

## **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 school-based 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 school-based 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

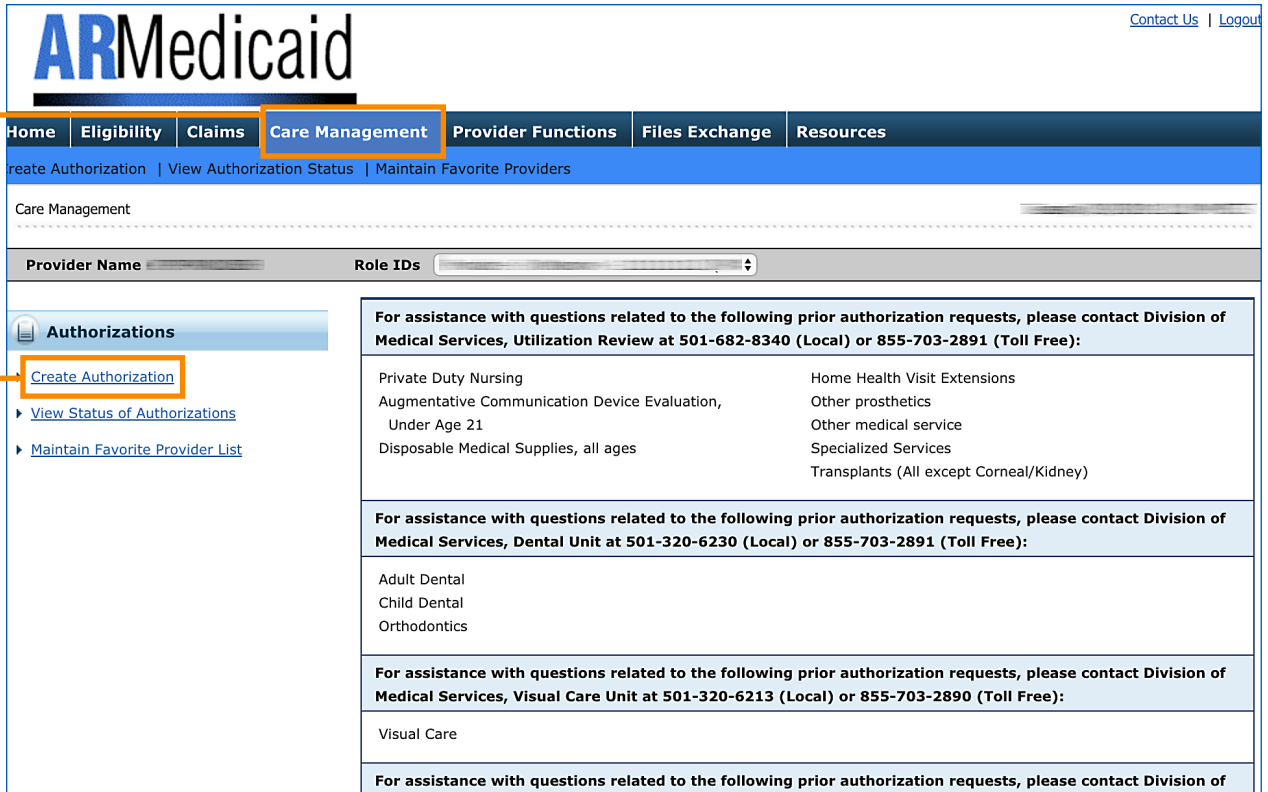
*To create a Prior Authorization request*



- 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*



The screenshot shows the ARMedicaid Provider Portal interface. At the top, there is a navigation menu with tabs: Home, Eligibility, Claims, Care Management, Provider Functions, Files Exchange, and Resources. The 'Care Management' tab is highlighted with an orange box and a '2' in a circle. Below the navigation menu, there are links for 'Create Authorization', 'View Authorization Status', and 'Maintain Favorite Providers'. The main content area is titled 'Care Management' and includes a search bar for 'Provider Name' and 'Role IDs'. On the left side, there is a sidebar with a menu titled 'Authorizations' which includes a 'Create Authorization' link highlighted with an orange box and a '3' in a circle. The main content area lists various services requiring prior authorization, grouped by the division of medical services to contact for assistance.

