

Medicaid Medical Management Services
Independent Care Waiver Program

Provider End User Manual

Version 1.7



Revision History

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1.0 Overview

1.1 Document Purpose and Scope

The Independent Care Waiver Program (ICWP) allows for the provision of services to adult individuals with physical disabilities or traumatic brain injuries. Services are provided in the individual's home or in the community as an alternative to nursing facility placement. Individuals served by the program are required to meet **at least** Intermediate Level of Care (LOC), and be Medicaid eligible. The DMA-6 form is used to determine if the member meets and continues to meet level of care criteria. The DMA-80 form is used to request authorization for services under the program. In addition to the DMA-6 and DMA-80, Providers must also submit additional documentation as specified by Department of Community Health (DCH) policy.

The purpose of this manual is to provide ICWP Providers with step by step instructions for entering a DMA-6 and a DMA-80 via the web portal. The manual also provides instructions for electronic attachment of required additional documentation. This guide is not a policy manual. For information on Independent Care Waiver program policy, refer to the Department of Community Health Independent Care Waiver Program manual.

NOTE: VALID MEMBER AND PROVIDER IDS ARE DEDACTED IN THIS MANUAL. IF A MEMBER OR PROVIDER ID OR PA ID DISPLAYS, THE IDS ARE FICTITIOUS.

1.2 System Access and User Type

ICWP Medicaid Providers must log into the **Georgia Web Portal** in order to access the PA System request authorization functionality. When a provider logs in, or when a provider ID is selected by a billing agent who has logged in, the system 'recognizes' the provider's Medicaid ID and category of service. As a result of this validation, the provider is able to access the request authorization activities appropriate to their category of service.

1.3 Screen Layout Overview

The DMA-6 and DMA-80 web request forms are identified by the request type at the top of the form. Required fields are noted by an asterisk and/or a highlighted box. The online request forms include navigational links and functional links, which allows the provider user to review, edit, and submit the DMA6 and DMA80 requests.

1.4 Accessing the PA System

Follow these steps to access the web portal and the PA System:

1. Log into the **Georgia Web Portal**. The portal opens on the *Secure Home* page.
2. Select **Prior Authorization** from the links at the top of the page.
3. Select **Submit/View** from the drop list.
or
4. Select **Provider Workspace** from the drop list and then select **Enter a New Authorization Request**.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA WEB PORTAL

GEORGIA HEALTH PARTNERSHIP

Welcome, icwp Demo

Refresh session] You have approximately 19 minutes until your session will expire.

Monday, December 10, 2012

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | GBHC Referral | Reports | Trade Files

Home | Secure Home | Demographic Maintenance | Provider Rates | Bed Registry | Procedure | Search | Registration

(click to hide) Alert Message posted 2/24/2012

This site is for testing purposes only!

This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

User Information - Provider 007100065A

Provider Service Location Information	
Name	ICWP DEMO
Address 1	123 DEMO DR
Medicaid Provider ID	007100065A
Address 2	
National Provider ID	
City, State	LAWRENCEVILLE, GA
Provider Type	HOME AND COMMUNITY BASED SVC
Zip	30043-0000

Messages

*** No rows found ***

Figure 1 Portal Secure Home Page

5. The *New Request for Prior Authorization* page displays with a list of request types applicable to the ICWP provider's category of service.

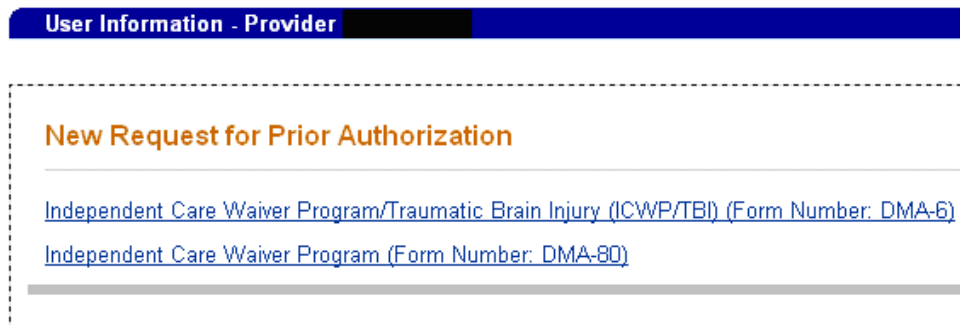


Figure 2 Request Types on New Request for PA

6. To enter a request, click Form DMA-6 or Form DMA-80.

1.4.1 General Guidelines for Entering Request Data

The web request forms include several features to assist providers enter and edit information accurately and efficiently. It is recommended to review the following guidelines before entering a request for the first time.

Auto Formatting of Phone/Fax Numbers: When a phone or fax number is entered, the system automatically formats the number with dashes.

System Populated Contact Information: The system populates the requesting provider contact information in the contact information boxes (Figure 3) when the contact information is available in the provider file. If any of the required contact information (contact name, phone and fax) is missing; the information must be entered manually.

A screenshot of a "Contact Information" form. The form has a light gray header with the title "Contact Information". Below the header are four input fields arranged in a 2x2 grid. The top-left field is labeled "* Contact Name:" and contains the text "Darlene Barrett". The top-right field is labeled "Contact Email:" and contains "darlene.barrett@gmcf.org". The bottom-left field is labeled "Contact Phone:" and contains "444-444-4444", followed by an "Ext." label and an empty input box. The bottom-right field is labeled "* Contact Fax:" and contains "555-555-5555".

Figure 3 Request Form/Contact Information

Date Lookup: This feature allows users to select a date from a calendar instead of manually entering the date. However, manual entry of a date is still possible, and may be preferable in some situations - such as when inserting a date that is many years in the past.

Follow these steps to insert a date:

1. Click any date box to trigger the calendar. In Figure 4, the 'ICD-9 Date' box was clicked. When the calendar opens, the current month and year display.

