

Provider Portal: Prior Authorization

To Create a Prior Authorization Request



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Home

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

Login

*User ID

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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.



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DHS-703 form

[Fill out Medical Eligibility Application](#)
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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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Care Management

Tuesday 01/11/2022 11:03 AM CST

Provider Name PCP PROVIDER

Role IDs Provider - In Network - 1111111112 (NP ▼)

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Authorizations

[Create Authorization](#)

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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

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 (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 501-320-6213 (Local) or 855-703-2890 (Toll Free):

Visual Care (116)

For assistance with questions related to the following prior authorization requests, please contact Division of Developmental Services at 501-682-8665.

CES Waiver	Developmental Rehab Services
DDS Services	Title V
First Connections	

2. Click on the **Care Management** tab.

3. Click on **Create Authorization**.



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





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

[Care Management](#) > Create Authorization Wednesday 11/18/2020 04:09 PM CST

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

Create Authorization ?

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

☒ **State Medical** ☐ **State Dental** ☐ **AFMC**

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

Requesting Provider Information -

Provider ID ▼	ID Type NPI	Name PCP PROVIDER
Taxonomy ▼		

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4. Select **State Medical**, **State Dental** or **AFMC** above the **Process Type** field.

- The listed **Process Types** are the only ones available on the portal.



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





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HEALTHCARE PORTAL

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[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

*Process Type

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

Requesting Provider Information

Provider ID

ID Type NPI

Name

Taxonomy

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

ID Type

Name

Add to Favorites

Taxonomy

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

ICD-10-CM

Diagnosis Code

Add

Cancel



For more information call 1-800-457-4454



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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 entire row.

Line #	From Date	To Date	Code	Modifiers	Units	Action
Click to collapse.						
<div><div>*From Date <input type="text"/></div><div>To Date <input type="text"/></div><div>*Code Type CPT/HCPCS <input type="text"/></div><div>*Code <input type="text"/></div><div>Modifiers <input type="text"/></div><div>Units <input type="text"/></div><div>Requested <input type="text"/> Additional Service Code Description <input type="text"/></div><div>Dollars <input type="text"/></div></div>						
<div>Add Service Cancel Service</div>						

Provider Notes

Attachments

Submit Cancel

5. Choose the correct **Process Type** from the drop down menu. Once complete, fill in all 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.



For more information call 1-800-457-4454



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To submit an attachment (**NEW! File Size increased to 700MB**)

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

- Scroll down to the **Attachments Panel**. Click the “+” to expand the panel.
- Attachment Process:

1. Select a file to be uploaded.

a. A progress and 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

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
Click to collapse.				
*Transmission Method: EL-Electronic Only				
Upload File: 27MB.txt				
*Attachment Type: PAU_GEN-Supporting Document				
Description: Test 27MB for CSR 47708				
Add Cancel				
Submit 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	Remove
Click to add attachment.				
Submit Cancel				

If you have no additional attachments, click **Submit**. If you have more than one attachment, you will need to repeat the process. Each attachment 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.

Back Confirm Cancel

Prospective Authorizations Search Options

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.

Prospective Authorizations

PA Tracking Number	Authorized PA Number	Service Date ▲	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
		11/01/2016 - 12/30/2017	APPROVED			Vision	
		12/30/2016	APPROVED			Vision	

[Export results ...](#)