<b>For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Utilization Review at 501-682-8340 (Local) or 855-703-2891 (Toll Free):</b>	
Private Duty Nursing	Home Health Visit Extensions
Augmentative Communication Device Evaluation, Under Age 21	Other prosthetics
Disposable Medical Supplies, all ages	Other medical service
	Specialized Services
	Transplants (All except Corneal/Kidney)
<b>For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Dental Unit at 501-320-6230 (Local) or 855-703-2891 (Toll Free):</b>	
Adult Dental	
Child Dental	
Orthodontics	
<b>For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Visual Care Unit at 501-320-6213 (Local) or 855-703-2890 (Toll Free):</b>	
Visual Care	
<b>For assistance with questions related to the following prior authorization requests, please contact Division of</b>	

2 Click on the **Care Management** tab

3 Click on **Create Authorization**

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

### To create a Prior Authorization request

**4** 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.

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

*To create a Prior Authorization request*

5

[Contact Us](#) | [Logout](#)

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

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

ARMedicaid

Care Management > Create Authorization

Provider Name  Role IDs

**Create Authorization** ?

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

**Medical**   
  **Dental**   
  **AFMC**

**MITS Guidance**  
 • Select AFMC

\*Process Type

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

**Requesting Provider Information** -

Provider ID    
 
**MITS Guidance**  
 • Fill Requesting Provider Information with School Information

Taxonomy     Name

**Beneficiary Information** -

\*Beneficiary ID

\*Last Name     \*First Name

\*Birth Date

**Referring Provider Information** -

Referring Provider same as Requesting Provider

Select from Favorites  No favorite providers available.

Provider ID    
 
**MITS Guidance**  
 • Skip Referring Provider Information

Taxonomy     Add to Favorites

**Service Provider Information** -

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites  No favorite providers available.

\*Provider ID    
 ID Type    
 Name    
 Add to Favorites

Taxonomy     Place Of Service

**Diagnosis Information** -

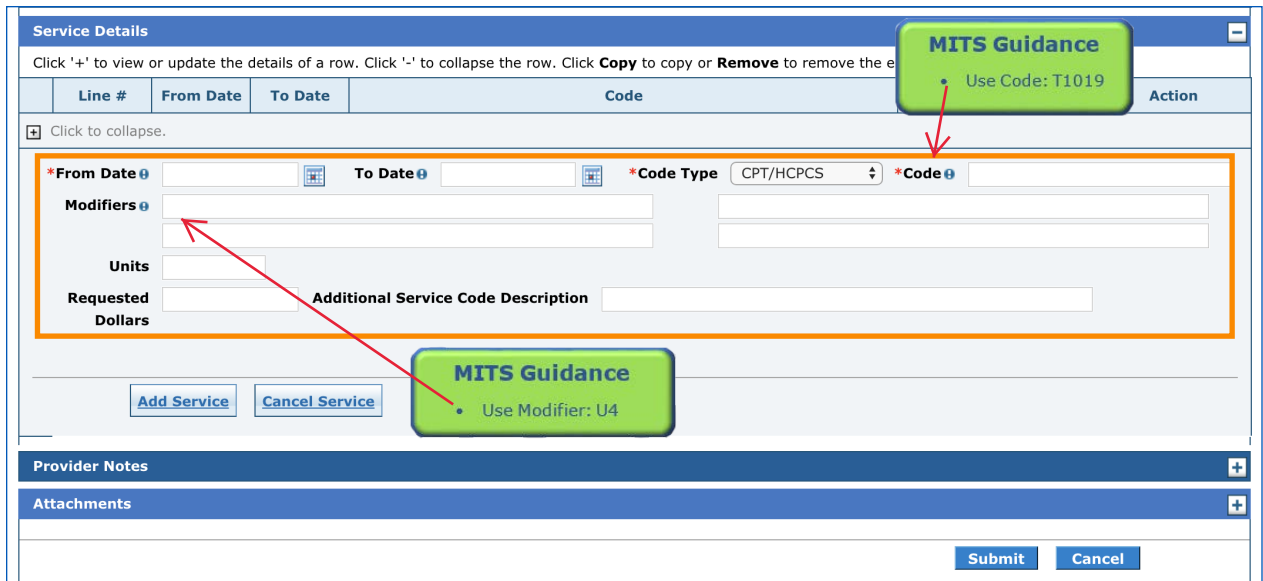
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
Diagnosis Type <input type="text"/> ICD-10-CM	Diagnosis Code <input type="text"/>	

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

### To create a Prior Authorization request

**5**



**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the e

Line #	From Date	To Date	Code	Action
Click to collapse.				
*From Date	To Date	*Code Type	CPT/HCPCS	*Code
Modifiers				
Units				
Requested Dollars		Additional Service Code Description		

**MITS Guidance**

- Use Code: T1019

**MITS Guidance**

- Use Modifier: U4

[Add Service](#) [Cancel Service](#)

**Provider Notes**

**Attachments**

[Submit](#) [Cancel](#)

**5** 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

**6**

**Attachments**

If you will be mailing or faxing supporting attachments, you will need to submit the PA Tracking Number on a cover sheet.

