



#### Division of Elementary and Secondary Education & Arkansas Division of Aging, Adult, and Behavioral Health Services Joint Guidance on School-based Personal Care Referrals

As of October 2019, DHS is revising the public school process for personal care billing approval and independent assessment using the Arkansas Independent Assessment (ARIA). DHS has required prior authorization and independent assessment for all personal care services since January 2018. In July 2018, oversight of personal care services was transferred within DHS to the Division of Aging, Adult, and Behavioral Health Services (DAABHS). After reviewing the experience since that time, and after discussions with the Arkansas Department of Education (ADE), DAABHS recognizes that improvements to the assessment process will aid public schools in serving their students.

ADE, in collaboration with DAABHS, developed this guidance regarding school-based personal care referral process for school personnel. The purpose of this guidance is to ensure children receive the required services and to ensure all eligible services are reimbursed to the LEA.

Below is a detailed five step process which school-based personal care referrals must undergo to be eligible for Medicaid reimbursement.

- 1. The LEA may submit the signed DMS-618 referral to AFMC via the Medicaid Provider Portal anytime during the school year (see the enclosed Prior Authorization Job+Aid).
  - a. School personnel may contact the respective DESE MITS Advisor for assistance with completing the DMS-618 form and submission process.
  - b. School personnel may contact AFMC for assistance with the DMS-618 submission through the portal.
- 2. Beginning October 1, 2019, AFMC will begin processing 2019-2020 LEA DMS-618 referrals monthly to DHS by the end of each month.
  - a. Once AFMC receives and processes the personal care referral a 60-day temporary prior authorization period (PA) will be opened for the request to allow time for completion of the approval process including the assessment.
  - b. School-based referrals submitted prior to the first of each month will be processed to DHS on the 5<sup>th</sup> of each month. AFMC will review and compile referral submissions as they are received from LEAs. AFMC will review all LEA DMS-618s submitted for schoolbased personal care services and submit all approved referrals to the DHS, Division of Aging, Adult, and Behavioral Health Services (DBHS).





- 3. DHS/DAABHS will review the compiled school-based personal care referral requests and notify the independent assessor, Optum, to contact the student's guardian to schedule an appointment for the personal care assessment.
  - a. DAABHS will receive all referrals submitted prior to the first of each month from AFMC on the 5<sup>th</sup> of each month. DAABHS will process all school-based personal care referrals monthly by the 10<sup>th</sup> of each month. DAABHS will review and compile referral submissions and notify the independent assessor, Optum, to contact the student's guardian to schedule an appointment for the personal care assessment.
- 4. Optum Assessment Notification Once Optum, the independent assessor, is notified of a schoolbased personal care referral, Optum will open a 30-day contact period to connect with the guardian to schedule the student's assessment. Optum will make 3 attempts to contact the guardian.
  - a. School personnel are encouraged to notify the guardian about the required assessment and may facilitate the guardian contacting Optum directly to schedule the student's appointment for assessment. **Optum's call center number is 1-844-809-9538.** The school may assist the guardian with calling Optum to book the appointment for assessment, but the school may not book the appointment without the guardian on the phone. If a school representative is on the phone with Optum when the guardian schedules the appointment, the school representative and the guardian may request the assessment take place at school. However, the guardian must be physically present at the time of the assessment or present by phone/teleconference.
  - b. If a guardian fails to make an appointment before the closing of the 30-day Optum scheduling period, there is no need to complete a new DMS-618. The school may submit the same referral they previously submitted to AFMC to restart the approval process.
  - c. If a student has an independent assessment scheduled, but the assessment is scheduled to take place beyond the 60-day temporary Prior Authorization period, AFMC will automatically extend the PA to the assessment date.
- 5. DMS-618 Referrals Already Submitted For any DMS-618 referral submitted by a public school to AFMC in August or September 2019, Optum will keep the referral open and guardians will have until October 31, 2019, to contact Optum to schedule the assessment.

#### **Agency Staff Contacts**

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### **PROVIDER PORTAL: Prior Authorization**

#### To create a Prior Authorization request



**1** Go to the portal landing page and log in using your **User ID** and **password**. 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.





### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To create a Prior Authorization request

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- **2** Click on the **Care Management** tab
- **6** Click on **Create Authorization**



### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To create a Prior Authorization request

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- Select Medical, Dental or AFMC above the Process Type field
  - The listed **Process Types** are the only ones available on the portal.
  - NOTE: When selecting Inpatient Services Extension or Personal Care Extension from the Process Type dropdown menu, you must enter the approved PA number.

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### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

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### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

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- **6** Complete the required fields (all fields that have a red asterisk are required)
  - If you are not submitting attachments, skip to step 7
  - If you are submitting attachments, follow the instructions on step 6



### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To submit an attachment

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**6** If attachments are required, please follow the steps below:

- Scroll down to the Attachments Panel. Click the "+" to expand the panel.
- Choose the Transmission Method, Upload File and Attachment Type, and enter a Description. Complete the required fields.



### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

*Control number:* Number assigned to documentation when submitted *Tracking number:* Number assigned when PA is requested

**GLOSSARY** 

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11/01/2016 - 12/30/2017         APPROVED         Vision           12/30/2016         APPROVED         Vision	11/01/2016 - 12/30/2017     APPROVED     Vision       12/30/2016     APPROVED     Vision	Pros Pros Prospegir earc	NOTE: If y     You shou     You shou     You will a  pective Authorization pective authorizations nning Services Date o ch for a different auth ospective Authorize PA Tracking	you have mo Id see the in also be assig s <u>Search Options</u> s identifying you as th of today or greater. Cli norization.	ore than one a formation you ned a control e Requesting or Servicing ck the Authorization Track	ttachment I selected number. Provider are listed ing Number to view	t, you will populated below. These resu w the authorizatio Beneficiary	need to d in the re ults include the fi n response detai <u>Beneficiary</u>	repeat the DWS <i>(see i</i> rst (20) authoriza Is or select the Se <u>Process</u>	e proces image at ations with a earch Options t	5S bo
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ARMEDICAID HEALTHCARE PORTAL JOB+AID: PRIOR AUTHORIZATION | PAGE 7 OF 19

### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To search for a PA

<b>AR</b> Medicai	id		<u>Contact Us</u>   <u>Lo</u>
Home Eligibility Claims Care	Management Provider Functions	Files Exchange	Resources
Create Authorization   View Authorization Si	Status   Maintain Favorite Providers		
Care Management			
Provider Name	Role IDs	<b>\$</b>	
<b>Authorizations</b>	For assistance with questions related assistance with questions related assistances, Utilization Revi	ated to the followin ew at 501-682-8340	g prior authorization requests, please contact Division of 0 (Local) or 855-703-2891 (Toll Free):
<ul> <li><u>Create Authorization</u></li> <li><u>View Status of Authorizations</u></li> <li><u>Maintain Favorite Provider List</u></li> </ul>	Private Duty Nursing Augmentative Communication Device Under Age 21 Disposable Medical Supplies, all ages	e Evaluation, s	Home Health Visit Extensions Other prosthetics Other medical service Specialized Services Transplants (All except Corneal/Kidney)
	For assistance with questions related to the second	ated to the followin 501-320-6230 (Loca	g prior authorization requests, please contact Division of I) or 855-703-2891 (Toll Free):
	Adult Dental Child Dental Orthodontics		
	For assistance with questions relations methods for a services, Visual Care Unit	ated to the followin t at 501-320-6213 (	g prior authorization requests, please contact Division of (Local) or 855-703-2890 (Toll Free):

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#### 8 Click on the Care Management tab

- Click View Authorization Status to see the Prospective Authorizations and Search Options. The Prospective Authorizations tab will show a list of the first 20 authorizations that include a service date of today or greater. Please note that these authorizations were requested using the provider number outlined in the Role IDs field.
- Click **PA Tracking Number** or **Authorized PA Number** to view the authorization response details, or select the Search Options tab to search for a different authorization

