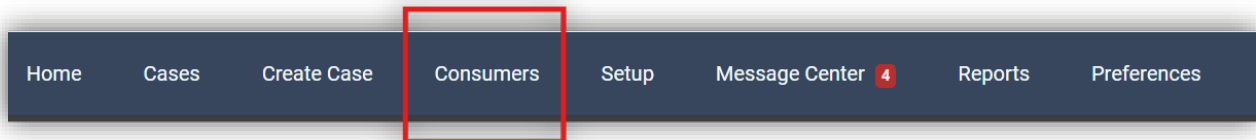
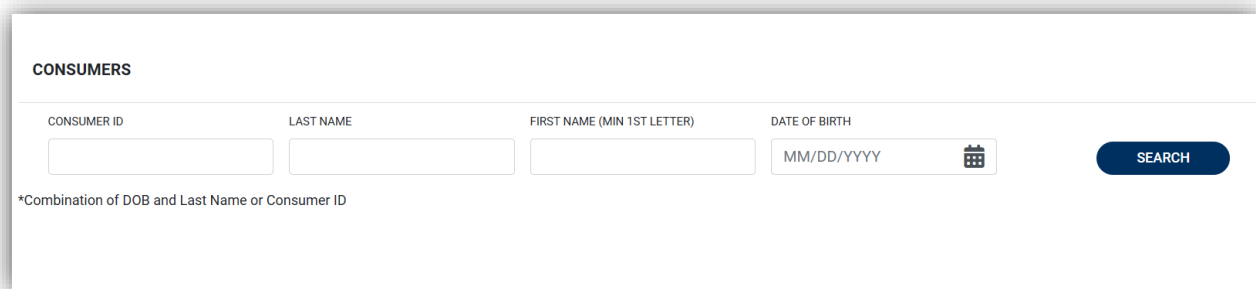


Provider Portal: Submitting a Behavioral Health Independent Assessment Referral

1. From the Home Page, Click "Consumers"



2. Enter Consumer ID (Beneficiary Medicaid ID) or the last name and date of birth of beneficiary and click "Search."



The screenshot shows the 'CONSUMERS' search form. It has four input fields: 'CONSUMER ID', 'LAST NAME', 'FIRST NAME (MIN 1ST LETTER)', and 'DATE OF BIRTH'. The 'DATE OF BIRTH' field has a calendar icon and the format 'MM/DD/YYYY'. A 'SEARCH' button is located to the right of the fields. Below the fields, there is a note: '*Combination of DOB and Last Name or Consumer ID'.

3. Locate your beneficiary in the information that populates and click on their name.



NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
Test Patient	01/01/1900	123 Easy Street	000000000	Arkansas Medicaid	0

Displaying records 1 to 1 of 1 records

Previous 1 Next Show 10 Entries



4. Your beneficiary's profile will populate. Click the down arrow on "Referral Request."

CONSUMER /

CONSUMER NAME DATE OF BIRTH ADDRESS COUNTRY CONSUMER ID CITY STATE COUNTY

CREATE CASE >

EXPAND ALL v

Consumer Data Attachments (0) Cases Referral Request

< GO BACK

5. Click New Referral Request

Referral Request

New Referral Request

Referral ID Request Date Transmission Status Transmission Date Assessment Date End Date Referral Form

No records found.

Showing 10 of 0 Previous Page 1 of 1 Next

< GO BACK

6. Ensure Provider information populates at top of form. If not, click "Requesting Provider", enter Provider Type, and NPI to search for correct provider.

7. Fill out the form that populates with the beneficiary:

- Name
- Phone Number
- Address
- Legal Guardian, if under 18 or dependent
- Any notes for the Assessor to know

8. Save

The Referral Request should be listed in the beneficiary file in the Referral Request section with a Referral ID.