Transmission Method	File	Control #	Action
<input type="checkbox"/> Click to collapse.			

**\*Transmission Method**

**\*Upload File**

**Attachment Type**

**\*Description**

**MITS Guidance**

- Upload DMS-618 as an attachment
- Attachment Type: PAU-GEN

**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)

### To submit an attachment

#### GLOSSARY

**Control number:** Number assigned to documentation when submitted

**Tracking number:** Number assigned when PA is requested

- Click **Add**. You may continue to add as many attachments as needed. If you have no additional attachments, click **Submit**.
- **NOTE:** If you have more than one attachment, you will need to repeat the process
- You should see the information you selected populated in the rows (see image above). You will also be assigned a control number.

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.

PA Tracking Number	Authorized PA Number	Service Date ▲	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
<a href="#">[Redacted]</a>	<a href="#">[Redacted]</a>	11/01/2016 - 12/30/2017	APPROVED	<a href="#">[Redacted]</a>	<a href="#">[Redacted]</a>	Vision	<a href="#">[Redacted]</a>
<a href="#">[Redacted]</a>	<a href="#">[Redacted]</a>	12/30/2016	APPROVED	<a href="#">[Redacted]</a>	<a href="#">[Redacted]</a>	Vision	<a href="#">[Redacted]</a>

[Export results ...](#)

7

- 7 Once you click **Submit** – you will be given a **PA Tracking Number** that will allow you to keep track of your PA request until it is approved or denied

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

To search for a PA

8

The screenshot shows the ARMedicaid Provider Portal interface. The 'Care Management' tab is highlighted in the top navigation bar. Below the navigation bar, there are links for 'Create Authorization', 'View Authorization Status', and 'Maintain Favorite Providers'. The main content area is titled 'Care Management' and contains a search bar for 'Provider Name' and 'Role IDs'. On the left side, there is a sidebar with 'Authorizations' and three sub-links: 'Create Authorization', 'View Status of Authorizations' (which is highlighted with a red box), and 'Maintain Favorite Provider List'. The main content area is divided into three sections, each with a heading and a list of services:

- For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Utilization Review at 501-682-8340 (Local) or 855-703-2891 (Toll Free):**
  - Private Duty Nursing
  - Augmentative Communication Device Evaluation, Under Age 21
  - Disposable Medical Supplies, all ages
  - Home Health Visit Extensions
  - Other prosthetics
  - Other medical service
  - Specialized Services
  - Transplants (All except Corneal/Kidney)
- For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Dental Unit at 501-320-6230 (Local) or 855-703-2891 (Toll Free):**
  - Adult Dental
  - Child Dental
  - Orthodontics
- For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Visual Care Unit at 501-320-6213 (Local) or 855-703-2890 (Toll Free):**

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

The screenshot shows the 'Prospective Authorizations' tab selected. Below the tab, there is a search bar and a description: 'Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.' Below this is a table titled 'Prospective Authorizations' with the following columns:

PA Tracking Number	Authorized PA Number	Service Date ▲	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
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## PROVIDER PORTAL: Prior Authorization (CONTINUED)

### To search for a PA

**9a**

View Authorization Status ?

Prospective Authorizations | Search Options

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

PA Tracking Number  Authorized PA Number

Process Type

Authorization Status

Code Type  Code

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Beneficiary Information**

If beneficiary information is entered and the Beneficiary ID is not entered, then Last Name, First Name and Birth Date are all required.

Beneficiary ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

Taxonomy

This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

**Search Results**

PA Tracking Number	Authorized PA Number	Service Date	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Vision	<input style="width: 100px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Vision	<input style="width: 100px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Vision	<input style="width: 100px;" type="text"/>

[Export results ...](#)

**9a** 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\*

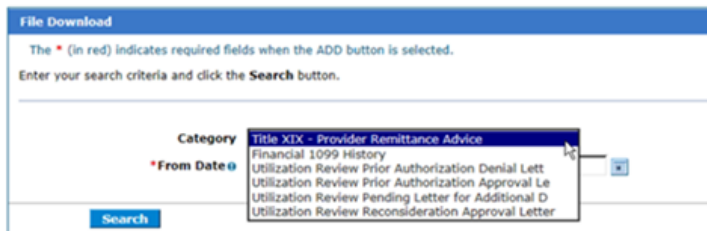
## Accessing Prior Authorization (PA) Letters

Added 10/8/19

Providers can use the [HealthCare Provider Portal \(HTML, new window\)](#) 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.



