

# Secure Provider Portal

## HOW TO SUBMIT A PRIOR AUTHORIZATION

Follow the steps below to submit a Prior Authorization (PA)



### 1 STEP 1: Visit the Arkansas Total Care Home Page

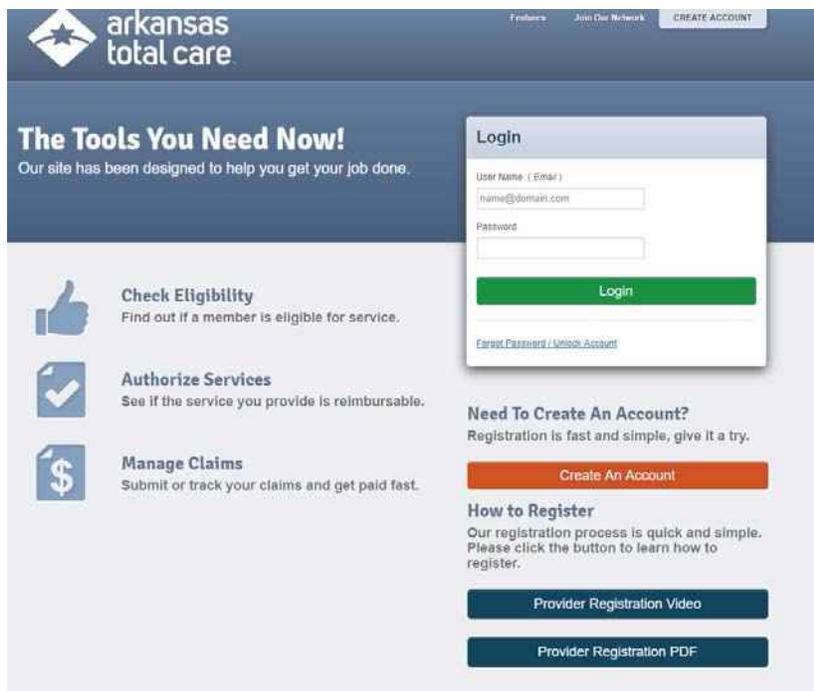
Click on "For Providers" on the home page.



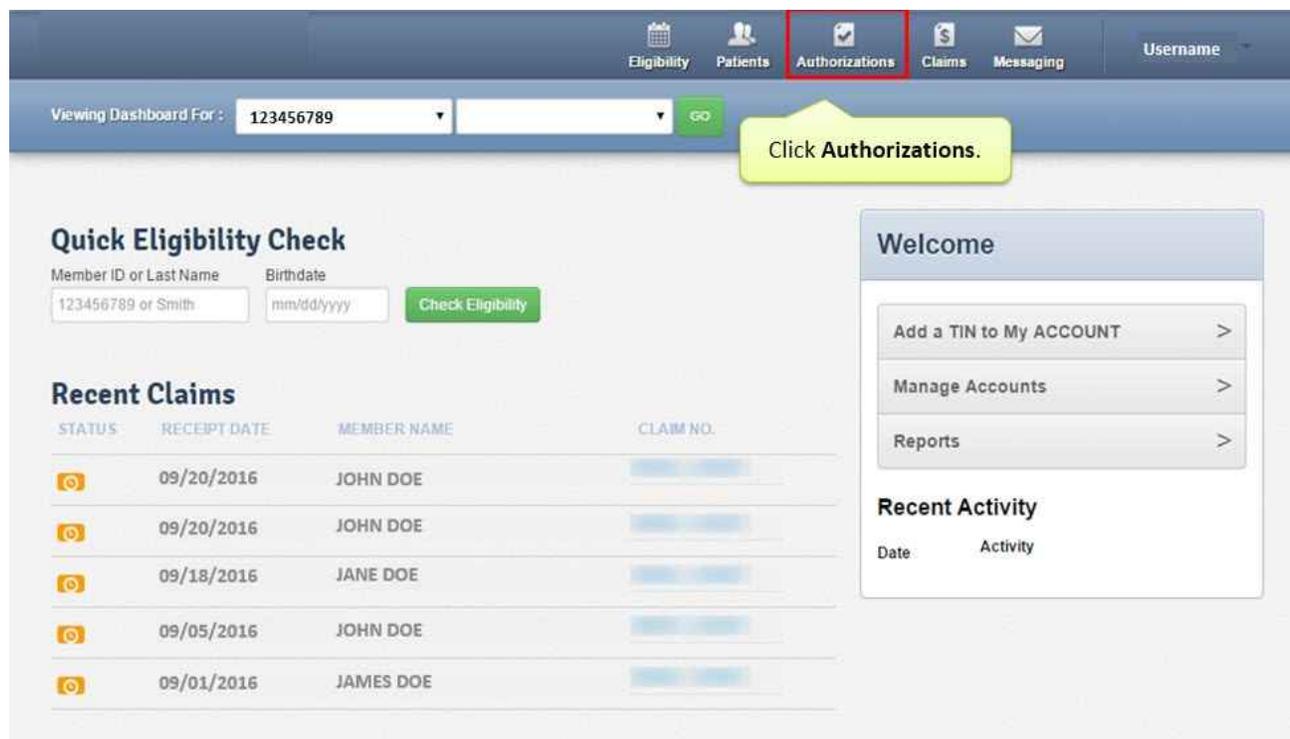
### 2 STEP 2: Click "Login Now"



