE CLINICAL POLICIES?", "WHAT ARE PAYMENT POLICIES?", and "Arkansas Total Care Policies". The "Arkansas Total Care Policies" section is further divided into three sub-sections: "ARTC CLINICAL POLICIES", "ARTC PAYMENT POLICIES", and "ARTC PHARMACY POLICIES". Each section has a plus sign icon to its right, indicating it can be expanded.

Provider Contracting

To join our network select 'Become A Provider' from the 'For Providers' tab on our website. You must currently be a participating Arkansas Medicaid provider.

FOR MEMBERS

FOR PROVIDERS

CONTACT US

FOR PROVIDERS

Login

Become a Provider

Pharmacy

Provider Webinars

Provider Resources 

Provider News

Grievance and Appeals

QI Program 

Become A Provider

Thank you for your interest in participating with Arkansas Total Care. We are excited for the chance to work with you to provide high-quality care.

If you are interested in joining our network call toll free 1-844-631-6830 or fill out the form below.

As a Arkansas Total Care provider, you can rely on:

- A comprehensive approach to care for your patients through disease management programs, healthy behavior incentives and 24-hour toll-free access to bi-lingual registered nurses
 - Initial and ongoing provider education through orientations, office visits, training and updates
 - A dedicated claims team to ensure prompt payment
 - Minimal referral requirements and limited prior authorizations
 - A dedicated provider relations team to keep you informed and maintain support in person, by email or by phone
 - The ability to check member eligibility, authorization and claims status online
- Healthcare collateral for your patients (e.g., information about our benefits and services) and educational displays for your office

Legal Practice Name or DBA *

Specialty *

Practice Address *

Secure Provider Portal

Account Creation



A screenshot of the Arkansas Total Care website. The top navigation bar includes links for "Features", "Join Our Network", and "CREATE ACCOUNT". The main content area is titled "The Tools You Need Now!" and lists three services: "Check Eligibility", "Authorize Services", and "Manage Claims". A "Login" form is overlaid on the right side, with fields for "User Name (Email)" and "Password", and a "Login" button. Below the login form, there is a section titled "Need To Create An Account?" with a "Create An Account" button circled in red. Below this, there is a "How To Register" section with links for "Provider Registration Video" and "Provider Registration PDF".

Secure Provider Portal:

- Verify member eligibility
- Submit and view status for claims
- Submit authorizations
- View status for authorizations – **Coming Soon**
- View detailed patient list once members are assigned a PCP – **Coming Soon**
- 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 →

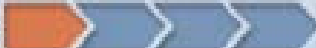
Error Message



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

 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 [toloq](#) 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.

Account Setup



Register Provider

Your Progress

[Cancel](#)

Registering Provider 552128865 at anwaly@arkens.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:

Question 2: What is your favorite pet's name?

Answer:

Question 3: What is your mother's maiden name?

Answer:

Contact Information:

Telephone Number:

Fax Number:

[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 at [call \(866\) 277-7777](#) for additional assistance.

[Login](#)

Ready to Login






arkansas
total care™

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](#)

Quick Eligibility Check



Viewing Dashboard For:

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.

Recent Claims

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

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.

[PlaySpan Site](#)



Eligibility Results



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.

[Instruction Manual \(PDF\)](#) [Terms and Conditions](#) [Privacy Policy](#) Copyright © 2019, Centene Corporation

Eligibility Status – Not Found



Viewing Eligibility For : 123456789

Eligibility Check

Date of Service: 09/22/2016 Member ID or Last Name: [id/yyyy]

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"/>

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



Viewing Eligibility For : 123456789

Eligibility Check

Date of Service: 09/22/2016 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy [Check Eligibility](#) [Print](#)

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

[Remove](#)

Ineligible displays when the member's coverage has ended.

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

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

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](#)

PCP Information
UNASSIGNED P
[View PCP H](#)

EPSTD
[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.