The screenshot shows a search interface titled "File Download". It includes a note: "The \* (in red) indicates required fields when the ADD button is selected." Below this, it says "Enter your search criteria and click the Search button." There are two search criteria: "Category" and "From Date". The "From Date" field has a red asterisk. A dropdown menu is open for the "Category" field, showing the following options: "Title XIX - Provider Remittance Advice", "Financial 1099 History", "Utilization Review Prior Authorization Denial Lett", "Utilization Review Prior Authorization Approval Le", "Utilization Review Pending Letter for Additional D", and "Utilization Review Reconsideration Approval Letter". A "Search" button is located at the bottom left of the form.

*Reminder: Please use a date range to search.*

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

To search for a PA

9b

View Authorization Status ?

Prospective Authorizations
Search Options

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

PA Tracking Number  Authorized PA Number

Process Type

Authorization Status

Code Type  Code

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Beneficiary Information**

If beneficiary information is entered and the Beneficiary ID is not entered, then Last Name, First Name and Birth Date are all required.

Beneficiary ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

Taxonomy

This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

Search
Reset

**Search Results**

PA Tracking Number	Authorized PA Number	Service Date	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
<input type="text"/>	<input type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input type="text"/>	<input type="text"/>	Vision	<input type="text"/>
<input type="text"/>	<input type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input type="text"/>	<input type="text"/>	Vision	<input type="text"/>
<input type="text"/>	<input type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input type="text"/>	<input type="text"/>	Vision	<input type="text"/>

Export results ...

9b 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

9c

View Authorization Status
?

Prospective Authorizations
Search Options

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

PA Tracking Number  Authorized PA Number

Process Type

Authorization Status

Code Type  Code

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Beneficiary Information**

If beneficiary information is entered and the Beneficiary ID is not entered, then Last Name, First Name and Birth Date are all required.

Beneficiary ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

Taxonomy

This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

Search
Reset

**Search Results**

PA Tracking Number	Authorized PA Number	Service Date	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
<input type="text"/>	<input type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input type="text"/>	<input type="text"/>	Vision	<input type="text"/>
<input type="text"/>	<input type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input type="text"/>	<input type="text"/>	Vision	<input type="text"/>
<input type="text"/>	<input type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input type="text"/>	<input type="text"/>	Vision	<input type="text"/>

[Export results ...](#)

9c 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

View Authorization Status ?

Prospective Authorizations
Search Options

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

PA Tracking Number  Authorized PA Number

Process Type

Authorization Status

Code Type  Code

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Beneficiary Information**

If beneficiary information is entered and the Beneficiary ID is not entered, then Last Name, First Name and Birth Date are all required.

Beneficiary ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

Taxonomy

This Provider is the  Servicing Provider on the Authorization  Referring Provider on the Authorization

Search
Reset

**Search Results**

PA Tracking Number	Authorized PA Number	Service Date	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Vision	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Vision	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	03/01/2015 - 04/30/2016	APPROVED	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Vision	<input style="width: 100%;" type="text"/>

Export results ...

10

- 10 Once you have entered your search criteria, click **Search**
  - Click the **PA Tracking Number** or **Authorized PA Number** to view the authorization response details

## 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.
- **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.

**View Authorization Status**

Prospective Authorizations Search Options

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

PA Tracking Number  Authorized PA Number

Process Type

Authorization Status

Code Type  Code

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Beneficiary Information**

If beneficiary information is entered and the Beneficiary ID is not entered, then Last Name, First Name and Birth Date are all required.

Beneficiary ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

Taxonomy

This Provider is the  Servicing Provider on the Authorization  Referring Provider on the Authorization

**Search Results**

PA Tracking Number	Authorized PA Number	Service Date	Status	Amendment Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
<a href="#">282262</a>		08/01/2018 - 08/02/2018	DENIED		TESTING, TESTING		Other medical service	