Diagnosis				
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission
529.9	TONGUE DISORDER NOS	04/02/2010	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

April, 2010						
Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Procedures	
CPT Code	CPT Description
52000	CYSTOSCOPY
<input type="text"/>	<input type="text"/>

Comments / Message

Figure 4 Current Month and Day

- To insert the current date, click the date at the bottom of the calendar. To insert a different day for the current month, click the applicable day in the calendar.

April, 2010

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Today: April 12, 2010

Insert current date

Figure 5 Insert Current Date

- To select a different month for the current year, use the back and forth arrows at the top of the calendar to advance or go back - **OR** - Click the year at the top of the calendar.

April, 2010

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Today: April 12, 2010

Figure 6 Go to Different Months/Same Year

- When the year is clicked, a list of months for the current year displays. Select the applicable month.



Figure 7 Months for the Current Year


- Click the year again and other years are displayed.



Figure 8 Display Years

- Click on a year or use the arrows to advance or go back in years. Select the year and then the month and day.

Diagnosis and Procedure Lookup: This function allows the user to search for a diagnosis or procedure code by diagnosis or procedure description. Follow these steps to insert a diagnosis or procedure code:

- Click the magnifying glass icon  in the diagnosis or procedure code box to open the search page.

Diagnosis					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="ADD"/>

Procedures									
CPT Code	CPT Description	From Date	To Date	Units	Mod 1	Mod 2	Mod 3	Mod 4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>

Figure 9 Diagnosis and Procedures Tables

- Enter all or part of the first word of the description and click **Search**. A list of codes matching the description displays.

Procedure Search

CPT Code: Description:

CPT Code	Description
S2054	TRANSPLANTATION OF MULTIVISC
33935	TRANSPLANTATION, HEART/LUNG
47136	TRANSPLANTATION OF LIVER
50366	TRANSPLANTATION OF KIDNEY
S2052	TRANSPLANTATION OF SMALL INT
47135	TRANSPLANTATION OF LIVER
50360	TRANSPLANTATION OF KIDNEY
S2053	TRANSPLANTATION OF SMALL INT
33945	TRANSPLANTATION OF HEART
50365	TRANSPLANTATION OF KIDNEY

Figure 10 List of Codes

- Click on a code and the system inserts the code in the appropriate code box on the request form.

Procedures					
CPT Code	CPT Description	From Date	To Date	Units	Mod 1
47135	TRANSPLANTATION OF LIVER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 11 Procedure Code Inserted

Add - Edit/Save and Delete: This functionality provides a way for providers to add, cancel, edit/save, and delete diagnosis code information, procedure code information or any data entered in a ‘table’ format on the request template. **The table below provides a description of the functionality available when a request is being entered.**

Function	Description
ADD	Use <i>Add</i> to add information entered in the ‘table’. If <i>Add</i> is not selected, the user receives a warning message when <i>Review Request</i> is clicked.
EDIT	Use <i>Edit</i> to modify information already added to a table except procedure codes/modifiers and diagnosis codes. The following diagnosis and procedure information may be changed using <i>Edit</i> when the request is being entered: <ul style="list-style-type: none"> • Diagnosis information including the ICD-9 date, and primary diagnosis indicator. • Procedure information including procedure from and to dates and units. <p>To change a procedure code/modifier or diagnosis code, first click <i>Delete</i> to delete the procedure or diagnosis code line, and then enter and add a new procedure/modifier or diagnosis code line.</p>
SAVE	Click <i>Save</i> to save the information that was edited.
DELETE	Use <i>Delete</i> to delete all information ALREADY ADDED to a row of a table.
CANCEL	Use <i>Cancel</i> to remove all data entered on a row of a table BEFORE the data is added or saved.

Table 1: Add, Edit, and Delete Functions

The following instructions describe how to add, edit/save and delete diagnosis code information on the online request form. The same process is used for adding, editing and deleting procedure code information or any information entered in a ‘table’.

1. Enter the diagnosis code information and then click **ADD**.

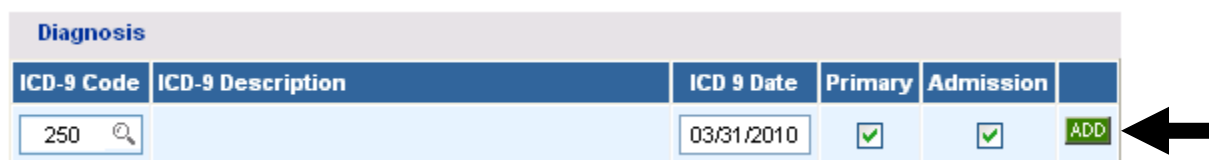


Figure 12 Add Diagnosis

- When **ADD** is clicked, the data is added to the Diagnosis Table. A new blank diagnosis line displays which allows for the entry of another diagnosis; although another entry is not required. The **EDIT** and **DELETE** functions also display.

Diagnosis					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
250	DIABETES MELLITUS	03/31/2010	Yes	Yes	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	ADD

Figure 13 Diagnosis Added to Table

- To edit diagnosis information already added, click **EDIT** at the end of the diagnosis line. When edit is clicked, the diagnosis information displays in an editable format.

Diagnosis					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
250	DIABETES MELLITUS	03/31/2010	Yes	Yes	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SAVE CANCEL

Figure 14 Edit Diagnosis

↑ Editable row

- Modify the information that needs to be corrected. In the Figure below, the ICD-9 date was changed to 3/31/2009.

Diagnosis					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
250	DIABETES MELLITUS	03/31/2010	Yes	Yes	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SAVE CANCEL

Figure 15 Modify Diagnosis

- Click **SAVE**. The new data is saved to the original diagnosis line.