### 3 STEP 3: Sign into your Secure Provider Portal

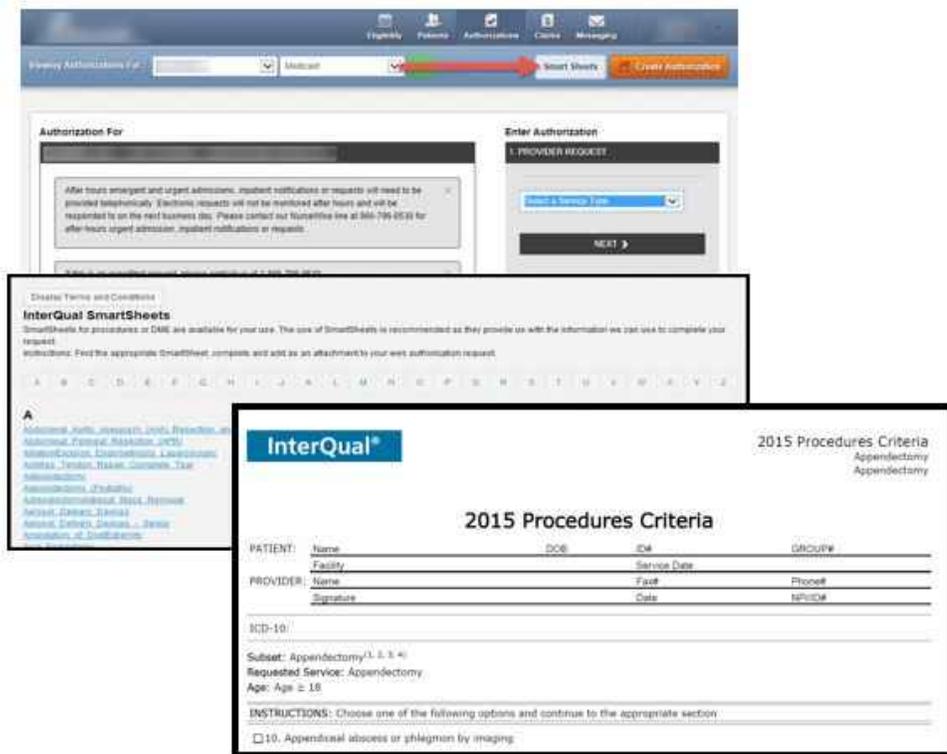


Once inside the portal, click the “Authorizations” button at the top of the page. All processed prior authorizations requests submitted within the last 90 days will be displayed. The status, authorization ID, member name, date range for services, diagnosis, authorization type and service will be presented.



## Smart Sheets: Through our Secure Provider Portal, you have the option to use Smart Sheets from InterQual.

Smart sheets are evidence-based clinical guidelines that help providers determine if the desired treatment or procedure meets the criteria for approval. When using smart sheets you can click on the desired procedure and the document appears. You are able to attach the document, once completed, with the prior authorization request.



Click "Create Authorization" to start the process for new requests.

Viewing Authorizations For:

**Authorizations** |  |  |  Click Create Authorization.

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	OP1122334455	JOHN DOE	09/15/2016	12/13/2016		OUTPATIENT	Community Based Services
APPROVE	OP2211335566	JANE DOE	09/15/2016	03/14/2017		OUTPATIENT	Community Based Services
APPROVE	OP4564564564	JANE DOE	09/15/2016	03/14/2017		OUTPATIENT	Community Based Services
APPROVE	OP7766889911	JAMES DOE	09/14/2016	03/13/2017		OUTPATIENT	Community Based Services
APPROVE	OP3355994422	JAMES DOE	09/14/2016	03/13/2017		OUTPATIENT	Community Based Services
APPROVE	OP1346795678	JOHN DOE	09/14/2016	12/13/2016		OUTPATIENT	Community Based Services

- Enter the member's Arkansas Total Care ID (starts with a 'U'), or Last name.
- Enter the member's Date of Birth. Format the date: "MM/DD/YYYY".
- Click "Find".