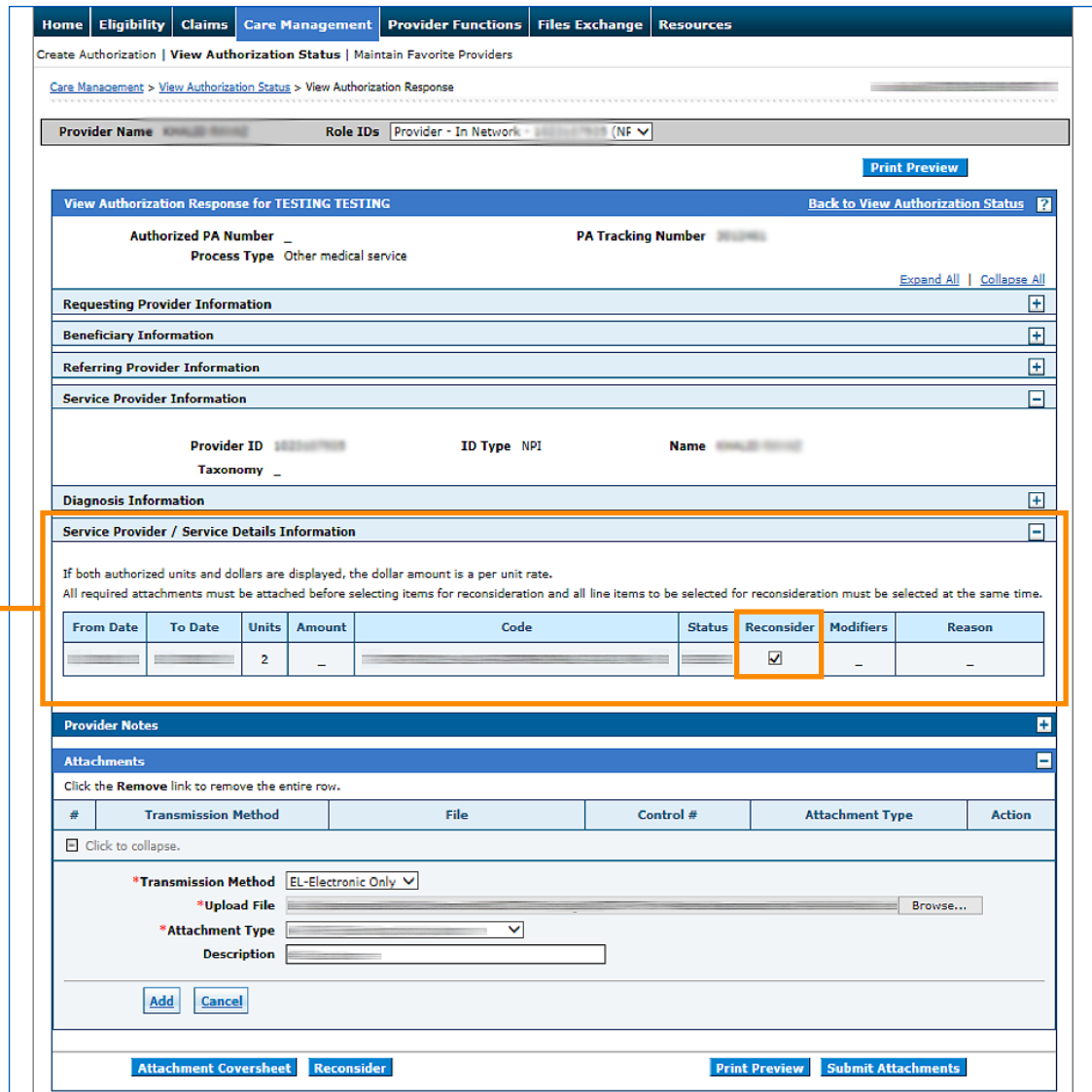
11

11 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: [Redacted] Role IDs: Provider - In Network (NF)

**View Authorization Response for TESTING TESTING** Back to View Authorization Status

Authorized PA Number: [Redacted] PA Tracking Number: [Redacted]  
Process Type: Other medical service

Requesting Provider Information  
Beneficiary Information  
Referring Provider Information  
Service Provider Information

Provider ID: [Redacted] ID Type: NP1 Name: [Redacted]  
Taxonomy: [Redacted]

Diagnosis Information

**Service Provider / Service Details Information**

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
[Redacted]	[Redacted]	2	-	[Redacted]	[Redacted]	<input checked="" type="checkbox"/>	-	-

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  
\*Upload File: [Browse...]  
\*Attachment Type: [Redacted]  
Description: [Redacted]

Add Cancel

Attachment Coversheet Reconsider Print Preview Submit Attachments

12

- 12 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

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: [Name] Role IDs: Provider - In Network (NF)

[Print Preview](#)

