

Provider Portal: Submitting and Reviewing a Claim

ARMedicaid
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Home

Home

Tuesday 08/02/2016 10:30 AM CST

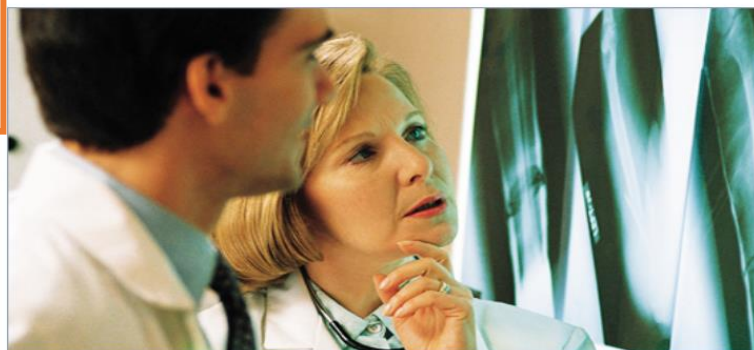
Login

*User ID

Log In
[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.


[FAQs](#)
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[Website Requirements](#)
[Provider Manual](#)

Protect Your Privacy!

Always log off and close all of your browser windows

Would you like to enroll as a Provider or a Trading Partner?

[Provider](#)
[Trading Partner](#)

Looking for a Doctor or Hospital near you?

[Search Providers](#)
DHS-703 form
[Fill out Medical Eligibility Application](#)
[Check Status of Medical Eligibility](#)

1. Go to the portal landing page and log in with the **User ID** and **password** previously created. If you do not have a User ID and password, click **Register Now** or see the JOB+AID "Registering on the Portal."

If you have already logged in, skip to step 2.



2

Home Eligibility **Claims** Care Management Provider Functions Files Exchange Resources

Home Tuesday 01/11/2022 09:40 AM CST

Provider Name PCP PROVIDER Role IDs Provider - In Network - 111111112 (NP)

Welcome Health Care Professional!

User Details

Welcome PCP Provider

[My Profile](#)

[Manage Accounts](#)

Provider

Name PCP PROVIDER

Provider ID 111111112 (NPI)

Revalidation Date 03/01/2022

[Characteristics](#)

Provider Services

[Search Payment History](#)

[MAPIR](#)

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Claims
Gainwell Technologies
PO BOX 8034
LITTLE ROCK, AR 72203

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

[Help us provide better service to you! Click here to give us your feedback](#)

[Authenticare Demo - For Personal Care Providers required to participate in Electronic Visit Verification](#)

2. From the “Welcome Health Care Professional” Home page, select the **Claims** tab.



For more information call **1-800-457-4454**





Home	Eligibility	Claims	Care Management	Provider Functions	Files Exchange	Resources
Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Search Payment History Maintain Favorite Providers Saved Claims						
Claims Thursday 03/25/2021 02:24 PM CST						
Provider Name PCP PROVIDER			Role IDs Provider - In Network - 111111112 (NF ▼)			
<div>Claims</div> <div>Search Claims</div> <div>Submit Claim Dental</div> <div>Submit Claim Inst</div> <div>Submit Claim Prof</div> <div>Search Payment History</div> <div>Maintain Favorite Providers</div> <div>Saved Claims</div>						

3. Select the type of claim form the data will be entered for: **Submit Claim Dental**, **Submit Claim Inst** (Institutional) or **Submit Claim Prof** (Professional).

You can also click **Search Claims** to search through claims you have previously submitted, or **Search Payment History** to search through your submitted claims that have already been paid.

NOTE: To find a claim that was previously entered, use the ICN or use the Member ID and DOS options.

Maintain Favorite Providers: The providers on this list will be available for selection as the Facility or Servicing provider when you are creating a claim. Up to 20 providers can be stored on your favorites list.

Save Claims: This function allows you to save a claim for later and resume where you left off. The claim will be saved for 90 days.

4a

Submit Professional Claim: Step 1

The * (in red) indicates required fields when the ADD button is selected.

Claim Type

Provider Information

Billing Provider ID
ID Type
Name

Taxonomy

Select from Favorites

Performing Provider ID
ID Type
Name
Add to Favorites ☐

Taxonomy

Select from Favorites

Referring Provider ID
ID Type
Name
Add to Favorites ☐

Taxonomy

Select from Favorites

Supervising Provider ID
ID Type
Name
Add to Favorites ☐

Taxonomy

Service Facility Location ID
ID Type
Name

Taxonomy

4a. • After selecting your claim type, enter the following information for **Step 1** as shown on the **Submit a Claim** screen. *Please note that all three claim options will lead to the following screens: for the purpose of this job aid, we will walk through a professional claim, which is the most common type of claim:*

- **Provider Information** (enter at least one of the following):
Performing Provider ID and ID Type, Referring Provider ID and ID Type, Supervising Provider ID and ID Type, Service Facility Location ID and ID Type



ARMedicaid

HEALTHCARE PORTAL

JOB+AID

NOTE: Performing providers (*also known as Rendering providers*) must enter their PIN or NPI number in the **Performing Provider ID** field.