Prospective Authorization	ons Search Options						
Prospective authorization	ns identifying you as the F	Requesting or Servicing Pro	vider are list	ed below. These resu	ults include the fir	st (20) authoriz	ations with a
beginning Services Date search for a different au	e of today or greater. Click Ithorization.	the Authorization Tracking	Number to	view the authorizatio	n response details	s or select the S	earch Options tab to
Prospective Author	zations						
PA Tracking	Authorized PA			<b>Beneficiary</b>	<b>Beneficiary</b>	Process	
Number	Number	Service Date	<u>Status</u>	Name	ID	Type	Servicing Provider

### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To search for a PA

Prospective	Authorizations	Search Options						
Enter at le	ast one of the	following fields to se	arch for an authorization	n.				
Authoriza	tion Informa	ition						
P	A Tracking N	umber	A	uthorized PA	Number			
		Process Type			~			
	Authorit	zation Status		~				
		Code Type	~		Code			
	Select a Day I	Range or specify a Se	ervice Date					
		Day Range	~	OR S	service Date 0			
Beneficia	ry Informatio	n						
If beneficia	ary information	n is entered and the i	Beneficiary ID is not ent	ered, then Las	t Name, First Name and	Birth Date are a	all required.	
	В	eneficiary ID			Birth Date 0			
		Last Name			First Name			
Provider	Information							
		Provider ID		9	ID Type	~		
		Taxonomy						~
	This Pr	rovider is the 🔍 🤋	Servicing Provider on the	Authorization				
		0	Referring Provider on the	Authorization				
	Search	Recet						
	Startin	-						
Search R	esults						T	<u></u>
PA Tra Num	cking ber	Authorized PA Number	Service Date -	Status	Beneficiary Name	Beneficiary ID	Type	Servicing Provid
			03/01/2015	40000000			Meleo	
			04/30/2016	APPROVED			vision	
	_	line and the	03/01/2015 -	APPROVED	_	-	Vision	
			04/30/2016					
	-	i	03/01/2015 - 04/30/2016	APPROVED		_	Vision	

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**19** Click **Search Options**. There are three options for authorization searches:

 Search using the Authorization Information Panel. You can search for an authorization by entering at least one of the following fields: PA Tracking Number, Authorized PA Number, Process Type, Authorization Status, Code Type, Code, Date Range or Service Date

#### Accessing Prior Authorization (PA) Letters

\*This information was added to the Medicaid Website on 10/08/2019\*

#### Accessing Prior Authorization (PA) Letters

#### Added 10/8/19

Providers can use the <u>HealthCare Provider Portal (HTML, new window</u>) to view PA letters once the PA changes status to Approved, Denied, or Pending.

To access letters,

- · Go to the Files Exchange tab and click Provider Download.
- When the drop-down box appears, select the appropriate file to view your letter.

File Download	
The * (in red) indicates required field	ds when the ADD button is selected.
Enter your search criteria and click the	Search button.
Category *From Date@ Search	Title XIX - Provider Remittance Advice Financial 1099 History Utilization Review Prior Authorization Denial Lett Utilization Review Profing Letter for Additional D Utilization Review Reconsideration Approval Letter

Reminder: Please use a date range to search.

### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To search for a PA

Prospective Authorit	zations Search Options							
Enter at least one	at least one or the following fields to search for an authorization.							
Authorization In	formation							
PA Traci	dng Number	A	uthorized PA	Number				
	Process Type			~				
A1	uthorization Status		~					
	Code Type	~		Code				
Select	a Day Range or specify a Se	ervice Date						
	Day Kange	<b>*</b>	OK S	service Date 9				
Beneficiary Info	rmation							
If beneficiary info	rmation is entered and the	Beneficiary JD is not eat	ered, then Las	t Name. First Name and	Birth Date are a	all required		
	Reported and the			Pirth Date 0		]		
	Beneficiary ID			Birth Date g			_	
	Last Name			First Name				
Provider Inform	ation							
	Provider ID		0		~			
	Taxanamy						~	
	This Provider is the	Servicing Provider on the	Authorization					
	0	Referring Provider on the	Authorization					
Sea	rch Reset							
Search Results								
	Authorized PA				Beneficiary	Process		
PA Tracking	Number	Service Date -	Status	Beneficiary Name	ID	Type	Servicing Pr	
PA Tracking <u>Number</u>					Statement of the local division of the	Vision	C. CONTRACTOR OF THE OWNER.	
PA Tracking Number		03/01/2015 -	APPROVED					
PA Tracking <u>Number</u>		03/01/2015 - 04/30/2016	APPROVED					
PA Tracking Number		03/01/2015 - 04/30/2016 03/01/2015 -	APPROVED			Vision	-	
PA Tracking Number		03/01/2015 - 04/30/2016 03/01/2015 - 04/30/2016	APPROVED			Vision		
PA Tracking Number		03/01/2015 - 04/30/2016 03/01/2015 - 04/30/2016 03/01/2015 -	APPROVED APPROVED APPROVED			Vision Vision		