7. Once you click **Confirm**, 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.

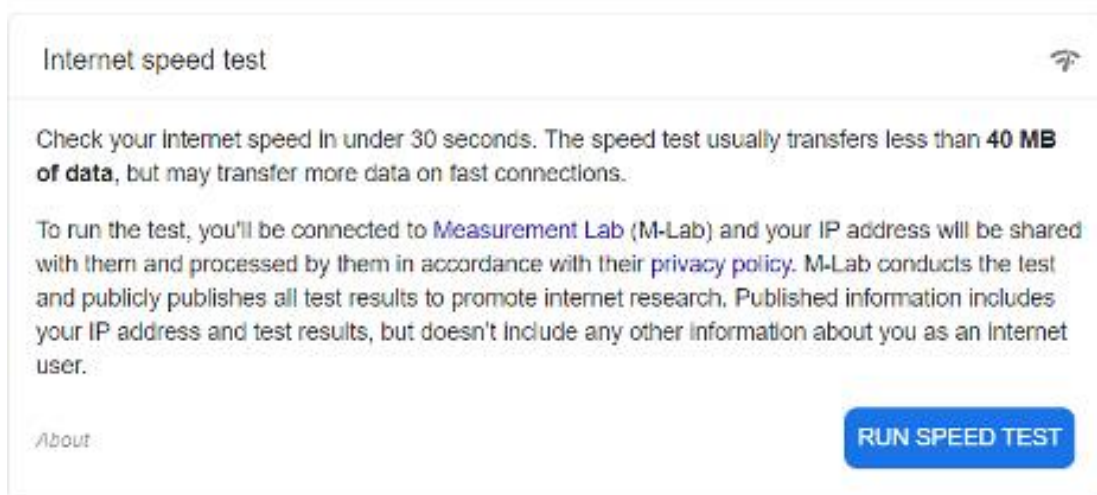
Standard Upload File Times

The file upload times assume that you have a minimum of 5 Mbps upload for any file that is 50 MB or larger.

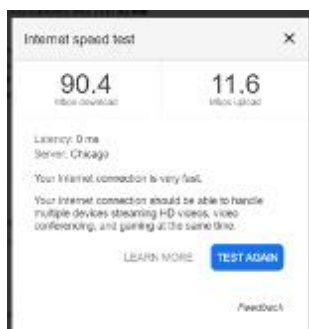
File Size	Time Range
< 100 MB	2 - 3 Minutes
100 MB	3 - 4 Minutes
500 - 700 MB	7 – 15 Minutes

Speed Test

To determine your network speed, use **Google** to search for “speed test”. The following will appear at the top:



Select the **Run Speed Test** button. The test will run and present you with the results.





To Search for a PA

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Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management Tuesday 01/11/2022 11:06 AM CST

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

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)
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Disposable Medical Supplies, all ages (109)	Special Procedure Codes (114)
- Incontinence supplies	- 58940-58941; 59850-59852; 59855-59857; 01966

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

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 Authorizations Search Options

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.

Prospective Authorizations							
PA Tracking Number	Authorized PA Number	Service Date ▲	Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider



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 **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 ...](#)

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.



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





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 or Last Name, First Name. If **Beneficiary ID** is not entered, the remaining fields are all required.



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, or Taxonomy. Select whether this provider is the Servicing Provider on the Authorization or Referring Provider on the Authorization.



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 ...](#)

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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.

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.

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[Care Management](#) > View Authorization Status
Tuesday 07/24/2018 03:56 PM CST

Provider Name
Role IDs Provider - In Network NP

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	Amendment Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
20180801		08/01/2018 - 08/02/2018	DENIED		TESTING, TESTING	20180801	Other medical service	20180801

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



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[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

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
<input type="text"/>	<input type="text"/>	2	-	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	-	-

Provider Notes
 Attachments
 Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
*Transmission Method <input type="text"/> EL-Electronic Only *Upload File <input type="text"/> <input type="button" value="Browse..."/> *Attachment Type <input type="text"/> Description <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

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

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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.



For more information call 1-800-457-4454





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Provider Name Role IDs (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

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
<input type="text"/>	<input type="text"/>	1	-	<input type="text"/>	APPROVED	<input type="checkbox"/>	LT	-
<input type="text"/>	<input type="text"/>	1	-	<input type="text"/>	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
<input type="checkbox"/> Click to collapse.					
*Transmission Method <input type="text"/> *Attachment Type <input type="text"/> Description <input type="text"/>					
Add 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 box.



For more information call 1-800-457-4454



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Provider Name [XXXXXXXXXX](#) Role IDs [Provider - In Network](#) [XXXXXXXXXX](#) (NF) [Print Preview](#)

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

Authorized PA Number [XXXXXXXXXX](#) PA Tracking Number [XXXXXXXXXX](#)

Process Type Other medical service [Expand All](#) | [Collapse All](#)

Requesting Provider Information [+](#)

Beneficiary Information [+](#)

Referring Provider Information [+](#)

Service Provider Information [-](#)

Provider ID [XXXXXXXXXX](#) ID Type NPI Name [XXXXXXXXXX](#)

Taxonomy [-](#)

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
-	-	2	-	-	-	<input checked="" type="checkbox"/>	-	-

Provider Notes [+](#)

Attachments [-](#)

Click the [Remove](#) link to remove the entire row.