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Professional

Provider Information

Billing Provider ID [] ID Type [] Taxonomy []

Performing Provider ID [] ID Type [] Taxonomy []

Referring Provider ID [] ID Type [] Taxonomy []

Supervising Provider ID [] ID Type [] Taxonomy []

Service Facility Location ID [] ID Type [] Name [] Taxonomy []

If there are multiple nine-digit provider IDs associated with the NPI, click the **magnifying glass** to select the correct one.

Provider ID Search

Search By ID Search By Name Search By Organization

The * (in red) indicates required fields when the ADD button is selected.

*Provider ID [] Provider ID Type []

Search Cancel

Search Results:

Provider ID	Provider Name	Provider Type	Zip Code
(NPI)		Physician MD	
(01/01/2017 - 12/31/2299)			
(Atypical/Medicaid ID)			
(01/01/2017 - 12/31/2299)			
(NPI)		Skilled nursing facility	
(04/01/2017 - 12/31/2299)			
(Atypical/Medicaid ID)			
(04/01/2017 - 12/31/2299)			
(NPI)		Hospital	
(04/01/2017 - 12/31/2299)			
(Atypical/Medicaid ID)			
(04/01/2017 - 12/31/2299)			

To select the **Provider ID**, click on the NPI number in the first column.



For more information call 1-800-457-4454





4b

Beneficiary Information

*Beneficiary ID
*Last Name First Name
*Birth Date

Claim Information

Date Type Date of Current
Accident Related Admission Date
Patient Number Authorization Number

Therapy Code
EPSDT Condition Code
Local Education Agency

*Does the provider have a signature on file? ☐ Yes ☐ No

*Does the provider accept assignment for claim processing? ☐ Yes ☐ No ☐ Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? ☐ Yes ☐ No ☐ N/A

*Does the provider have a signed statement from the patient releasing their medical information? ☐ Yes ☐ No

Include Other Insurance ☐

Total Charged Amount \$0.00

[Continue](#) [Finish Later](#) [Cancel](#)

4b. • Beneficiary Information: Beneficiary ID, Last Name, First Name, Birth Date

• **Claim Information** (enter all applicable information available): **Date Type, Date of Current, Accident Related, Admission Date, Patient Number, Authorization Number**, four “yes/no” questions

Note: If the beneficiary has other insurance, check this box before clicking **Continue**. If there is no other insurance to enter, click **Continue** to complete this step.

Fields marked with a red asterisk are required.



For more information call **1-800-457-4454**



If you choose the “Include Other Insurance” option and select “Continue” on Step 1, it will bring you to the bottom of Step 2 in which it shows the panel for “Other Insurance Details.”

If not applicable, proceed to Step #5.

Other Insurance Details

Click the **Remove** link to remove the entire row.

#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date	Action
1	SOUTHWIRE AND AFFILIATES	CI1	321654		-	Remove

Click to add a new other insurance.

Back to Step 1
Continue
Finish Later
Cancel

Click on the number next to the correct primary payor to enter all of the other insurance information. If you do not see the correct carrier listed, simply click the + to add the appropriate carrier and other insurance details.

Other Insurance Details

Click the **Remove** link to remove the entire row.

#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date	Action
1	SOUTHWIRE AND AFFILIATES	CI1	321654		-	Remove

Carrier Name
SOUTHWIRE AND AFFILIATES
Carrier ID
CI1

Policy Holder is
Person

Policy Holder Last Name
PUFF
First Name
PATTI
MI

Policy Holder Address
1234 MAIN STREET

City
LITTLE ROCK
State
ARKANSAS

Zip Code
72255

Policy Holder ID
Policy ID
321654

Group Name

Responsibility
U-Unknown
Patient Relationship to Insured
18-Self

Paid Amount
Paid Date

Claim Filing Indicator

Release of Information

Assignment of Benefits

Save Insurance
Cancel Insurance

Once the information has been entered and all questions have been answered, select **Save Insurance**.



Submit Professional Claim: Step 2 ?

The * (in red) indicates required fields when the ADD button is selected.

Claim Type Professional

Provider Information

Billing Provider ID 1111111112	ID Type NPI	Name UNIVERSITY HOSPITAL
Taxonomy HOSPITALIST		

Patient and Claim Information

Beneficiary ID 4563217101	Gender Female
Beneficiary PATTI PUFF	Total Charged Amount \$0.00
Birth Date 07/15/1963	

[Expand All](#) | [Collapse All](#)

Diagnosis Codes +

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Instructions:
If values are required for submission, please fill in the required fields. Otherwise you may leave the field blank and proceed. These fields are required when the ADD button is selected.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			
5	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

[Add](#) [Reset](#)

[Back to Step 1](#) [Continue](#) [Finish Later](#) [Cancel](#)

5. Continue filling out claim information for **Step 2** as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in Step 1):

- **Diagnosis Codes:** Select **Diagnosis Type** (required) and enter a **Diagnosis Code** (required).
- Once the Diagnosis fields have been populated, click **Add**. Click **Reset** to remove diagnosis codes and start over.