Diagnosis					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
250	DIABETES MELLITUS	03/31/2009	Yes	Yes	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	ADD

Figure 16 Save Diagnosis

Attach Documentation: Required additional documentation may be electronically attached by providers to the DMA-6 or DMA-80 when PA requests are submitted via the portal. Required documentation is represented as ‘checklist’ type items. The purpose of the checkbox is to associate the actual file attached with the specific additional information required by policy. Here are some general guidelines for attaching documents:

- One file or multiple files may be attached; but each file must have a different name.
- Only certain file types may be attached. The acceptable file types are: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG, JPEG, and JPE.
- Each file cannot be more than 20 MB in size.
- In order to attach a file, it must be saved to the provider’s file directory.

Follow these instructions to attach documentation:

1. Enter the DMA-6 or DMA-80 via the web portal. Enter all required information and click **Submit Request**.
2. Go to the **Create Attachment** section on the page that displays after the DMA-6 or DMA-80 is submitted.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
ADDRESS STATUS FORM	<input type="checkbox"/> Address Status Form
CARE PATH	<input type="checkbox"/> Care Path (10- 12 pages)
EQUIP/SUPP PER MONTH	<input type="checkbox"/> Equipment list/supplies required per month – Appendix H2
ICWP FIN SUM	<input type="checkbox"/> ICWP Financial Summary – Appendix H3
NARRATIVE SUM	<input type="checkbox"/> Narrative Summary
NEW PAF FORM	<input type="checkbox"/> New PAF form
REFERENCE SHEET	<input type="checkbox"/> Reference Sheet- Appendix H5
VARIANCE TOOL	<input type="checkbox"/> Variance Tool

Figure 17 Create an Attachment

3. To attach a file or files to the request, first determine if one file with all the required information is to be attached; or if individual files are to be attached for one or more document types.
4. **If one file is to be attached and that file includes all the required information, click all the checkboxes.**

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
ADDRESS STATUS FORM	<input checked="" type="checkbox"/> Address Status Form
CARE PATH	<input checked="" type="checkbox"/> Care Path (10- 12 pages)
EQUIP/SUPP PER MONTH	<input checked="" type="checkbox"/> Equipment list/supplies required per month – Appendix H2
ICWP FIN SUM	<input checked="" type="checkbox"/> ICWP Financial Summary – Appendix H3
NARRATIVE SUM	<input checked="" type="checkbox"/> Narrative Summary
NEW PAF FORM	<input checked="" type="checkbox"/> New PAF form
REFERENCE SHEET	<input checked="" type="checkbox"/> Reference Sheet- Appendix H5
VARIANCE TOOL	<input checked="" type="checkbox"/> Variance Tool

Figure 18 All Document Types Selected

- To attach the file related to all the checkboxes, click **Browse** to open your file directory.

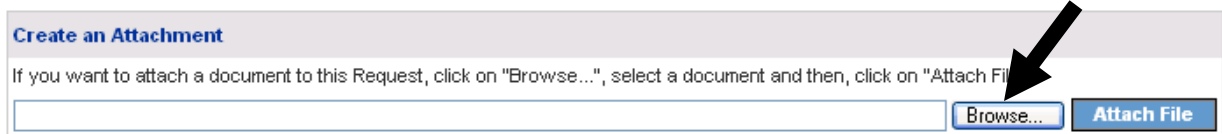


Figure 19 Find File

- Find the file that is to be attached. Select the file by double clicking the file, or highlight the file and then click **Open**.

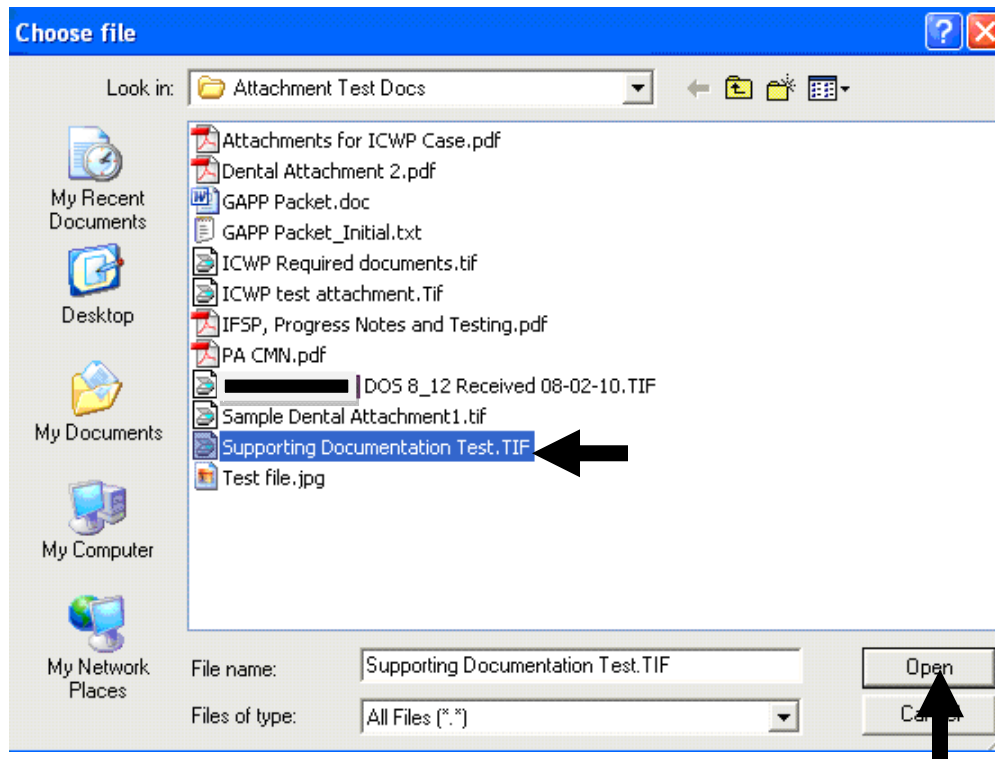


Figure 20 Select File

- Once the file is selected, the file name displays in the box next to browse.