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Search using the Beneficiary Information Panel. You can search for an authorization by entering at least one of the following fields: Beneficiary ID, Birth Date, Last Name, First Name. If Beneficiary ID is not entered, the remaining fields are all required

### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To search for a PA

Enter at least one of	the following fields to se	arch for an authorization					
			-				
Authorization Info	ormation						
PA Trackir	ng Number	A	uthorized PA	Number			
	Process Type			~			
Aut	horization Status		~	<b>5</b> -45			
Select a l	Day Range or specify a So	ervice Date		code			
	Day Range	~	OR S	iervice Date 0	×		
Beneficiary Inform	nation						
If beneficiary inform	ation is entered and the	Beneficiary ID is not ent	ered, then Last	Name, First Name and	i Birth Date are a	ll required.	
	Beneficiary ID			Birth Date 0			
	Last Name			First Name			
Provider Informat	ion						
	Provider ID		9	ID Type	~		
	Taxonomy						~
Th	Is Provider is the 🔍	Servicing Provider on the	Authorization				
Searc	h Reset						
Search Results							
PA Tracking	Authorized PA				Beneficiary	Process	
Number	Number	03/01/2015 -	APPROVED	Beneficiary Name	10	<u>Type</u>	Servicing Provide
		04/30/2016	APPROVED	_		VISION	
		03/01/2015 - 04/30/2016	APPROVED			Vision	
		03/01/2015 - 04/30/2016	APPROVED			Vision	
Export results							

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Search using the **Provider Information Panel**. You can search for an authorization by entering at least one of the following fields: Provider ID, ID Type, Taxonomy. Select whether this provider is the Servicing Provider on the Authorization or Referring Provider on the Authorization.

### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To search for a PA

	tions Search Options						
Enter at least one of	the following fields to se	earch for an authorization.	-				
Authorization Info	rmation						
PA Trackir	ng Number	Au	thorized PA	Number			
	Process Type			~			
Auti	horization Status		~				
	Code Type	~		Code			
Select a I	Jay Range or specify a S	ervice Date					
	Day Range	¥	OK S	Service Date 0			
Beneficiary Inform	nation						
If beneficiary inform	ation is entered and the	Beneficiary ID is not enter	red, then Las	t Name, First Name and	i Birth Date are a	Il required.	
	Beneficiary ID			Birth Date 0			
	Last Name			First Name			
Provider Informat	lon						
	Provider ID		0		~		
	Taxonomy						~
Th	is Provider is the 🔘	Servicing Provider on the A	Authorization				
	0	Referring Provider on the A	Authorization				
Searc	n Keset						
Search Results							
	Authorized PA	Service Date -	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing P
<u>PA Tracking</u> <u>Number</u>	Number						
PA Tracking Number	Number	03/01/2015 - 04/30/2016	APPROVED			Vision	
PA Tracking Number	Number	03/01/2015 - 04/30/2015 - 03/01/2015 - 04/30/2016	APPROVED			Vision Vision	
PA Tracking Number	Number	03/01/2015 - 04/30/2016 03/01/2015 - 04/30/2016 03/01/2015 - 04/30/2016	APPROVED APPROVED APPROVED			Vision Vision Vision	

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Once you have entered your search criteria, click Search

• Click the **PA Tracking Number** or **Authorized PA Number** to view the authorization response details

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ARMEDICAID HEALTHCARE PORTAL JOB+AID: PRIOR AUTHORIZATION | PAGE 12 OF 19

### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To request a reconsideration

• If your PA is **DENIED**, **APPROVED WITH MODIFICATION**, or **PARTIALLY APPROVED**, you can request a reconsideration.

