

## Maternal Life360 HOME Portal

**The Life360 Provider portal is only available to enrolled providers in the Life360 HOME program and Life360 hospital's Provider account.**

**To create an Authorization, or a request to enroll an individual in the Maternal Life360 HOME program, the Life360 will need the following items:**

- Beneficiary information including Full Name, Date of Birth, and Medicaid/insurance ID of the individual that the Life360 is requesting to enroll. The portal will accept either Date of Birth or Medicaid/insurance ID.
- A referral, or documentation of the primary Supervision of High-Risk Diagnosis code from the individual's medical provider.
- The individual's consent to participate in the Maternal Life360 HOME services including signature.

ARMedicaid

Home

Home Tuesday 08/02/2016 10:30 AM CST

**1**

**Login**

\*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.

**Protect Your Privacy!**  
Always log off and close all of your browser windows

**Would you like to enroll as a Provider or a Trading Partner?**

[Provider](#)  
[Trading Partner](#)

**Looking for a Doctor or Hospital near you?**

[Search Providers](#)

**DHS-703 form**

[Fill out Medical Eligibility Application](#)  
[Check Status of Medical Eligibility](#)

[FAQs](#) [Links and Tools](#) [Learn More About](#)

[Help us provide better service to you! Click here to give us your feedback.](#)

[Website Requirements](#)

[Provider Manual](#)

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**.

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<b>Home</b>	<b>Eligibility</b>	<b>Claims</b>	<b>Care Management</b>	<b>Provider Functions</b>	<b>Files Exchange</b>	<b>Resources</b>
<a href="#">Create Authorization</a>   <a href="#">View Authorization Status</a>   <a href="#">Maintain Favorite Providers</a>						
Care Management <span style="float: right;">Thursday 10/24/2024 04:52 PM CST</span>						
<b>Provider Name</b> PCP PROVIDER		<b>Role IDs</b> Provider - In Network - 111111112 (NP ▼)				

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**Authorizations**

- [Create Authorization](#)
- [View Status of Authorizations](#)
- [Maintain Favorite Provider List](#)

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 (102)	Hearing Services (107)
Augmentative Communication Device Evaluation (108)	Home Health Visit Extensions (110)
* Under Age 21	Eye Prosthetics (111)
Disposable Medical Supplies, all ages (109)	Special Procedure Codes (114)
- Incontinence supplies	- 58940-58941; 59850-59852; 59855-59857; 01966
	Targeted Case Management (130)

For assistance with questions related to the following prior authorization requests, please contact Acentra Health Customer Service 1-888-660-3831 or Atrezzo Provider Portal: <https://atrezzo.acentra.com>

Adult Dental (103)  
Child Dental (104)  
Orthodontics (105)

For assistance with questions related to the following prior authorization requests, please contact Division of Medical Services, Visual Care Unit at 501-320-6222 (Local) or 855-703-2890 (Toll Free):

Visual Care (116)

For assistance with questions related to the enrollment requests for Life360 HOME clients, please contact Arkansas Foundation for Medical Care at 1-888-987-1200 (Toll Free):

Life 360 Maternal (361)  
Life 360 Rural (362)  
Life 360 Success (363)

- Click on the **Care Management** tab.
- Click on Create Authorization.



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[Care Management](#) > Create Authorization Friday 11/04/2022 07:34 AM CST

Provider Name  Role IDs

**Create Authorization** ?

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

☐ State Medical ☐ AFMC ☒ Life 360

\*Process Type  [Expand All](#) | [Collapse All](#)

Requesting Provider Information

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4. Select **Life360 radio button** above the **Process Type** field.
5. Once selected, choose the **Maternal Process Type**.