**View Authorization Response for TESTING TESTING** [Back to View Authorization Status](#)

Authorized PA Number: [Number] PA Tracking Number: [Number]  
 Process Type: Other medical service

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

Requesting Provider Information

Beneficiary Information

Referring Provider Information

Service Provider Information

Provider ID: [Field] ID Type: NPI Name: [Field]  
 Taxonomy: [Field]

Diagnosis Information

Service Provider / Service Details Information

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
		1	-		APPROVED	<input type="checkbox"/>	LT	-
		1	-		DENIED	<input checked="" type="checkbox"/>	RT	-

**Expedite Reconsideration**

To expedite this request you must attest that expedited request meets the following guidelines:  
 I am a physician/physician representative with knowledge of the patient's medical condition; it is my opinion that failure to expedite this appeal will delay the patient's receipt of urgent care, and that such delay could:  
 a) seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function; or  
 b) would subject the consumer to severe pain that cannot be adequately managed without the urgent care or treatment that is the subject of this matter.

**I Attest**

Provider Notes

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
	*Transmission Method			*Attachment Type	Description
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

[Attachment Coversheet](#) [Reconsider](#) [Print Preview](#) [Submit Attachments](#)

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- 13 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.  
*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

Care Management > View Authorization Status > View Authorization Response

Provider Name: [REDACTED] Role IDs: Provider - In Network (NF)

[Print Preview](#)

**View Authorization Response for TESTING TESTING** [Back to View Authorization Status](#)

Authorized PA Number: [REDACTED] PA Tracking Number: [REDACTED]  
 Process Type: Other medical service

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

**Requesting Provider Information** (+)

**Beneficiary Information** (+)

**Referring Provider Information** (+)

**Service Provider Information** (-)

Provider ID: [REDACTED] ID Type: NPI Name: [REDACTED]  
 Taxonomy: [REDACTED]

**Diagnosis Information** (+)

**Service Provider / Service Details Information** (-)

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
[REDACTED]	[REDACTED]	2	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	-	-

**Provider Notes** (+)

**Attachments** (-)

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					

\*Transmission Method: [Dropdown]  
 \*Upload File: [Browse...]  
 \*Attachment Type: [Dropdown]  
 Description: [Text Field]

[Add](#) [Cancel](#)

[Attachment Coversheet](#) [Reconsider](#) [Print Preview](#) [Submit Attachments](#)

[Go to Top](#)

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15

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

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

### To request a reconsideration

The screenshot shows the ARMedicaid Provider Portal interface. A confirmation dialog box is overlaid on the page, asking: "Did you upload the necessary attachments and select the complete list of line items you want reconsidered? Do you want to continue with reconsideration?" The "Yes" button is highlighted with an orange box. An orange circle with the number "16" is positioned to the left of the dialog box, with a line pointing to the "Yes" button.

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

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

### To request a reconsideration

The screenshot shows the ARMedicaid Provider Portal interface. At the top, there are navigation tabs: Home, Eligibility, Claims, Care Management, Provider Functions, Files Exchange, and Resources. The main content area displays 'View Authorization Response for TESTING TESTING'. A dialog box titled 'Submit Reconsideration Results' is open in the center, showing a success message and an 'OK' button. Below the dialog box, there is a table with columns: From Date, To Date, Units, Amount, Code, Status, Reconsider, Modifiers, and Reason. The 'Reconsider' column has a checked box. At the bottom of the page, there are buttons for 'Attachment Coversheet', 'Reconsider', 'Print Preview', and 'Submit Attachments'.

- 17 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.

## PROVIDER PORTAL: Prior Authorization (CONTINUED)

*To request a reconsideration*

18

Search Results								
PA Tracking Number	Authorized PA Number	Service Date ▼	Status	Amendment Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
		07/11/2018 - 07/14/2018	RECONSIDERATION				Other medical service	
		06/25/2018 - 07/05/2018	RECONSIDERATION				Other medical service	

From Date	To Date	Units	Amount	Code	Status	Reconsider	Modifiers	Reason
		-	\$5,000.00	CPT/HCPCS K0010-STND WT FRAME POWER WHCHR	DENIED	<input type="checkbox"/>	-	-

From Date	To Date	Units	Amount	Code	Status	Reconsider	Modifiers	Reason
01/10/2018	01/11/2018	2	-	CPT/HCPCS H2024-SUPPORTED EMPLOY, PER DIEM	APPROVED	<input type="checkbox"/>	-	-

18 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 [arkedid@dx.com](mailto:arkedid@dx.com)

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