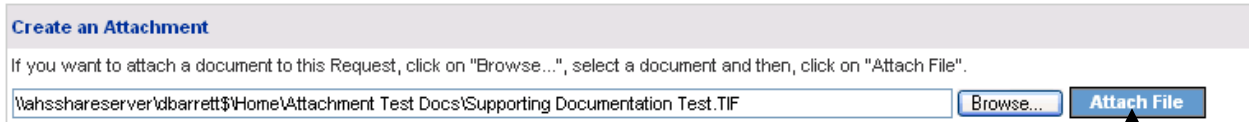


Figure 21 Attach File

- Click the **Attach File** button.
- If the file is uploaded, the ‘File uploaded successfully’ message displays. The link to the attached file displays in the **Attached Files** table; and is associated with each document type.

File	Type	Code	Document Name	User	Date	
Supporting Documentation Test.TIF	Attached By Nurse	ADDRESS STATUS FORM	Address Status Form	DBARRETT	8/27/2010 9:54:19 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	CARE PATH	Care Path (10- 12 pages)	DBARRETT	8/27/2010 9:54:19 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	EQUIP/SUPP PER MONTH	Equipment list/supplies required per month – Appendix H2	DBARRETT	8/27/2010 9:54:19 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	ICWP FIN SUM	ICWP Financial Summary – Appendix H3	DBARRETT	8/27/2010 9:54:19 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	NARRATIVE SUM	Narrative Summary	DBARRETT	8/27/2010 9:54:19 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	NEW PAF FORM	New PAF form	DBARRETT	8/27/2010 9:54:19 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	REFERENCE SHEET	Reference Sheet- Appendix H5	DBARRETT	8/27/2010 9:54:19 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	VARIANCE TOOL	Variance Tool	DBARRETT	8/27/2010 9:54:19 AM	DELETE

Figure 22 Attached Files Table

- When more than one file is to be attached and each file relates to a different **required document**, first select the applicable checkbox or checkboxes for the first file to be attached, and then find/attach the file.

Codes	Documents
ADDRESS STATUS FORM	<input checked="" type="checkbox"/> Address Status Form
CARE PATH	<input type="checkbox"/> Care Path (10- 12 pages)
EQUIP/SUPP PER MONTH	<input type="checkbox"/> Equipment list/supplies required per month – Appendix H2
ICWP FIN SUM	<input checked="" type="checkbox"/> ICWP Financial Summary – Appendix H3
NARRATIVE SUM	<input type="checkbox"/> Narrative Summary
NEW PAF FORM	<input checked="" type="checkbox"/> New PAF form
REFERENCE SHEET	<input type="checkbox"/> Reference Sheet- Appendix H5
VARIANCE TOOL	<input type="checkbox"/> Variance Tool

Figure 23 Checkboxes Selected for First File

11. To attach additional files, repeat the same process. Select the check box or checkboxes and then attach the file. The files attached are associated with the specific checkbox or checkboxes selected. Any checkboxes not selected after all files are attached will still display in red, indicating that the required document still needs to be submitted.

Codes	Documents
ADDRESS STATUS FORM	<input type="checkbox"/> Address Status Form
CARE PATH	<input type="checkbox"/> Care Path (10- 12 pages)
EQUIP/SUPP PER MONTH	<input type="checkbox"/> Equipment list/supplies required per month – Appendix H2
ICWP FIN SUM	<input type="checkbox"/> ICWP Financial Summary – Appendix H3
NARRATIVE SUM	<input type="checkbox"/> Narrative Summary
NEW PAF FORM	<input type="checkbox"/> New PAF form
REFERENCE SHEET	<input type="checkbox"/> Reference Sheet- Appendix H5
VARIANCE TOOL	<input type="checkbox"/> Variance Tool

Attached Files						
File	Type	Code	Document Name	User	Date	
Supporting Documentation Test.TIF	Attached By Nurse	ADDRESS STATUS FORM	Address Status Form	DBARRETT	8/27/2010 10:03:55 AM	DELETE
Care Path.pdf	Attached By Nurse	CARE PATH	Care Path (10- 12 pages)	DBARRETT	8/27/2010 10:04:57 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	ICWP FIN SUM	ICWP Financial Summary – Appendix H3	DBARRETT	8/27/2010 10:03:55 AM	DELETE
ICWP Required documents.tif	Attached By Nurse	NARRATIVE SUM	Narrative Summary	DBARRETT	8/27/2010 10:04:17 AM	DELETE
Supporting Documentation Test.TIF	Attached By Nurse	NEW PAF FORM	New PAF form	DBARRETT	8/27/2010 10:03:55 AM	DELETE

Figure 24 Multiple Files Attached

2.0 Operating Instructions

2.1 Web Entry of a DMA-6

2.1.1 Purpose

The DMA-6 form is used to certify that the member meets and continues to meet level of care criteria. **A DMA-6 request must be entered into the PA system and approved by GMCF before a DMA-80 request for services may be entered.** The online DMA-6 request template has one data entry page and a *Review Request* page; and is similar to the hard copy DMA-6 form. Data fields that are required are identified by a highlighted box and/or asterisk; and must be completed in order to submit the request.

2.1.2 Web Entry Instructions

Follow these instructions to enter a DMA-6:

1. Click **Submit/View** from the portal *Secure Home* page, or select **Enter a New Authorization Request** from the *Provider Workspace* page.
2. On the *New Request for Prior Authorization* page, select ICWP form number DMA-6.