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[Care Management](#) > Create Authorization Friday 11/04/2022 07:37 AM CST

Provider Name  Role IDs

**Create Authorization** ?

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

☐ State Medical ☐ AFMC ☒ Life 360

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

Requesting Provider Information

Provider ID  ID Type  Name

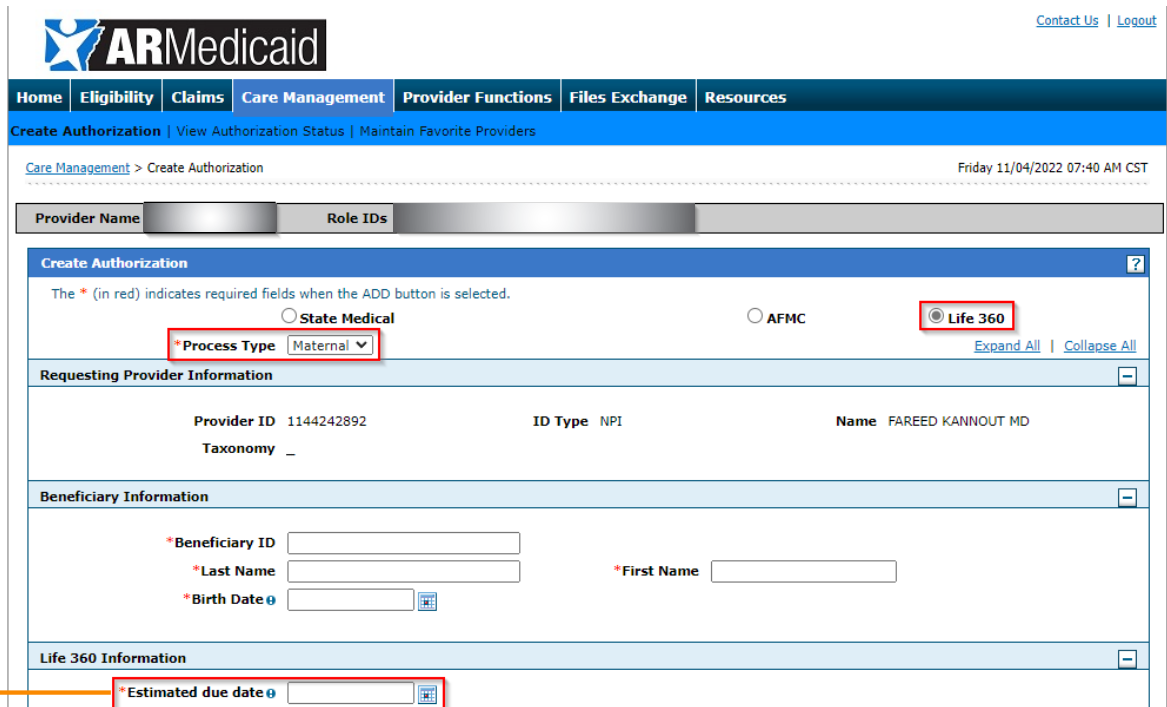
Taxonomy

Beneficiary Information

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For more information call 1-800-691-6464



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

[Care Management](#) > Create Authorization Friday 11/04/2022 07:40 AM CST

**Provider Name**  **Role IDs**

**Create Authorization** ?

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

☐ State Medical ☐ AFMC ☒ Life 360

\* **Process Type** Maternal [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** -

**Provider ID** 1144242892 **ID Type** NPI **Name** FAREED KANNOUT MD

**Taxonomy** \_

**Beneficiary Information** -

\* **Beneficiary ID**

\* **Last Name**  \* **First Name**

\* **Birth Date**

**Life 360 Information** -

\* **Estimated due date**


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- Once selected, the "Estimated due date" field should appear under the "Life360 Information" panel.

Enter the estimated due date.

**Note:** This authorization requires an estimated due date that is a future date. If the date is left blank or is a date that is not greater than the current date, errors will be received.

- Once complete, fill in all required fields including **Beneficiary Information (Medicaid ID)**, Servicing Provider Information, and Diagnosis code, Service Details. If Beneficiary ID is not known, enter at least two of the following: Enter Social Security Number, First and Last Name and Date of Birth.