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• **NOTE:** A PA reconsideration can only be done once. Please make sure the correct documentation or information is included or attached for the reconsideration process.

ome Eligibility	Claims Care Man	agement Provide	r Functio	ns Files Excha	inge Resource	5		
ate Authorization   V	iew Authorization St	atus   Maintain Favor	ite Provide	rs				
are Management > Viev	Authorization Status						Tuesday 0	7/24/2018
Provider Name	to the state	Role IDs Provider	r - In Netw	ork (	NP ¥			
View Authorization	n Status							
Prospective Author	izations Search Optic	ons						
Enter at least one	of the following fields	to search for an auth	orization.					
Authorization I	nformation							
PA Trac	king Number	46.0	Auth	orized PA Numbe	۶r			
	Process Type				~			
A	uthorization Status			$\sim$				_
Calast	Code Type				Code			
Select	Day Range		or	R Service	Date			
Beneficiary Info	rmation							
If beneficiary info	rmation is entered and	d the Beneficiary ID is	not entere	d, then Last Name,	First Name and Bi	rth Date are all r	required.	
	Beneficiary ID			E	Birth Date e	3	Ē	
	Last Name							
Provider Inform	ation							
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PA Tracking	Authorized PA			Amendment	Beneficiary	Beneficiary		Ser
Number	Number	Service Date	Status	Status	Name	ID	Process Type	Pro
2012/01		08/01/2018 -	DENIED		TESTING,		Other medical	And in case

Click on the PA Tracking Number or Authorized PA Number of the PA that you would like to be reconsidered

#### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To request a reconsideration

	Home         Eligibility         Claims         Care Management         Provider Functions         Files Exchange         Resources
	Create Authorization   View Authorization Status   Maintain Favorite Providers
	Care Management > View Authorization Status > View Authorization Response
	Provider Name Role IDs Provider - In Network (NF 🗸
	Print Preview
	View Authorization Response for TESTING TESTING Back to View Authorization Status
	Authorized PA Number _ PA Tracking Number Process Type Other medical service Expand All   Collapse All
	Requesting Provider Information
	Beneficiary Information
	Referring Provider Information +
	Service Provider Information
	Provider ID ID Type NPI Name Taxonomy _
	Diagnosis Information +
	Service Provider / Service Details Information
10	If both authorized units and dollars are displayed, the dollar amount is a per unit rate. All required attachments must be attached before selecting items for reconsideration and all line items to be selected for reconsideration must be selected at the same time.
	From Date         To Date         Units         Amount         Code         Status         Reconsider         Modifiers         Reason
	Provider Notes
	Attachments
	Click the Remove link to remove the entire row.
	# Transmission Method File Control # Attachment Type Action
	Click to collapse.
	*Transmission Method EL-Electronic Only V
	*Attachment Type
	Description
	Add Cancel

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<sup>(2)</sup> Under the Service Provider/Service Details Information field, check the box under "Reconsider" for the PA you want to be reconsidered.

**NOTE:** You only have one opportunity to request a reconsideration on a PA as a whole. Be sure to select all line items that you want to be reconsidered before you submit. Once you submit, you will not be able to request another reconsideration of that PA.

#### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To request a reconsideration