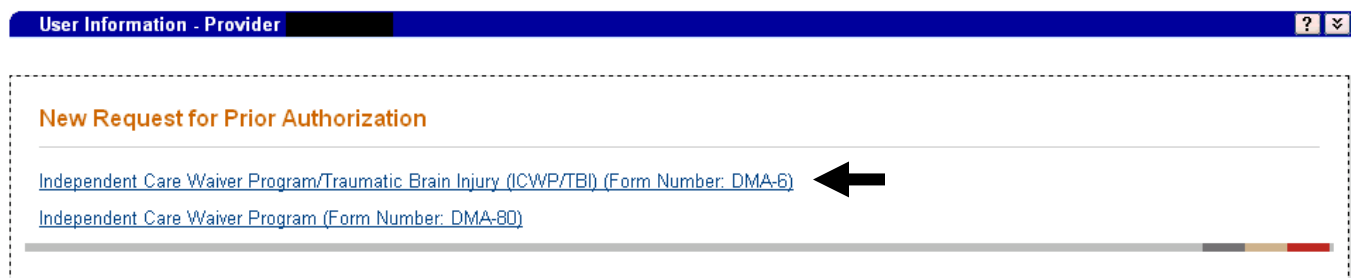


Figure 25 Select Request Type

3. Once the request type is selected, a second *New Request for Prior Authorization* page opens. The Provider ID of the ICWP provider requesting the DMA-6 is populated by the system in the 'Service Provider ID' box.

System inserts the requesting provider ID and name.



Figure 26 ICWP Provider ID System Populated

4. Enter the Member’s Medicaid number in the ‘Member Medicaid ID’ box. This number may be the Member ID (MHN #) or Member Medicaid ID. A member ID is required.
5. If the member’s physician is a Medicaid Provider, enter the physician’s Reference ID in the ‘Physician Reference ID’ box. The reference ID always starts with REF. If the physician is not a Medicaid provider, leave this box blank.
6. If the physician is a Medicaid provider but the Reference ID number is not known, search for the number by clicking the symbol in the ‘Physician Reference ID’ box.
7. On the search page that displays, enter the physician’s provider ID to **quickly find the physician**, and then click **Search**.

OR

8. Enter the physician’s last name and select *Physician Services* from the ‘Category of Service’ drop list.

Prior Authorization : Reference Provider Search

If you are looking for a specific Provider, enter the name or part of the name or Provider ID or Reference Provider ID before starting your search. Make sure you spell the name correctly so your search is successful.

This search only includes providers for Medicaid/PeachCare for Kids. If you are in a plan associated with the State Health Benefit Plan or Board of Regents Health Plans, use the links below to find medical services.

Figure 27 Reference Provider ID Search

9. Then, click **Search**.
10. On the list of physicians that displays as a result of the search, click the Reference Provider ID that corresponds to the correct physician. When the Reference ID is

selected, it will be inserted by the system in the 'Physician Reference ID' box on the *New Request for Prior Authorization* page.

Independent Care Waiver Program/Traumatic Brain Injury (ICWP/TBI) (Form Number: DMA-6)

To find a member or provider ID click the next to the ID box

Member Medicaid ID:

Service Provider ID: ICWP Demo

Physician Reference ID:

Figure 28 Member and Provider IDs

11. After all required ID numbers are entered; click **Submit** to open the DMA-6 online request form.
12. At the top of the form, the Member Information and Service Provider Information (ICWP Provider) are system populated based on the Member and Provider ID entered on the *New Request for Prior Authorization* page. The Physician information is also populated if the physician's reference ID was entered. **If the reference ID was not entered, the Physician's name and phone number need to be entered manually since these are required fields.**

Independent Care Waiver Program / Traumatic Brain Injury (ICWP/TBI) (Form DMA-6)

Please verify that the member name represents the correct member for this request. If not, please select under Prior Authorization the 'Submit/View' link to re-enter the correct information. If you need assistance please select under Contact Information the 'Contact Us' link, or call the Provider Contact Center at 1-800-766-4456.

Please provide the required information for this request. When you have completed entering data for this request, select the 'Review Request' link at the bottom of the page.

Member Information

Member ID: 333000000400 First Name: JOANNE MI: A Last Name: TEST Suffix:

Date of Birth: 12/02/1979 Social Security Number: 132-54-9678 Gender: Female

Service Provider Information

Provider ID	Name and Address	Phone	Taxonomy (Specialty)
007100065A	ICWP Demo 777 ICWP Demo Drive Tucker, GA 30084		-

Physician Information

* Physician Name: Physician Demo Physician ID: REF007100063

Address Line 1: 120 Demo Lane Address Line 2:

City: Tucker State: Zip: 30084 County: DeKalb

* Phone: 555-555-5555 Ext: Fax: - -

Figure 29 Member/Provider Information

Contact Information:

In this section, the system populates the ICWP provider contact information.

- 13. If this information is not correct or is missing, complete or correct the information. The 'Contact Email' is optional.

The screenshot shows a form titled "Contact Information" with the following fields: "Contact Name" (Darlene Barrett), "Contact Email" (darlene.barrett@gmcf.org), "Contact Phone" (444-444-4444) with an "Ext." field, and "Contact Fax" (555-555-5555).

Figure 30 Contact Information

Request Information:

This section captures the following required information: Recommendation Type, Release of Information Code and Place of Service.

- 14. Indicate if this DMA-6 is an initial request for placement in the ICWP, or a request for continued placement in the program by clicking the *Initial Placement* or *Continued Placement* button next to 'Recommendation Type'.
- 15. Enter the release of information consent type applicable to the request by selecting the type from the drop list. Generally, the type selected is 'Informed Consent'.
- 16. The system defaults the 'Place of Service' to *Home*.

The screenshot shows a form titled "Request Information" with the following fields: "Recommendation Type" (radio buttons for Continued Placement and Initial Placement, with Initial Placement selected), "Release of Info Code" (dropdown menu showing InformedConsent), and "Place of Service" (dropdown menu showing Home).