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[Care Management](#) > Create Authorization
 Friday 11/04/2022 07:49 AM CST

Provider Name: FAREED KANNOUT    Role IDs:

**Create Authorization**

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

☐ State Medical    ☐ AFMC    ☒ Life 360

\*Process Type: Maternal

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

**Requesting Provider Information**

Provider ID: 1144242892    ID Type: NPI    Name: FAREED KANNOUT MD  
 Taxonomy:

**Beneficiary Information**

\*Beneficiary ID:   
 \*Last Name:   
 \*First Name:   
 \*Birth Date:

**Life 360 Information**

Estimated due date: 11/18/2022

**Referring Provider Information**

Referring Provider same as Requesting Provider: ☐  
 Select from Favorites: No favorite providers available.  
 Provider ID:    ID Type:    Name:    Add to Favorites: ☐  
 Taxonomy:

**Service Provider Information**

Service Provider same as Requesting Provider: ☒  
 Select from Favorites: No favorite providers available.  
 \*Provider ID:    ID Type: NPI    Name: FAREED KANNOUT MD    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
ICD-10-CM	J1000-FLU DUE TO OTH IDENT FLU VIRUS W UNSP TYPE OF PNEUMONIA	<a href="#">Remove</a>

Click to collapse.

Diagnosis Type: ICD-10-CM    Diagnosis Code:   
 Add    Cancel

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The Referring Provider is the physician (OB/GYN, PCP, etc.) referring the client for Life360 services

Provider number for the location where services were rendered (facility)

**Note:** A high risk pregnancy diagnosis is required.



8. Under the **Service Details Panel**, only one detail line can be added. Codes and Modifiers are not needed and should NOT be entered. You **must** enter a *From Date*, *To Date* and 1 Unit on the Service Details panel. **Additionally, the *From Date*, *To Date* should span a minimum of one month.** Once entered, click "Save Service" to add the service line to your authorization.

**Service Details**

Only one Service Detail can be added per Prior Authorization Submission for Maternal.  
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	Line #	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/>	1	11/04/2022	11/11/2022			1	<a href="#">Remove</a>

**\*From Date** 11/04/2022 **To Date** 11/11/2022

**Modifiers**

**Units** 1

**Requested Dollars**

**Additional Service Code Description**

[Save Service](#) [Cancel Service](#)

**Provider Notes**

9. **To submit an attachment (Maximum File Size: 700MB)**

You **must** attach the client consent form and high-risk referral. To attach, please complete the following:

- Scroll down to the Attachments Panel. Click the "+" to expand the panel.
- Attachment Process:
  1. Select a file to be uploaded.
    - a. A progress/flashing yellow indicator will be displayed.
    - b. The yellow indicator will turn to green when the upload is complete.
  2. Select the **Add** button to add the attachment to the authorization.

**Attachments**

To add an attachment, complete the required fields and click the Add button.  
Use the "Other" selection to upload attachments not in the list.

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

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

**\*Transmission Method** EL-Electronic Only

**Upload File**

Testing Member Consent Form upload.docx

**\*Attachment Type** (REQUIRED) Member Consent

**\*Description**

(REQUIRED) Member Consent  
(REQUIRED) Medical Referral (with High-Risk diagnostic code)  
(OPTIONAL) Other Miscellaneous

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

The attachment will display in the list of attachments when this is complete.


Attachments				
If you will be mailing or faxing supporting documents, you will need to submit the PA Tracking Number on a cover sheet. Click the Remove link to remove the entire row.				
#	Transmission Method	File	Control #	Action
1	EL-Electronic Only	27MB.TXT (29038K)	20201007143804	<a href="#">Remove</a>
Click to add attachment.				
			<b>Submit</b>	<b>Cancel</b>

If you have no additional attachments, click **Submit**. If you have more than one attachment, you will need to repeat the process and will be assigned a control number.

Once complete, click **Confirm**.

Provider Notes	
No Attachments exist for this authorization	
Prior Authorization requests cannot be edited or changed after clicking the Confirm button. Please ensure required fields are completed appropriately.	
<b>Back</b>	<b>Confirm</b> <b>Cancel</b>

- Once you click **Confirm** – you will be given an **Authorization Tracking Number** that will allow you to keep track of your request until it is approved or denied.


