

# Provider Quick Reference Guide

Mailing Address	Street Address	Phone	Fax
P.O. Box 25610 Little Rock, AR 72221	12615 Chenal Parkway Suite 300 Little Rock, AR 72211	Toll Free	
		Main Line	501.228.0135
		Customer Service	501.228.0135
ARBenefits		Provider Relationsext. 7004 Contracting, Timely Filing, Fee Schedules	501.707.6811
ARBenefits.org or QualChoice.com		Provider Business Unitext. 7011 835, EDI, Website Provider Password Reset	501.707.6815
For Arkansas State and Public School Retirees who are Medicare-eligible and their covered family members.		Care Managementext. 7014	501.228.9413
		OB Ultrasound800.871.2231	
Provider Customer Service 800.235.7111, ext. 7016 AHH Pre-certification		eviCore Healthcare800.533.1206 High-tech radiology pre-authorization	

## Welcome to QualChoice.com

### Features

- Provider Manual
- Electronic Transactions
- Forms
- Medical Policies
- Member Eligibility
- Pre-Authorization List
- Preferred Drug List
- Provider Newsletters and Action Alerts
- Radiology Benefit Management Program

### Provider Log-In

- 1. To receive a User ID and password, complete the following two forms: *Provider Portal Admin Form* and *Provider Portal User Access Form* Go to **QualChoice.com**, select **Providers**, then select **Forms/Information**.
- The first time you access the site, you will be prompted to change your temporary password to a permanent password. Password must be at least 8 characters and contain at least one uppercase and one numeric character. The password cannot contain symbols or spaces and is case sensitive.

### **Benefits of Provider Log-In:**

- Claims Payment Information
- View Remittance Advices
- View Member Eligibility Information

### **Provider Updates**

It is important that we maintain a current record of your information to ensure:

- Timely and accurate claims payment
- Accuracy of IRS reporting
- Receipt of email communications
- Accuracy of Provider Directory

To update information, use: Provider/Practice Change Form

To terminate provider or practice site, use: Provider/Practice Termination Form

Go to **QualChoice.com**; select **Providers**, then select **Forms/Information**.

### **Quality Results and Action Alerts**

E-news for doctors, other healthcare experts and facilities affiliated with QCA Health Plan, Inc., and QualChoice Life and Health Insurance Company, Inc. To subscribe go to *QualChoice.com*; select *Providers*, then select *Newsletters & Action Alerts*.

NOTE: QualChoice is also a third-party administrator. Refer to the member's ID card for coverage details, as benefits and options vary.

QualChoice.com • 800.235.7111 • Little Rock: 501.228.7111 • Northwest Arkansas: 479.442.0700



# Provider Quick Reference Guide

### Who to Call

For:	For:	For:
<ul> <li>Appeal Status</li> <li>Benefits</li> <li>Claim Status</li> <li>Eligibility</li> <li>Payment Dispute</li> </ul> Call Customer Service: 501.228.7111 or 800.235.7111	<ul> <li>Contracts</li> <li>Credentialing</li> <li>Fee Schedules</li> <li>Unresolved Issues</li> <li>Demographic Information/Change</li> <li>Call Provider Relations: 501.228.7111, ext. 7004</li> <li>Provider Portal Access</li> <li>Password Reset</li> <li>Call Provider Business Unit: 501.228.7111, ext. 7011</li> </ul>	<ul> <li>Pre-Authorization</li> <li>Disease Management</li> <li>Medical Necessity</li> <li>Call Care Management: 501.228.7111, ext. 7014</li> </ul>

## **Claims Filing**

### **Electronic Claims:**

- 1. EDI claims accepted via EMDEON (WebMD) or Availity (THIN) using **Payor ID# 35174**.
- 2. Corrected Claims must be submitted with original claim number.
- 3. Provider NPI # is required.

Further instructions at QualChoice.com: Select Providers, then choose Provider Manual, then select Claims Filing

# **Electronic Funds Transfer (EFT)**

EFT is required for participating providers and is also available to non-participating providers. **To enroll:** Contact Alegeus Technologies

Web: providernet.alegeus.com Email: WCO.Provider.Registration@alegeus.com Phone: 877.389.1160

# **Right to Appeal**

You have the right to appeal any claims payment decision according to the guidelines specified in your Provider Agreement.

To File an Appeal:

All appeals must be submitted with Request for Reconsideration form. QualChoice.com, select Providers, then select Forms/Information

# eviCore Healthcare

Radiology Benefits Management

eviCore pre-authorization is required for the procedures listed below, rendered in an outpatient setting such as a physician's office, free-standing center (including radiology center) or hospital outpatient department.

- CT Scan
- Nuclear Medicine
- Nuclear Cardiology
- MRI/MRA
- PET Scan

A complete list of eviCore's CPT codes is available at **QualChoice.com**.

For Pre-Authorization Online — QualChoice.com, after provider log-in select Pre-authorization for Radiology Services

Phone — 800.533.1206; Monday-Friday, 7:00 a.m.-7:00 p.m.

- Request pre-authorization at least 5 business days prior to date of service to allow for follow-up/review time.
- Provider NPI # is required.
- File claims with QualChoice.

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