Figure 31 Initial Placement

The screenshot shows a form titled "Request Information" with the following fields: "Recommendation Type" (radio buttons for Continued Placement and Initial Placement, with Continued Placement selected), "Release of Info Code" (dropdown menu showing InformedConsent), and "Place of Service" (dropdown menu showing Home).

Figure 32 Continued Placement

Diagnosis Table:

This section captures the client’s ICD-9 Diagnosis code, code description (system populated), and primary diagnosis indicator (admission indicator is not required).

17. Enter the ICD-9 code for the Member’s primary diagnosis in the ‘ICD-9’ box; or search for the diagnosis and the system will insert the ICD-9 code. If the ICD-9 has a decimal point, include the decimal point when entering the code as shown in Figure 27.
18. Under ‘ICD-9 Date’, enter the date that the diagnosis was determined, or if not known, the date that the physician signed the DMA-6. Enter the date manually or select from the calendar popup.
19. Click the ‘Primary’ button to indicate that the diagnosis is the primary diagnosis. **Note:** If only one diagnosis is entered; the system will select the diagnosis as primary when the PA is saved.
20. Click the **Add** at the end of the diagnosis line to add the diagnosis code to the DMA-6.

Diagnosis						
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission		
344.9		02/07/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADD	




Figure 33 Diagnosis Table

21. When the diagnosis is added, a new blank diagnosis line displays; and **Edit** and **Delete** appear.

Diagnosis						
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission		
344.9	PARALYSIS NOS	02/07/2010	Yes	No	EDIT	DELETE
				<input type="checkbox"/>	ADD	

Figure 34 Diagnosis Added

22. If necessary, repeat the same steps to enter other diagnosis codes. **Remember to click **Add** after diagnosis is entered.**

Comments/Message:

The 'Comments/Message' textbox is optional; but can be used to enter additional information related to the DMA-6 request other than nursing care or treatment plan information. When data has been entered to the bottom of the visible text box, the scroll bar will activate. Click the up or down arrow on the scroll bar to navigate up or down in the text box.

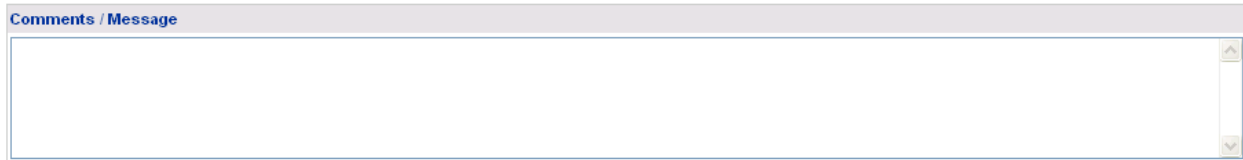


Figure 35 Message Box

Dates of Hospitalization and Diagnosis on Admission to Hospital:

These sections are **not required** but may be completed if applicable to the member.

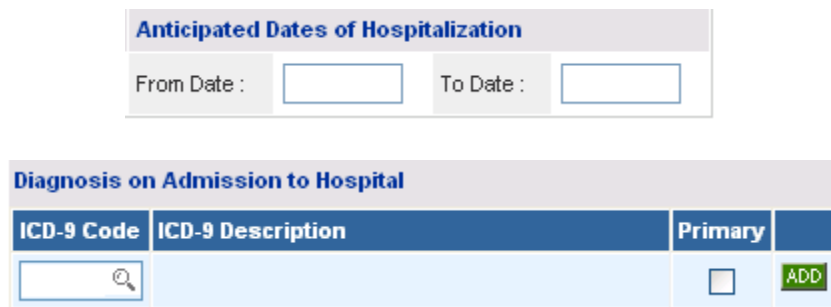


Figure 36 Hospitalization

Medications and Diagnostic/Treatment Procedures:

The *Medications* table captures medication information including type, dosage, route and frequency. It is recommended to enter up to 3 primary medications prescribed for the member. The *Diagnostic and Treatment Procedures* table captures diagnostic/treatment procedures ordered as part of the member's plan of care.



Figure 37 Medications Table

Diagnostic and Treatment Procedures		
Type	Frequency	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="button" value="ADD"/>

Figure 38 Diagnostics/Treatment Table

23. To enter medication information, first select the medication type by clicking the down arrow in the 'Name' box and then selecting a type from the drop list.
24. Next, enter the dosage for the medication in the 'Dosage' box.
25. Enter the method of medication administration by clicking the down arrow in the 'Route' box, and then selecting the method of administration from the drop list (Oral or Parental or Rectal or Topical).
26. Enter the frequency of medication administration by clicking the down arrow in the 'Frequency' box, and then selecting a frequency from the drop list (Regular or PRN: As necessary or Regular & PRN).
27. After all information is entered for the medication, click the **Add** at the end of the medication line to add the medication information to the DMA-6. When this is done, a new blank line displays; and the **Edit** and **Delete** symbols display.

Medications				
Name	Dosage	Route	Frequency	
Anticonvulsive	50 mg	Oral	Regular	<input type="button" value="EDIT"/> <input type="button" value="DELETE"/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="button" value="ADD"/>

Figure 39 Medication Added

28. Follow the same process to add other medication information. **Remember to click Add after each entry.**
29. To add diagnostic or treatment procedures, the general process used is the same as adding medication information. First, select the procedure type by clicking the down arrow in the 'Type' box and selecting a type from the drop list. Select 'Other', if a diagnostic/treatment procedure is not listed.
30. Next, enter the frequency of the diagnostic/treatment procedure in the 'Frequency' box.
31. Click **Add** to add the diagnostic/treatment procedure to the DMA-6.