The screenshot shows a search bar at the top with the following fields: "Viewing Authorizations For:" with a dropdown menu showing "123456789", "Member ID or Last Name" with the input "001122333", and "Birthdate" with the input "10/29/1991". A red "Find" button is to the right. Below the search bar are buttons for "Authorizations", "Processed", "Errors", and "Disclaimer". Three yellow callout boxes point to the search fields: "Enter the member's ID or Last Name" points to the Member ID field, "Enter the member's Birthdate" points to the Birthdate field, and "Click Find to continue." points to the Find button.

The authorization form opens and displays two sections.

The left side will display definition of Urgent Request, Disclaimer and the complete fields for prior authorization as it is being created.

On the right side of the page, you'll find three sections you will have to fill out - "Provider Request", "Service Line" and "Finish Up". Once you select the service type, the Requesting Provider information will display. You can search using either the Provider's NPI or last name.

The screenshot shows the "Step 1 - Provider Request" section of the authorization form. At the top, there are buttons for "Smart Sheets" and "Create Authorization". Below this is a banner for "Authorization For" with the member's name "DOE, JOHN", DOB "10/29/1991", and "Member ID#". The left panel contains a disclaimer about urgent requests and a "Please select Service Type." field. The right panel is titled "Enter Authorization" and has three sections: "1. PROVIDER REQUEST" with an "Urgent Request" checkbox and a "Select a Service Type" dropdown, a "NEXT" button, "2. SERVICE LINE", and "3. FINISH UP". Three yellow callout boxes provide instructions: "Member's demographic information displays in this banner throughout the submission process." points to the member information banner; "Right Panel lists required fields for you to complete." points to the "Enter Authorization" section; and "Left Panel displays plan specific disclaimers and authorization summary." points to the disclaimer and service type field.

The requesting provider's information and the member's diagnosis display on the left side of the screen.

Fields required for the service lines are on the right side on the form.

Viewing Authorizations For: [dropdown] [dropdown] GO Smart Sheets Create Authorization

**Step 2 – Service Line**

The left panel now displays a summary of the data entered during Step 1.

**PROVIDER REQUEST**

Service Type: Surgical Inpatient

**SMITH-DOE, JAMISON**  
FAMILY PRACTICE

Primary Diagnosis: T3186: BURNS 80-89% SURF 60-69% 3RD DEGREE  
NPI: 123456789  
TIN: \*\*\*\*6242  
Phone: 5010007300

10/29/1991 | Member ID#

Enter a valid NPI number in the text box provided.

Press the **Tab** key on your keyboard.

**Enter Authorization**

1. PROVIDER REQUEST EDIT

2. SERVICE LINE

Now adding new service line

Facility: 000011122

NPI: 000011122  
TIN: \*\*\*\*8856  
Name: SAME HEALTH HOSPITAL

04/12/2019 – 04/15/2019

Primary Procedure: 16020

DSG &/OR DEBRID INIT/SUBSQ; WO ANES OFC/HOSP SM

[CODE LOOKUP](#)

+ Add Additional Procedures

3. FINISH UP

If incorrect information is entered or if a provider is not loaded into our system you will receive the following message. If the provider isn't loaded into the Arkansas Total Care system, STOP, and contact Provider Services at 1-866-282-6280.

Authorization For: DOE, JOHN DOB: 10/29/1991 | MEDICARE/MSB/012234

**PROVIDER REQUEST**

Service Type: **AXIS I - Clinical Diagnosis**

Primary Diagnosis: Z030: ENC 005 01

You cannot find/select a provider that is not loaded in our system.

**Oops, There Was a Problem**

Provider not found.

Close

+ Add New Service Line

3. FINISH UP

When you reach the last section, “Finish Up”, your information will auto populate as the person to contact regarding the PA. You may edit the information in the contact fields as you would like.

Once you have verified that the contact info displayed is correct, click the “Questionnaire” icon below. This field is mandatory – in order to submit your PA request, you must click the “Questionnaire” button. The fields you will need to fill out in the questionnaire will change depending on what type of service authorization is being requested for.

Once you have filled out the questionnaire, click “Close Questionnaire”. You will then be able to attach up to five documents to your PA request by clicking the “browse” button.

Viewing Authorizations For: [dropdown] [dropdown] GO Smart Sheets Create Authorization

Step 3 – Finish Up

Authorization For  
DOE, JOHN    DOB: 10/29/1991    Member ID#

**PROVIDER REQUEST**

Service Type: Surgical Inpatient  
**SMITH-DOE, JAMISON**  
FAMILY PRACTICE  
Primary Diagnosis: T3186: BURNS 80-89% SURF 60-69% 3R  
NPI: 123456789  
TIN: \*\*\*\*6242  
Phone: 5010007300

You can freely edit the Phone and Fax fields as needed.