Provider 1	Name Kings have	Ro	ole IDs Provider - In Network	(NF 🗸	]		Print	t Preview	
View Aut	thorization Respons	e for TESTING 1	TESTING			Ba	ick to View A	Authorization	Status ?
	Authorized PA Nu	mber _		PA Tracking	Number 📰	2461			
	Process	Type Other me	dical service					Excand All 1	Collanse All
Requesti	ng Provider Inform	ation						<u>expend nil j j</u>	+
Beneficia	y Information		MIT	s Guidance	3				
Referring	Provider Informat	ion	Expedite	Reconsideration	n is not				
Service P	Provider Information		available	for Personal Ca	re PAs				
Service P	rovider Information	n							
	Provider	r ID	ID Type	NPI	Name				
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Diagnosis	s Information								+
Service P	Provider / Service D	etails Informati	ion						-
		1			DENIED		RT		
To expedit I am a phy receipt of a) serious b) would s	expedite Reconsider te this request y u m ysician/physiciar repr urgent care, and that ily jeopardize the ife o subject the consumer	1 ration ✓ ust attest that ex. resentative with k is such delay could or health of the p. to severe pain th	pedited request meets the follow nowledge of the patient's medica : atient or the patient's ability to r at cannot be adequately manage	ing guidelines: al condition; it is my op egain maximum functio d without the urgent c	DENIED	e to expedite t	RT his appeal will bject of this n	- I delay the pati	ent's
E To expedit I am a phy receipt of a) serious b) would s	Expedite Reconsider te this request y J m ysician/physiciar rep urgent care, and that hy jeopartize the ife subject the consumer I Attest	ation  acceleration	pedited request meets the follow nowledge of the patient's medica : at cannot be adequately manage	ing guidelines: al condition; it is my op egain maximum functic nd without the urgent c	DENIED	e to expedite ti	RT his appeal will bject of this n	– I delay the pati	ent's
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Once you check the **Reconsider** box, the **Expedite Reconsideration** box will display. To expedite your request, check this box and attest to the URAC statement.

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*If your request does not need to be expedited, do not check the Expedite Reconsideration checkbox.* 

#### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To request a reconsideration

Provider Name	Role	IDs Provider - In Network	(NF 🗸					
						Prin	t Preview	
View Authorization Response for T	ESTING TE	STING			Ba	ack to View	Authorizatio	o <mark>n Status</mark>
Authorized PA Number	<del>.</del>	1	PA Tracking Nu	mber 📖	0461			
Process Type	Other medic	cal service					Expand All	Collapse
Requesting Provider Information								
Beneficiary Information								
Referring Provider Information								
Service Provider Information								
Provider ID	221427624	ID Type NPI		lame				
Taxonomy _								
Diagnosis Information								
Service Provider / Service Details	Informatio	n						
All required attachments must be attac From Date To Date Units	Amount	selecting items for reconsideration and a Code	Il line items to be	Status	Reconsiderat	ion must be s	selected at th	e same tin Ison
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Provider Notes Attachments Cital the Remercial contents	-					-	-	-
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Provider Notes       Attachments       Click the Remove link to remove the 6       #     Transmission Method       Click to collapse.	entire row.	File	Contro	ol #	At	- tachment Ty	rpe	- Action
	entire row.	File	Contro	ol #	At	- tachment Ty	/pe	- Action
Provider Notes  Attachments  Click the Remove link to remove the e  Transmission Method  Click to collapse.  *Transmission Method  *Upload File	entire row.	File	Contro	ol #	At	- tachment Ty	rpe Browse	Action
Provider Notes  Attachments  Click the Remove link to remove the of  Transmission Method  Click to collapse.  *Transmission Method  *Upload File *Attachment Type	entire row.	File	Contro	ol #	At	- tachment Ty	rpe Browse	Action
2 Provider Notes Attachments Click the Remove link to remove the o  Transmission Method Click to collapse. "Transmission Method "Upload File "Attachment Type Description	entire row.	File	Contro	ol #	At	- tachment Ty	rpe	- Action
	entire row.	File	Contro	ol #	At	- tachment Ty	rpe	Action
2 Provider Notes Attachments Click the Remove link to remove the 6 Transmission Method Click to collapse. Transmission Method "Upload File "Attachment Type Description Add Cancel	entire row.	File	Contro	ol #	At	- tachment Ty	rpe Browse	Action
2 Provider Notes Attachments Click the Remove link to remove the o  Transmission Method Click to collapse.  Transmission Method Upload File "Attachment Type Description Attachment Covershee	entire row.	File V	Contro	ol #	nt Preview	- tachment Ty Submit Att	pe Browse	Action

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Under the Attachments field, click "Add" to attach any supporting documentation for the reconsideration.

<sup>(5)</sup> Click "**Reconsider**." You will see a pop-up box asking you to confirm that you have checked the line items you want reconsidered and have provided supporting documentation.

