



**AFMC**

**Annual Billing Workshop - 2022**

# Provider Services and provider website

Provider Services (**1-844-462-0022**) and our public website – [www.summitcommunitycare.com](http://www.summitcommunitycare.com) are your primary resources for all the information you need.

Provider Services supports your inquiries about a variety of topics, including but not limited to, member eligibility and benefits, claims and authorization status, and authorizations and claims issues.

Our provider website is available 24/7 to all providers and gives providers access to member eligibility and benefits, claims and authorization submissions, and status.

# Provider Website – Joining our Network

## Welcome, providers!

On this site, you will find resources that help health care professionals do what they do best — care for our members.

Are you interested in joining our network? We look forward to working with you to provide quality services to our members.


[Join our Network](#)




# Provider Website – Resource Links




[Resources](#)   [Claims](#)   [Patient Care](#)   [Eligibility & Pharmacy](#)   [Communications](#)   [Our Network](#)




Launch Availability



Prior Authorization



Claims & Disputes



Forms



Education & Training





## Provider Pathways Digital Provider Orientation

Provider Pathways is a 24/7 educational resource that offers a foundation for doing business with Summit Community Care.

- Learn more about the [Digital Provider Orientation](#) .
- In order to launch the Provider Pathways Digital Orientation you must first complete a [pre-course questionnaire](#).

## Provider manuals and communications

[Provider Manuals and Guidelines](#) >

[Communications](#) >

# Provider Website – Authorization Resources



Prior  
Authorization

## Related information

[Prior Authorization Criteria](#)

[Prior Authorization Lookup Tool](#) >

[Prior Authorization Forms](#) >

# Prior Authorization time frames



Prior  
Authorization

Expedited prior authorization request	Time frame for decision
Standard authorization request	As expeditiously as required by the member's condition, <b>not to exceed [two business days]</b>
Expedited prior authorization request <sup>2</sup>	As expeditiously as required by the member's condition, <b>not to exceed one business day</b>

Note: Expedited requests will be completed when “...following the standard time frame could seriously jeopardize the enrollee’s life or health or ability to attain, maintain, or regain maximum function.” (*Code of Federal Regulations Title 42 §438.210*)

# Claim payment disputes



Claims &  
Disputes

The payment dispute process consists of two internal steps and a third external step. Providers are **not** penalized for filing a claim payment dispute, and no action is required by the member.

- **Reconsideration:** This is the first step in the provider payment dispute process. The reconsideration represents your initial request for an investigation into the outcome of the claim. Most issues are resolved at the claim payment reconsideration step.
- **Appeal:** This is the second step in the provider payment dispute process. If you disagree with the outcome of the reconsideration, you may request an additional review as a claim payment appeal.
- **State fair hearing:** Arkansas Medicaid supports an external review process if you have exhausted both steps in the payment dispute process but still disagree with the outcome.



# Corrected claim submission



Claims &  
Disputes

When submitting a professional or facility claim, under the *Claim Information* screen, providers must select **Billing Frequency**. To submit a corrected claim, providers should select **7 — Corrected Claim** and in the additional box that appears, enter the claim ID (control number) for the claim to be corrected.

## Claim Information

* Patient Control Number / Claim Number: ?	<input type="text"/>
Medical Record Number:	<input type="text"/>
* Place of Service: ?	11 - Office
* Billing Frequency: ?	7 - Replacement of Prior Claim
* Payer Control Number (ICN / DCN): ?	<input type="text"/>



# Claims overpayment/refund options



Claims &  
Disputes

If a provider self-identifies an overpayment, they may complete either of the following forms:

- ***Authorization to Adjust Claims and Create Claims Offset Form:*** Providers use this form to notify Summit Community Care of overpayment(s) and authorize Summit Community Care to offset future claims to recover identified overpayment(s).
- ***Overpayment Refund Notification Form:*** Providers use this form to notify Summit Community Care of overpayment(s) and issue a check payment to refund Summit Community Care the amount of identified overpayment(s).

Providers may access either form at:

<https://provider.summitcommunitycare.com/arkansas-provider/forms>

# Provider Website – under “Communications” link

## Provider News Archives

---

Catch up on past editions of our provider newsletter and provider news updates. Issues will be available here for five years after the publish date.

<b>All</b>	Provider Newsletter	Medicaid News
------------	---------------------	---------------

**Sort By**

Newest to Oldest ▼



# Provider Website – new Search function

## Search Results

---



New functionality

Let's try and find what you're looking for

**Search Again**

"provider relations assignment"

clear

**Search Again**

"Same Day Modifier"

clear

# Public Website – Recommended Searches

- [Provider Relations assignments](#)
- [Provider enrollment & updates guidance](#)
- [New digital provider enrollment tool ...](#)
- [EnrollSafe EFT Enrollment Portal Flyer ...](#)
- [Appointment availability and wait time ...](#)
- [Claim Payment Dispute Process](#)
- [Corrected Claims](#)
- [Use of same day modifiers ...](#)
- [Notice of Material Amendment to Healthcare Contract Critical edits to align with state requirements](#)



# Provider Website – Receive Email Updates

Receive email from Summit Community Care.

---

Summit Community Care is now sending some bulletins, policy change notifications, prior authorization update information, educational opportunities and more to providers via email.

[Sign Up Now](#)

# Questions?

---





\* Availity, LLC is an independent company providing administrative support services on behalf of Summit Community Care. Patient360 is an independent company providing reporting services on behalf of Summit Community Care. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Summit Community Care.