The contact information on this screen will populate based on the user currently logged in.

Continue by clicking the following icon.

**Service Line 1**

**SAME HEALTH HOSPITAL**  
HOSPITAL  
Dates: 04/12/2019 - 04/15/2019  
Primary Procedure: 16020: DSG &/OR DEBRID INIT/SUBSQT; WO AN  
NPI: 00001122  
TIN: \*\*\*\*6856  
Phone: 5010003000

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

Contact

Mayi Helpu

Phone  
(501)000-9999

Fax  
(501)000-9998

Email  
helpu@samehealth.com

Questionnaire

Attachment:  
Upload any relevant attachments. (5Mb limit)  
Attachment name cannot contain any spaces or special characters.

Browse...

Viewing Authorizations For: [dropdown] [dropdown] GO Smart Sheets Create Authorization

Autl

DOE, JOHN    DOB: 10/29/1991    Member ID#

These are questions specific to Surgical Inpatient.

**Surgical Inpatient**

Please provide any additional information that may assist us in making a decision on this authorization. If none is required, please enter N/A (Not Applicable).

Additional Information:

Provide any additional information and click **Close** to continue.

**CLOSE QUESTIONNAIRE**

The Secure Provider Portal allows you to upload additional documents as needed.

To add an attachment, click **Browse**

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

Contact

Mayi Helpu

Phone  
(501)000-9999

Fax  
(501)000-9998

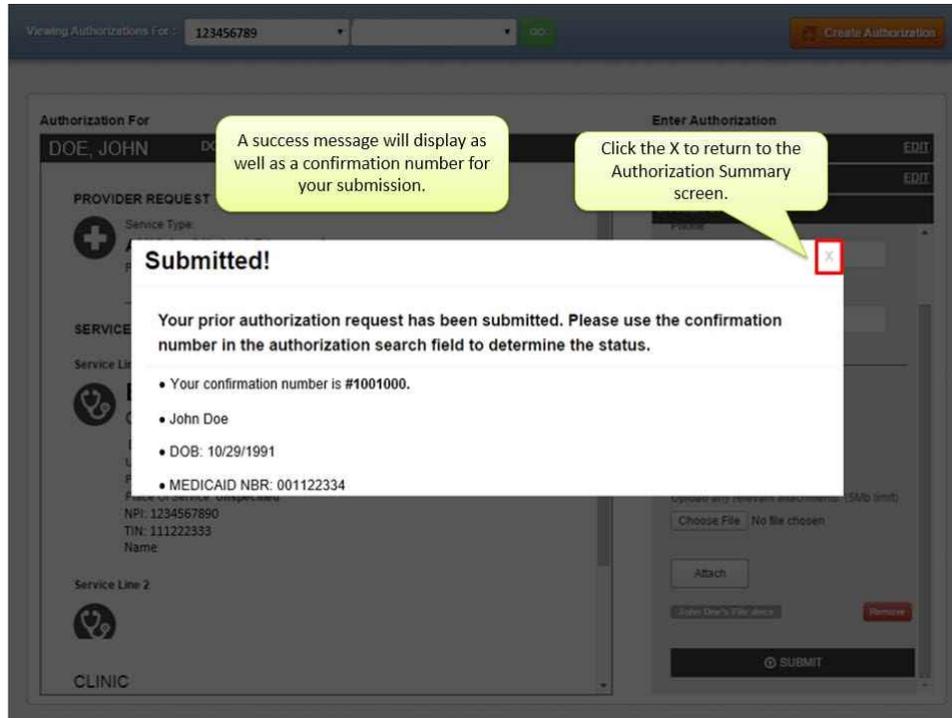
Email  
helpu@samehealth.com

Questionnaire

Attachment:  
Upload any relevant attachments. (5Mb limit)  
Attachment name cannot contain any spaces or special characters.

Browse...

Once you have attached all documents, click "Submit". The request is assigned a confirmation number. Record this number and use it to determine the status of authorizations, in the event that they go missing.



### PLEASE NOTE:

You have successfully submitted an authorization. This does not guarantee approval.

### Other methods to submit a PA:



#### PHONE

1-866-282-6280 (TDD/TTY: 711)



#### FAX

1-833-249-2342

***Do you have more questions?***

Call us at:  
1-866-282-6280 (TDD/TTY: 711)

Arkansas Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

©2019 Arkansas Total Care, Inc. All rights reserved. | ARTC19-H-103

**Customer Service:**  
**1-866-282-6280 (TDD/TTY: 711)**

**ArkansasTotalCare.com**