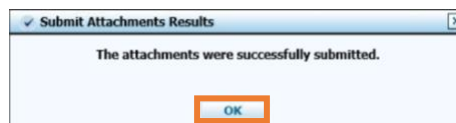
#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
<div> <div> *Transmission Method - </div> <div> *Upload File Browse... </div> <div> *Attachment Type - </div> <div> Description - </div> </div>					
Add Cancel					

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

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

15. Click on **Submit Attachments**.

15a. You will see a pop-up box that says, "The attachments were successfully submitted".



15b. Click "Ok" to continue.



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

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Provider Name: [ARMedicaid](#) Role IDs: Provider - In Network: [ARMedicaid](#) (NF) [Print Preview](#)

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

Authorized PA Number: [ARMedicaid](#) PA Tracking Number: [ARMedicaid](#)
Process Type: Other medical service [Expand All](#) | [Collapse All](#)

Requesting Provider Information [+](#)
Beneficiary Information [+](#)
Referring Provider Information [+](#)
Service Provider Information [-](#)

Provider ID: [ARMedicaid](#) ID Type: NPI Name: [ARMedicaid](#)
Taxonomy: [ARMedicaid](#)

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
		2	-			<input checked="" type="checkbox"/>	-	-

Provider Notes [+](#)

Attachments [-](#)
Click the Remove link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
*Transmission Method: ARMedicaid					
*Upload File: ARMedicaid Browse...					
*Attachment Type: ARMedicaid					
Description: ARMedicaid					
Add Cancel					

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

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16. 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 Name: KIMBLE, NICHOLE Role IDs: Provider - In Network - 2000007902 (NP) [Print Preview](#)

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

Authorized PA Number: PA Tracking Number: 2000007902
Process Type: Other medical service [Expand All](#) | [Collapse All](#)

Requesting Provider Information +
Beneficiary Information +
Referring Provider Information +
Service Provider Information -
Provider ID: Taxonomy: +
Diagnosis Information +
Service Provider / Service Details Information -
If both authorized units and dollars are displayed, the units must be selected at the same time.

Confirmation
Did you upload the necessary attachments and select the complete list of line items you want reconsidered?
Do you want to continue with reconsideration?
[Yes](#) [No](#)

From Date	To Date	Units	Amount	Code	Status	Reconsider	Modifiers	Reason
		2	-			<input checked="" type="checkbox"/>	-	-

Provider Notes +

Attachments -
Click the [Remove](#) link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
1	EL-Electronic Only	Test document for testing the portal attachment functionality for a reconsideration on the portal.docx (12K)	2000007902	PAU_GEN-Supporting Document	Remove

Click to add attachment.

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

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

**ARMedicaid****HEALTHCARE PORTAL****JOB+AID**

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

[Care Management](#) > [View Authorization Status](#) > [View Authorization Response](#)

Provider Name: KHALID SHAH Role IDs: Provider - In Network - 000000000 (NP) [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: 100000000 ID Type: NPI Name: KHALID SHAH
Taxonomy: _

Diagnosis Information: +
Service Provider / Service Details Information: -

Submit Reconsideration Results X

The request for reconsideration was successfully submitted.

OK

If both authorized units and dollars are displayed, you must select the units and dollars to be reconsidered. 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
		2	-			<input checked="" type="checkbox"/>	-	-

Provider Notes +

Attachments -

Click the [Remove](#) link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
1	EL-Electronic Only	Test document for testing the portal attachment functionality for a reconsideration on the portal.docx (12K)	000000000		Remove

Click to add attachment.

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

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18. 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.



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



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Search Results									
PA Tracking Number	Authorized PA Number	Service Date ▼	Status	Amendment Status	Beneficiary Name	Beneficiary ID	Process Type	Serving 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 WHLCHR	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"/>	-	-	

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



For more information call 1-800-457-4454





To Request an Extension on a Medicaid Utilization Management Program (MUMP) Prior Authorization

20

The screenshot shows the ARMedicaid 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 'Care Management' section is active, displaying a 'Provider Name' field with 'PCP PROVIDER' and a 'Role IDs' dropdown menu set to 'Provider - In Network'. On the left, there is a sidebar with 'Authorizations' and links for 'Create Authorization', 'View Status of Authorizations', and 'Maintain Favorite Provider List'. On the right, there is a box titled '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):' containing a list of services and their corresponding codes.