Diagnostic and Treatment Procedures		
Type	Frequency	
Observation & Assessment	Weekly	<input type="button" value="EDIT"/> <input type="button" value="DELETE"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="ADD"/>

Figure 40 Diagnostic/Treatment Procedure Added

32. Repeat the process to add other diagnostic/treatment procedures. **Remember to click [Add](#) after each entry.**

Treatment Plan:

This section captures information related to the Member’s treatment plan.

33. In the text box, describe the Member’s treatment plan, including the amount and type of services to be provided. When data has been entered to the bottom of the visible text box, the scroll bar will activate. Click the up or down arrow on the scroll bar to navigate up or down in the text box.

Treatment Plan:
Provide the complete treatment plan including medications, level of care requested, other services to be provided to the patient.

Describe the treatment plan.

Figure 41 Treatment Plan

Physician Certification:

This section captures physician certification in regards to communicable diseases, level of care, and management of the Member’s condition via community care and/or home health services
Note: The system defaults the responses to No; so the user must change to Yes if Yes is the intended response.

34. Select **Yes** to indicate that the Member is free of communicable diseases.
35. Select **Yes** to indicate that the Member’s condition can be managed by Community Care.
36. Select **Yes** to indicate that the Member’s condition can be managed by Home Health services.
37. Select **Yes** to indicate that the physician has certified the level of care.
38. Enter the date that the DMA-6 was signed by the member’s physician in the ‘Date Signed by Physician’ box.

<input checked="" type="radio"/> Yes <input type="radio"/> No	Is the patient free of communicable diseases?
Can this patient's condition be managed by :	
<input checked="" type="radio"/> Yes <input type="radio"/> No	- Community Care ?
<input checked="" type="radio"/> Yes <input type="radio"/> No	- Home Health Services ?
<input checked="" type="radio"/> Yes <input type="radio"/> No	Has the physician certified that this patient requires the level of care provided by a nursing facility or an intermediate care facility for the mentally retarded ?

Date Signed by Physician :

Figure 42 Certification and Physician Signed Date

Evaluation of Nursing Care Needed:

This section documents the results of the nursing care evaluation.

39. For each category, select the applicable item(s) by clicking the corresponding checkbox or button.
40. If applicable to the client's condition, enter the number of hours 'out of bed' per day in the 'Hours out of the bed per day' box.

Evaluation of Nursing Care Needed : (check all that apply)					
Diet :	Bladder :	Bowel :	Decubiti :	Restorative Potential :	Overall Condition :
<input checked="" type="checkbox"/> Regular	<input type="radio"/> Continent	<input checked="" type="radio"/> Continent	<input type="checkbox"/> Yes	<input type="radio"/> Good	<input type="radio"/> Improving
<input type="checkbox"/> Diabetic	<input checked="" type="radio"/> Occasionally Incontinent	<input type="radio"/> Occasionally Incontinent	<input checked="" type="checkbox"/> No	<input checked="" type="radio"/> Fair	<input checked="" type="radio"/> Stable
<input type="checkbox"/> Formula	<input type="radio"/> Incontinent	<input type="radio"/> Incontinent	<input type="checkbox"/> Infected	<input type="radio"/> Poor	<input type="radio"/> Fluctuating
<input type="checkbox"/> Low Sodium	<input type="radio"/> Other	<input type="radio"/> Colostomy	<input type="checkbox"/> On Admission	<input type="radio"/> Questionable	<input type="radio"/> Deteriorating
<input type="checkbox"/> Tube Feeding			<input type="checkbox"/> Surgery Date	<input type="radio"/> None	<input type="radio"/> Critical
<input type="checkbox"/> Other					<input type="radio"/> Terminal
Mental & Behavioral Status : (check all that apply)			Nursing Care and Treatment : (Check all that apply)		
<input type="checkbox"/> Agitated	<input type="checkbox"/> Noisy	<input checked="" type="checkbox"/> Dependent	<input type="checkbox"/> Catheter Care	<input type="checkbox"/> Bedfast	
<input type="checkbox"/> Confused	<input type="checkbox"/> Nonresponsive	<input type="checkbox"/> Independent	<input type="checkbox"/> Intake	<input type="checkbox"/> Colostomy Care	
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Vacillating	<input type="checkbox"/> Anxious	<input type="checkbox"/> Output	<input type="checkbox"/> Sterile Dressings	
<input type="checkbox"/> Depressed	<input type="checkbox"/> Violent	<input type="checkbox"/> Well Adjusted	<input type="checkbox"/> IV	<input type="checkbox"/> Suctioning	
<input type="checkbox"/> Forgetful	<input type="checkbox"/> Wanders	<input type="checkbox"/> Disoriented	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Alert	<input checked="" type="checkbox"/> Withdrawn	<input type="checkbox"/> Inappropriate Reaction			
Hours out of the Bed Per Day :			<input type="text" value="12"/> Hrs.		

Figure 43 Evaluation of Nursing Care

Frequency per Week (Hours):

This section documents the frequency per week in hours of therapies that are provided and needed. This section is **not required**, but may be completed if applicable to the Member’s plan of care.

- For each therapy that the member is receiving or needs, enter the number of hours **received** per week in the first column; and the number of hours of therapy that is **needed** in the second column.

Indicate Frequency Per Week (in Hours)		
	Received	Needed
Physical Therapy	<input type="text" value="4"/>	<input type="text" value="6"/>
Occupational Therapy	<input type="text" value="0"/>	<input type="text" value="4"/>
Remotive Therapy	<input type="text"/>	<input type="text"/>
Reality Orientation	<input type="text"/>	<input type="text"/>
Speech Therapy	<input type="text"/>	<input type="text"/>
Bowel and Bladder Retrain	<input type="text"/>	<input type="text"/>
Activities Program	<input type="text"/>	<input type="text"/>

Figure 44 Hours of Therapies

Level of Impairment and Activities of Daily Living:

This section captures the Member’s level of impairment in regards to sight, hearing, speech, limitation in motion, and paralysis. It also records the Member’s current abilities regarding activities of daily living.