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#### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To request a reconsideration

Create Authorization   View Authorization Stat	tus   Maintain Favorite Providers			
Care Management > View Authorization Status > Vie	w Authorization Response			
Provider Name	Role IDs Provider - In Network -	1933 (NP 🗸		
			Print Preview	2
View Authorization Response for TESTIN	G TESTING		Back to View Authoriza	tion Status
Authorized PA Number Process Type Other	P medical service	A Tracking Number	Evpand A	II. I. Collapse All
Requesting Provider Information				+
Beneficiary Information				+
Referring Provider Information				+
Service Provider Information				-
Service Provider / Service Details Inform	Do you want to continue wi	th reconsideration?	eration must be selected at	the same time.
From Date To Date Units Amo	Code	Status F	econsider Modifiers R	eason
2			✓ _	-
Provider Notes Attachments Click the Remove link to remove the entire r	ow.			-
# Transmission Method	File	Control #	Attachment Type	Action
1 EL-Electronic Only	lest document for testing the portal attachment functionality for a reconsideration on the portal.docx (12K)	20180754145731	PAU_GEN-Supporting Document	<u>Remove</u>
➡ Click to add attachment.				
Attachment Coversheet R	econsider	Print	Preview Submit Attachment	s

Click "Yes." You will get a confirmation that your request for reconsideration has been submitted.



ARMEDICAID HEALTHCARE PORTAL JOB+AID: PRIOR AUTHORIZATION | PAGE 17 OF 19

#### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To request a reconsideration

Home Eli	jibility Claims	Care Ma	nagement P	rovider Functions Files E	xchange Re	sources			
reate Author	zation   View Auth	orization (	Status   Maintai	n Favorite Providers					
Care Manage	nent > <u>View Authoriza</u>	tion Status >	View Authorizatio	n Response					
Provider	Name Kondi in	12	Role IDs	Provider - In Network -	(NP 🗸				
								Print	t Preview
View Au	horization Respon	se for TES	TING TESTING				<u>B</u>	ack to View A	\uthorization
	Authorized PA No Process	umber _ s Type Oti	her medical servi	p	A Tracking Nu	mber 🚃			e
Requesti	ng Provider Inform	nation							Expand All
Beneficia	ry Information								
Referrin	) Provider Informa	tion							
Service I	rovider Informatio	on							
Diagnosi	s Information		The r	equest for reconsideration wa	is successfully	submitted	·		
Service I	rovider / Service I	Details Info	ori		_				
If both au	thorized units and dr	ollars are di:	spl	ОК					
All require	d attachments must	be attached	d before selecting	) items for reconsideration and al	l line items to be	e selected fo	or reconsiderat	tion must be s	elected at the
From D	ate To Date	Units A	Amount	Code		Status	Reconsider	Modifiers	Reas
		2	-				<b>V</b>	-	-
	Notes								
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After you submit your reconsideration request, you will be able to keep track of it using the PA Tracking Number until the request is approved or denied.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

### **PROVIDER PORTAL: Prior Authorization (CONTINUED)**

#### To request a reconsideration

18

PA Trackin Number	g <u>Authoriz</u> <u>Num</u>	ed PA	Service	Date 🔻	Status	<u>Amendment</u> <u>Status</u>	<u>Benefic</u> Nan	<u>iciary</u> me	Beneficiar ID	Y Process	s Type Provide
			07/11/	2018 - /2018	RECONSIDERATION		1000		10000000000	Other m service	edical
			06/25/ 07/05/	2018 - /2018	RECONSIDERATION		1000			Other m	edical
						<u> </u>		+			
From Date	To Date	Units	Amount \$5,000,00	срт/нср	Code	RAME POWER WHI	CHR DE	tatus	Reconsider	Modifiers	Reason
From Date	To Date	Units -	Amount \$5,000.00	СРТ/НСР	Code CS K0010-STND WT F	RAME POWER WHL	CHR DE	tatus ENIED	Reconsider	Modifiers -	Reason -
From Date	To Date	Units –	<b>Amount</b> \$5,000.00	СРТ/НСР	Code CS K0010-STND WT F	RAME POWER WHL	CHR DE	tatus	Reconsider	Modifiers -	Reason –

B Check the Status field of each PA reconsideration request to see the status of the request.



#### For more information, call **1-800-457-4454** or email **arkedi@dxc.com**

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