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

20. Select the **Care Management** Tab.

20a

The screenshot shows the ARMedicaid portal interface. The 'View Authorization Status' link 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 'View Authorization Status' section is active, displaying a 'Provider Name' field with 'PCP PROVIDER' and a 'Role IDs' dropdown menu set to 'Provider - In Network'. On the left, there is a sidebar with 'Authorizations' and links for 'Create Authorization', 'View Status of Authorizations', and 'Maintain Favorite Provider List'. On the right, there is a box titled '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):' containing a list of services and their corresponding codes.

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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

20a. Select the **View Authorization Status** link.



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



21. Select the **Search Options** tab.



This opens the **Search Options** panel.

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

[Care Management](#) > [View Authorization Status](#) Tuesday 11/24/2020 01:07 PM CST

Provider Name: PCP PROVIDER **Role IDs:** Provider - In Network - Provider - In Network

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 Process Type

Authorization Status Authorization Status

Code Type Code Type Code

Select a Day Range or specify a Service Date

Day Range Next 14 days 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 ID Type

Taxonomy Taxonomy

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

[Search](#) [Reset](#)

22. Enter the PA Tracking Number or Authorized PA Number in which you would like to request an extension. If you do not have either of these numbers, populate the fields needed to find the Inpatient Prior Authorization.

Provider Name
Role IDs
Provider - In Network

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



23

23. Review the **Search Results** panel to ensure the Status is **Approved**. Once complete, select the specific **PA Tracking Number** link from the search results by clicking the blue hyperlink tracking number.

Provider Name: _____ Rule IDs: Provider - In Network - _____

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	Amendment Status	Beneficiary Name	Beneficiary ID	Process Type	Servicing Provider
[Link]		01/01/2020 - 01/05/2020	APPROVED				Inpatient Services	

[Export results...](#)



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24. Key in a new service detail information by populating the fields in the panel. Once complete, click the **Add Service** button to add the new detail line item. This new line item will serve as your extension request.

Service Provider / Service Details Information

If both authorized units and dollars are displayed, the dollar amount is a per unit rate. Extension approved, new service lines can be added.

Service Details									
	From Date	To Date	Units	Amount	Code	Status	Reconsider	Modifiers	Reason
<input type="checkbox"/>	01/01/2020	01/03/2020	2	--	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED	<input type="checkbox"/>	--	--
<input type="checkbox"/>	01/04/2020	01/06/2020	3	--	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED	<input type="checkbox"/>	--	--
<input type="checkbox"/>	01/07/2020	01/09/2020	2	--	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED	<input type="checkbox"/>	--	--

☐ Collapse

*From Date: To Date: *Code Type: *Code:

Modifiers:

Units:

Requested Dollars: Additional Service Code Description:

Add Service **Cancel Service**



For more information call 1-800-457-4454





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The extension line item request has been added to the Prior Authorization.

Service Provider / Service Details Information

If both authorized units and dollars are displayed, the dollar amount is a per unit rate. Extension approved, new service lines can be added

Service Details									
	From Date	To Date	Units	Amount	Code	Status	Reconsider	Modifiers	Reason
<input type="checkbox"/>	01/01/2020	01/03/2020	2	--	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED	<input type="checkbox"/>	--	--
<input type="checkbox"/>	01/04/2020	01/06/2020	3	--	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED	<input type="checkbox"/>	--	--
<input type="checkbox"/>	01/07/2020	01/09/2020	2	--	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED	<input type="checkbox"/>	--	--
<input type="checkbox"/>	01/10/2020	01/12/2020	3	--	CPT/HCPCS Z9999-INPATIENT STAY	--	<input type="checkbox"/>	--	--

☐ Collapse

*From Date To Date *Code Type CPT/HCPCS *Code

Modifiers

Units

Requested Dollars Additional Service Code Description

25. At the bottom of the page, click the **Submit Extension** button to complete your request for an extension on the Prior Authorization.

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You should receive confirmation that your request has been submitted.



For more information call 1-800-457-4454

