

Provider Portal: Completing the ABA “Other Health Insurance (OHI)” Questionnaire

Creating a New Case

When creating a Prior Authorization Request for **ABA** services, you will see this disclaimer advising you of the required questionnaire.

Click **“OK”** to clear the disclaimer and continue filling out the information needed regarding your codes.

Once the Procedure Codes page is completed, click **“Go to questionnaires.”**

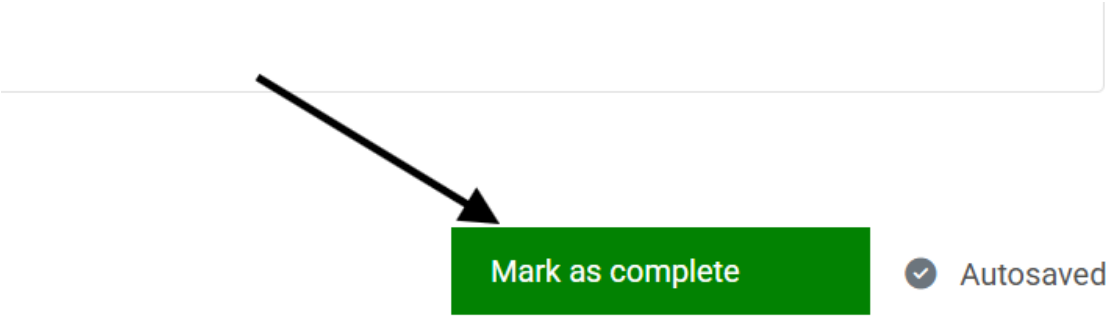
Select the **“Open”** hyperlink to open the questionnaire.

Request	Questionnaire ID	Questionnaire type	Questionnaire's name ↑	Created by	Created date	Completed by	Completed date	Score	Action
R01	3787724	Provider Questionnaire	* Other Health Insurance (OHI) Verification	Acentra Health	07/14/2026 03:19:59 PM			0	Open



Answer the questions regarding if the beneficiary has another active insurance, outside of Medicaid.	Other Health Insurance (OHI) Verification ☒ Other Health Insurance 1 . Does the client have any active insurance coverage in addition to Arkansas Medicaid (Other Health Insurance)? (Required) ☐ Yes ☐ No Questionnaire Disclaimers * ☐ Please upload the primary payers determination in addition to the clinical documentation.
If you answer "Yes" to question 1, more questions will populate. Complete those fields regarding the additional insurance and any authorization submitted to them for the desired services.	1.1.1 . Insurance Carrier Name: (Required) 1.1.2 . Policy/Member ID (if available): 1.1.3 . Have the requested service(s) been submitted to the primary/alternate insurer? (Required) ☒ Yes ☐ No
If you answer "Yes" to 1.1.3., an additional question will populate.	1.1.3 . Have the requested service(s) been submitted to the primary/alternate insurer? (Required) ☒ Yes ☐ No 1.1.3.1.1 . Determination Status: (Required) Select One Questionnaire Disclaimers * ☒ Please upload the primary payers determination in addition to the clinical documentation.



Once the questionnaire is completely filled out, click “Mark as complete.” This will return you to the PA submission screen.	 The screenshot shows a green button labeled "Mark as complete". A black arrow points from the top left towards the button. To the right of the button is a status indicator: a checkmark icon followed by the text "Autosaved".
After returning to the PA submission page, click “Go to attachments” to UPLOAD the Primary Payer Determination Letter to the case. Once all required attachments are uploaded, Proceed with your Prior Authorization Request.	 The screenshot shows a navigation bar with a page indicator "1 of 1 page(s)" and navigation arrows. Below the bar are three buttons: "Jump to submit" (green outline), "Cancel" (red outline), and "Go to attachments" (solid green). A black arrow points from the page indicator area down to the "Go to attachments" button.