



How to Submit a Claim with Third Party Liability (TPL)

1. Navigate to the Healthcare Portal.
2. Click "Claims" tab.
3. Click the claim type link you would like to submit (Submit Claim Prof **OR** Submit Claim Inst)
4. Enter the required fields that pertain to your specialty.
5. Check the "Include Other Insurance" box. Please note, this panel will not be seen until you advance to "Step 2." This will populate any insurance information in the Medicaid system.
6. Click Continue.
7. Continue entering the required fields for the claim.
8. Click the sequence number of any other insurance line item to update.

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
<input type="checkbox"/> Click to add a new other insurance.						

9. Update details such as the paid amount, paid date and filing indicator for the specific other insurance carrier. **If the other insurance listed is not correct, click "Cancel Insurance" and click the "+" sign to expand "Click to add a new other insurance." This will allow you to enter new insurance information.**

#	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	First Name	PATTI
Policy Holder Last Name	PUFF	MI	
Policy Holder Address	1234 MAIN STREET		
City	LITTLE ROCK	State	ARKANSAS
Zip Code	72255	Country	
Policy Holder ID			
Policy ID	321654		
Group Name			
Insurance Type			
Responsibility	U-Unknown	Patient Relationship to Insured	18-Self
Paid Amount		*Paid Date @	
Remaining Patient Liability			
Total Non-Covered Amount		Payer Claim #	
Authorization #		Referral #	
*Claim Filing Indicator			
Release of Information			
Assignment of Benefits			
Patient Signature Source Code			

Adjudication Information	
Reimbursement Rate	Claim HCPCS Payable Amount
Non-payable Professional Component Amount	
Claim ESRD Payment Amount	

OMIT

For instructions on how to Submit a claim, please refer to the "Submitting and Reviewing a Claim" job aid on the DHS website under Provider Training Information.

For more Training Tools and Resources, please visit the Provider Training Webpage at

<https://humanservices.arkansas.gov>



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