Claim Submission Information

837 Billing Instructions NPI and AR Medicaid ID

- Arkansas Total Care (ARTC) providers must follow uniform billing guidelines for:
 - Electronic claim submission:
 - ✓ Professional or Institutional 837 ASC X12N Version 2010
 - Paper claim submission:
 - ✓ Professional CMS-1500
 - ✓ Institutional CMS-1450
- All providers are encouraged to bill electronically using their NPI and AR Medicaid ID number
- Atypical status allows the billing provider the option of submitting claims with their AR Medicaid ID number instead of a NPI
- Billing Provider is the provider or provider organization to which payment is intended to be made
 - Must be a health care or atypical service provider and must be enrolled with the AR Medicaid program
- Rendering Provider is the provider who performs the service(s)
- Reference Identification Qualifier 'G2' is used to report the AR Medicaid ID number

Billing Instructions HIPPA 5010 837

Professional – Billing Provider

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA	NM1	Billing Provider Name		If the Billing provider is an atypical provider who has not been issued or registered an NPI with AR Medicaid, DO NOT USE this Loop. Use Loop 2010BB and report AR Medicaid Provider ID in REF02 with Qualifier G2.
	NM109	Identification Code	<Billing Provider NPI Identifier>	Value is the provider NPI registered with AR Medicaid that corresponds to the AR Medicaid provider being reported in this Loop. If an atypical provider who has registered an NPI with AR Medicaid, report the NPI in this Loop.

2010BB	REF	Billing Provider Secondary Identification		This Loop is used to report the AR Medicaid Provider Number of the Billing Provider. Required if the Billing provider is an atypical provider who has not been issued or registered an NPI with AR Medicaid or if the provider uses a single NPI with multiple associated Medicaid IDs.
	REF01	Reference Identification Qualifier	<Reference Qualifier>	Value = G2, indicating Medicaid Provider Number will be submitted in REF02
	REF02	Reference Identification	<9-digit AR Medicaid Provider ID>	Value is the 9 digit AR Medicaid Provider Number

Billing Instructions HIPPA 5010 837 Professional – Rendering Provider

Loop ID	Reference	Name	Codes	Notes/Comments
2310B	NM1	Rendering Provider Name		Use this Loop to report the Rendering provider when appropriate.
	NM109	Identification Code	<NPI of Referring Provider>	Value is the provider NPI registered with AR Medicaid that corresponds to the AR Medicaid provider being reported in this Loop. If an atypical provider who was registered an NPI with AR Medicaid, report the NPI in this Loop.

2310B	REF	Rendering Provider Secondary Identification		This Loop is used to report the AR Medicaid Provider Number of the Rendering Provider. Required if the Rendering provider is an atypical provider who has not been issued or registered an NPI with AR Medicaid or if the provider uses a single NPI with multiple associated Medicaid IDs.
	REF01	Reference Identification Qualifier	G2	Value = G2, indicating Medicaid Provider Number will be submitted in REF02
	REF02	Reference Identification	<9-digit AR Medicaid Provider ID>	Value is the 9 digit AR Medicaid Provider Number

Billing Instructions for HIPPA 5010 837

Institutional Claims

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA	NM1	Billing Provider Name		If the Billing provider is an atypical provider who has not been issued or registered an NPI with AR Medicaid, DO NOT USE this Loop. Use Loop 2010BB and report AR Medicaid Provider ID in REF02 with Qualifier G2.
	NM109	Identification Code	<Billing Provider NPI Identifier>	Value is the provider NPI registered with AR Medicaid that corresponds to the AR Medicaid provider being reported in this Loop. If an atypical provider who has registered an NPI with AR Medicaid, report the NPI in this Loop.
2010BB	REF	Billing Provider Secondary Identification		This Loop is used to report the AR Medicaid Provider Number of the Billing Provider. Required if the Billing provider is an atypical provider who has not been issued or registered an NPI with AR Medicaid.
	REF01	Reference Identification Qualifier	<Reference	Value = G2, indicating Medicaid Provider Number will be submitted in REF02
	REF02	Reference	<9-digit AR Medicaid Provider ID> Identification	Value is the 9 digit AR Medicaid Provider Number