Submit Professional Claim: Step 2

The * (in red) indicates required fields when the ADD button is selected.

Claim Type Professional

Provider Information

Billing Provider ID

ID Type NPI

Name

Taxonomy

Patient and Claim Information

Beneficiary ID

Beneficiary

Birth Date

Gender Female

Total Charged Amount \$0.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Instructions:

If values are required for submission, please fill in the required fields. Otherwise you may leave the field blank and proceed. These fields are required when the ADD button is selected.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			
1	*Diagnosis Type ICD-10-CM	*Diagnosis Code	
	Add	Reset	

Other Insurance Details

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date	Action
1	SOUTHWIRE AND AFFILIATES	CI1	321654		-	Remove

[+](#) Click to add a new other insurance.

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[Back to Step 1](#)

[Continue](#)

[Finish Later](#)

[Cancel](#)

6. Click **Continue** to advance to Step 3. Click **Finish Later** if you want to save your claim. Click **Cancel** to cancel the claim or **Back to Step 1** to return to the first step.



For more information call 1-800-457-4454





Diagnosis Codes

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Instructions:
If values are required for submission, please fill in the required fields. Otherwise you may leave the field blank and proceed. These fields are required when the ADD button is selected.

Svc #	From Date	To Date	Place Of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place Of Service EMG ☐

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT ☐ Family Plan ☐

Clia Number

Performing Provider ID ID Type Taxonomy State License #

Referring Provider ID ID Type Taxonomy

Ordering Provider ID ID Type Taxonomy

Supervising Provider ID ID Type Taxonomy

Fund Code

NDCs for Svc. # 1

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

[Go to Top](#)

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- Continue filling out claim information for **Step 3** as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in steps 1 and 2). NOTE: Not all fields are required; complete only those that are applicable:
 - Service Details:** Use this screen to add, edit, or remove services rendered to the beneficiary. To edit information previously entered, click on the numbered link appearing in the **Svc #** column. To remove information previously entered, click **Remove** in the action column.

To add a detail, click **Add** and populate any data that applies for the following fields: **From Date; To Date; Place of Service; EMG (Emergency); Procedure Code; Modifiers; Diagnosis Pointers; Charge Amount; Units, Unit Type; EPSDT or Family Plan; CLIA Number; Rendering Provider ID, ID Type and State License #; Referring Provider ID "Ordering Provider ID" and ID Type.**

Please Note: The Ordering Provider field should only be completed when the following services have been delivered: Audiology, Hearing, Laboratory, Radiology, or Therapy (OT PT, Speech).

To remove data populated for a detail, but not yet added, click **Reset**.



For more information call **1-800-457-4454**



NDCs for Svc. # 1

Add

Reset

- **NDCs for Svc.** -NDC for service panel should be used only when an injection and/or drug that requires a NDC number to be entered. You will need to click on the + sign to the right to expand the panel.

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Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

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Back to Step 1

Back to Step 2

Submit

Finish Later

Cancel

8. **Attachments:** Click the + to upload any attachments/documents that apply to the claim. Skip this step if there are no attachments.
9. Click **Submit** to move to the next step of the claim submission process. Click **Back to Step 1** or **Back to Step 2** to revisit previous steps. Click **Finish Later** if you want to save your claim. Click **Cancel** to cancel the claim submission process.



For more information call 1-800-457-4454





Confirm Professional Claim

Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type: Professional

Provider Information

Billing Provider ID	ID Type: NPI	Name
Taxonomy		
Performing Provider ID	ID Type	Name
Taxonomy		
Referring Provider ID	ID Type	Name
Taxonomy		
Supervising Provider ID	ID Type	Name
Taxonomy		
Service Facility Location ID	ID Type	Name
Taxonomy		

Beneficiary Information

Beneficiary ID	Gender: Female
Beneficiary	
Birth Date	

Claim Information

Date Type	Date of Current
Accident Related	Admission Date
Patient Number	Authorization Number
Transport Certification: No	

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? Yes

Are benefits assigned to the provider by the patient or their authorized representative? Yes

Does the provider have a signed statement from the patient releasing their medical information? Yes

Total Charged Amount: \$200.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes

Service Details

#	From Date	To Date	Place Of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	08/02/2016	08/02/2016	11		95203		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00

No Other Insurance Details exist for this claim

No Attachments exist for this claim

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[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) [Confirm](#) [Cancel](#)

10. Review the information that has been keyed/submitted. Click **Back to Step 1**, **Back to Step 2** or **Back to Step 3** to correct or add any additional information. Click **Print Preview** to preview the claim details entered. Click **Confirm** to submit your claim. Click **Cancel** to cancel the claim submission process.



Submit Professional Claim: Confirmation

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Deny.

The Claim ID is:

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Edit** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Edit](#) [New](#) [View](#)

11. Once a claim is confirmed/submitted, the system will provide a claim receipt along with a 13-digit Claim ID.
12. Click **Print Preview** to preview the claim details entered. Click **Copy** to copy claim. Click **Edit** to edit denied claim. Click **New** to submit a new claim. Click **View** to view the details of your submitted claim.



For more information call **1-800-457-4454**