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[Care Management](#) > Authorization Receipt
 Friday 11/04/2022 07:56 AM CST

**Provider Name** FAREED KANNOUT    **Role IDs** Provider - In Network - 1144242892 (NP)

**Authorization Receipt**

10 Your Authorization Tracking Number 3038654 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.  
 Click **Copy** to copy member data or authorization data.  
 Click **New** to create a new authorization for a different member.  
 General Authorization Receipt Instructions

**Print Preview**   **Copy**   **New**



To access the Authorization status report

## 11. Click on the Files Exchange tab.



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Home Tuesday 12/06/2022 02:40 PM CST

**Provider Name** PCP PROVIDER **Role IDs** Provider - In Network - 111111112 (NP ▼)

**User Details**

Welcome PCP Provider

[My Profile](#)

[Manage Accounts](#)

**Provider**

**Name** PCP PROVIDER

**Provider ID** 111111112 (NPI)

**Revalidation Date** 03/01/2022

[Characteristics](#)

**Welcome Health Care Professional!**

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Claims  
Gainwell Technologies  
PO BOX 8034  
LITTLE ROCK, AR 72203

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

## 12. Click “Provider Downloads” on the File Exchange panel.



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Provider Downloads | Health Care Innovation – Document Retrieval System

Files Exchange Wednesday 09/02/2020 11:10 AM CST

**Provider Name**  **Role IDs**

**Files Exchange**

[Provider Downloads](#)





13. From the drop-down list, select **Life360 Enrollment Prior Authorizations CSV**

**File Download**

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

Enter your search criteria and click the **Search** button.

Category: **COVID CSV REPORT**

**Search**

- COVID CSV REPORT
- LIFE360 MEMBER ASSIGNMENT FAILURE REPORT CSV FORMAT
- UTILIZATION REVIEW RECONSIDERATION DENIAL LETTER
- UTILIZATION REVIEW PRIOR AUTHORIZATION DENIAL LETTER - PROVIDER
- LIFE360 MEMBER ROSTER CSV FORMAT
- UTILIZATION REVIEW RECONSIDERATION APPROVAL LETTER
- UTILIZATION REVIEW PRIOR AUTHORIZATION APPROVAL LETTER
- EXPLANATION OF RECOUPMENT
- LIFE 360 ENROLLMENT PRIOR AUTHORIZATIONS CSV**
- TITLE XIX - PROVIDER REMITTANCE ADVICE (TXIX)
- PROVIDER REVALIDATION NOTICE LETTER 30, 60, AND 90 DAY.
- MC/CAP PAYMENT LISTING (LIFE360 MATERNAL) CSV FORMAT
- MC/CAP PAYMENT LISTING (LIFE360 MATERNAL) PDF FORMAT

14. Enter the desired date range and click Search.

Category: **LIFE 360 ENROLLMENT PRIOR AUTHORIZATIONS CSV**

\*From Date: **11/18/2022** \*To Date: **12/02/2022**

**Search**

15. Select the report you wish to view.

**Files Available to Download From 11/18/2022 To 12/2/2022**

To Download the file; click the File Name

Total Records: 4

File Name	Create Date
<a href="#">PAU-A360-C,PAX_REPORTS,PAX_REPORTS_CSV,20221128,20221130050013,220053105-8761.CSV</a>	11/28/2022 00:00
<a href="#">PAU-A360-C,PAX_REPORTS,PAX_REPORTS_CSV,20221128,20221130140012,220053105-9622.CSV</a>	11/28/2022 00:00
<a href="#">PAU-A360-C,PAX_REPORTS,PAX_REPORTS_CSV,20221124,2022125200012,220053105-2617.CSV</a>	11/24/2022 00:00
<a href="#">PAU-A360-C,PAX_REPORTS,PAX_REPORTS_CSV,20221118,20221123132528,220053105-5958.CSV</a>	11/18/2022 00:00

**Note:** The reports will be generated weekly, on Friday evening, and will include all **Life360 Authorizations** created during the week (Saturday through Friday). The reports will also include any **Life360 Authorizations** finalized during that same timeframe. One of the following statuses will be shown on the reports: "Pending", "Approved", and "Denied".