Claim Reminders

- DO NOT HOLD CLAIMS FOR PASSE MEMBERS
- All claims are to be submitted to the PASSE with a date of service March 1, 2019 or later
- Use our free, secure provider portal or your regular clearinghouse with our payer ID 68069
- If a member has Medicare primary you will initially need to submit those claims to Medicare. Once they have processed you will need to submit your claim to us with a copy of the remittance from Medicare.

Claim Submission Information

- **Electronic Claim (EDI):**
 - ANSI XS12N 837
 - Payer ID: 68069
- **Paper Claim:**
 - CM 1450 (UB-04) for hospitals & facilities
 - CMS 1500 (02-12) for physicians & practitioners
 - Attn: Claims PO Box 8020, Farmington, MO 63640-8020
- **Provider Portal**
 - Web Wizards (Home and Community Based Service Providers Only)
 - Online data entry
 - Batch upload

Timely Filing Guidelines

- 365 days from date of service
- Please include Provider Medicaid ID on all claims submissions (Provider Medicaid ID is required for Atypical providers but is also preferred for all providers)
- Providers who are out of network and haven't submitted claims with us in the past will need to send us a W9 so we can get you loaded in our system to ensure claim payment isn't delayed
- Please use the Provider Relations inbox to send us a copy of your W9 at providers@arkansastotalcare.com

Arkansas Total Care Claims Timely Filing Guidelines	
In-Network	Out of Network
365 days	365 days

Top Claim Rejections

Top Claim Rejections

	Rejection Description
1	Invalid or Missing Taxonomy Code
2	Invalid Mbr
3	Mbr not valid at DOS
4	Invalid Mbr DOB
5	Referring Provider Name should be used at claim level .
6	COB claim failed to balance : paid amount did not equal adjusted charge amount.
7	Claim Check or Remittance Date is required when claim has been adjudicated.
8	Payer ID should match to Other Payer Primary Identifier.
9	ZIP Code is invalid in Billing Provider City, State, ZIP Code.
10	Payer Claim Control Number is not used for first time submitted claim.

Important Tips and Reminders

Paper Claim Submission Reminder



- Please remember to include your AR Medicaid Provider ID on your claims submission.
- To submit Medical claims:
Mail paper claims to:
Arkansas Total Care
Attn: Claims
PO Box 8020
Farmington, MO 63640-8020
- To submit Vision claims:
Mail paper claims to:
Envolve Benefit Options
PO Box 7548
Rocky Mount, NC 72804
To submit vision claims electronically, use Change Healthcare *Payer ID*
#56190

Additional Reminders

- FQHC
 - Providers will not be reimbursed an encounter rate without a face-to-face encounter procedure code billed in addition to the T1015 procedure code.
- Therapy (OT/PT) Evaluations
 - 97161, 97162, and 97163 replace the single 97001 CPT code for physical therapy evaluation
 - 97165, 97166, and 97167 replace the single 97003 CPT code for occupational therapy evaluation
- Services not covered by PASSE, but are covered by Medicaid:
 - Nonemergency Medical Transportation (NET)
 - Dental benefits in a capitated program
 - School-based services provided by school employees

Revision Request to Supportive Living Waiver Plan



- Provider requesting for change in Waiver Services prior to Arkansas Total Care Personal Care Service Plan (PCSP) development must adhere to the following:
 - Provider must submit the following:
 - CES 703 Waiver PCSP Form:
 - ✓ https://humanservices.arkansas.gov/images/uploads/ddds/CES-703_Waiver_PCSP_Forms.docx
 - CES 110 Pro-Rated Staff Worksheets:
 - ✓ https://humanservices.arkansas.gov/images/uploads/ddds/CES-110_Pro-Rated_Staff_Worksheets.xlsx
 - Copy of narrative/revision summary
 - Change amount and include a justification:
 - ✓ This should include change requested and the reason for the change in order to support the request
- Submit all forms and documentation via fax at: 1-833-249-2342

PASSE Program Updates



DHS has heard your concerns, and we're taking action.

Important PASSE program updates you need to know:



WE
HEAR
YOU!

- **Open Enrollment** for 2019 will now be **October 1-31** only. This gives the PASSE networks time to grow so members know which PASSEs have signed with their preferred providers.
 - Between now and Open Enrollment, members can ask to change PASSEs "for cause" by calling **PASSE Beneficiary Support at 1-833-402-0672**.
 - Reminder: If you were a Forever Care member who was re-assigned, you still have until May 31 to change your PASSE.
- All PASSEs will extend the **transition period** to **September 1, 2019**.
 - This means your PASSE will continue to honor your plan of care as it is now, including continuing current authorizations.
 - During the coming months your care coordinator must meet with you to create your person-centered service plan. No changes can be made to your services until this happens.
- The PASSEs will pay all Arkansas Medicaid providers at an **"in-network rate"** through **September 1, 2019**, even if a provider is not in the PASSE's network.

//////
www.passe.arkansas.gov

EFT - Payspan

Electronic Funds Transfer

Payspan
A Faster, Easier
Way to Get Paid



Arkansas Total Care offers Payspan, a free solution that helps providers transition into electronic payments and automatic reconciliation.



Improve cash flow
by getting payments faster



Settle claims electronically
through Electronic Fund
Transfers (EFTs) and Electronic
Remittance Advices (ERAs)



**Maintain control over
bank accounts**
by routing EFTs to the bank
account(s) of your choice



**Match payments to
advices quickly**
and easily re-associate
payments with claims



Manage multiple payers,
including any payers that are
using Payspan to settle claims



**Eliminate re-keying of
remittance data**
by choosing how you want to
receive remittance details



Create custom reports
including ACH summary reports,
monthly summary reports, and
payment reports sorted by date

SET UP YOUR
**PAYSPAN
ACCOUNT**
.....TODAY.....

Visit Payspanhealth.com and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

Contact Information

Arkansas Total Care

Provider Services

Phone: 1-866-282-6280

Website: arkansastotalcare.com

Email inquiries to:

Providers@ArkansasTotalCare.com

Education Requests

Would you like training for you and your staff?

You can submit your requests to

Providers@ArkansasTotalCare.com



Contracting Department

Phone Number: 1-844-631-6830

Hours of Operation: 8am-4:30pm



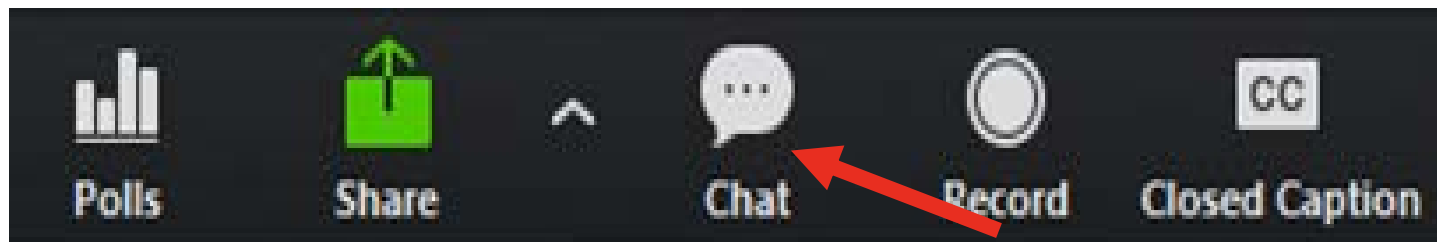
Provider Contracting Email Address:

ArkansasContracting@centene.com

Regular contracting inquiries and contract requests

Questions

Please use the Chat feature to enter your questions



Thank you for joining!