Figure 45 Level of Impairment Choices

- Mild
- Moderate
- None
- Severe

Figure 46 ADLs Choices

- Dependent
- Independent
- Needs Assistance
- Not Appropriate

- To enter information, select the appropriate description from the ‘Level of Impairment’ and ‘Activities of Daily Living’ drop lists.

Activities of Daily Living	
Eating	Independent
Wheelchair	Dependent
Transferring	Needs Assistance
Bathing	Dependent
Ambulating	Not Appropriate
Dressing	Independent

Level of Impairment	
Sight	Moderate
Hearing	Moderate
Speech	None
Limited Motion	Severe
Paralysis	Severe

Figure 47 Level of Impairment and ADL Evaluation

Justification and Circumstances:

This required section allows for the entry of information justifying the need for the requested services. The justification should support the level of care requested.

43. In the text box provided, provide a description of the Member’s condition and any other information related to the diagnosis that justifies the services requested. When data has been entered to the bottom of the visible text box, the scroll bar will activate. Click the up or down arrow on the scroll bar to navigate up or down in the text box.
44. Enter the name of the case manager who signed the DMA-6; and the ‘Date Signed’ in the boxes provided.

Justification and Circumstances for Admission or Continued Placement :

Provide a brief summary of the pertinent information that justifies medical necessity.

Summary of pertinent information that supports medical necessity.

Name of MD / RN Signing Form : Date Signed :

Figure 48 DMA-6 Justification for Services

45. When all information has been entered, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If the *Attestation Statement* does not display when **Review Request** is selected; or a message displays that ‘information is missing or incorrect’, scroll up the page to find what is missing or incorrect. ‘**Required**’ displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.

46. Review the *Attestation Statement*. Before you can submit the request, you must first click **I Agree**.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

47. Review the DMA-6 for completeness and accuracy. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**.
48. When the request is successfully submitted, the system displays the pending PA tracking number at the top of the page; and **required documentation may be attached** (refer to page 9 of this manual for attachment instructions).

2.2 Web Entry of a DMA-80

2.2.1 Purpose

The DMA-80 web request is used to request authorization for ICWP services. When a DMA-80 is requested, the provider is prompted to enter the approved DMA-6 PA number. This allows the system to validate the following data: the DMA-6 is approved; the DMA-6 is for the same member as the DMA-80; and the DMA-6 is current. The online DMA-80 request template captures the same basic data as the hard copy form. The online form includes one data entry page and a *Review Request* page. Required data fields are identified by a highlighted box and/or asterisk; and must be completed in order to submit the request

2.2.2 Web Entry Instructions

Follow these instructions to enter a DMA-80:

1. Click **Submit/View** from the portal *Secure Home* page, or select **Enter a New Authorization Request** from the *Provider Workspace* page.
2. On the *New Request for Prior Authorization* page, select ICWP form number DMA-80.

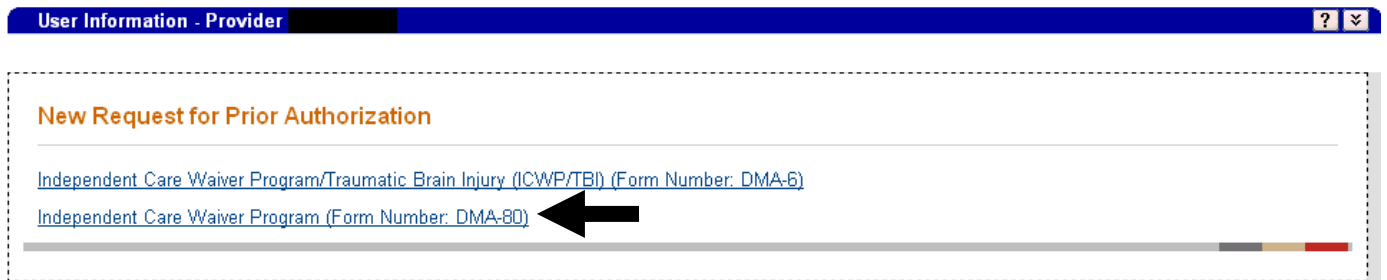


Figure 49 Select DMA-80

3. Once the request type is selected, a second *New Request for Prior Authorization* page opens. The Provider ID of the ICWP provider requesting the DMA-80 is populated by the system in the 'Service Provider ID' box.
4. Enter the Member's Medicaid ID number in the 'Member Medicaid ID' box. The member ID is required.

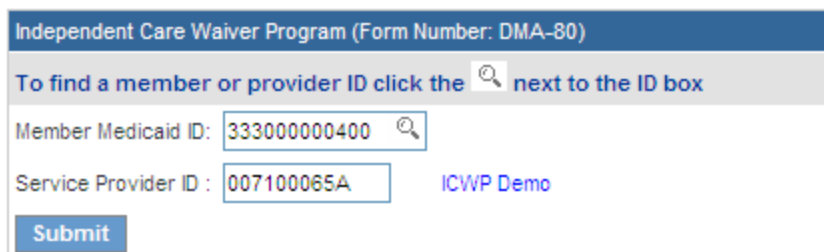


Figure 50 DMA-80 New Request for PA Page

5. Click **Submit** to open the confirmation page.
6. Enter the DMA-6 authorization number in the box provided.

New Request for Prior Authorization

The Requesting Provider ID is a unique value assigned to identify a provider from the 'Find Provider ID' link.

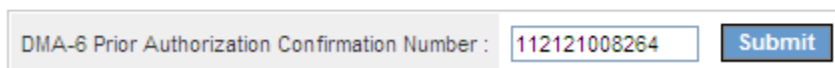


Figure 51 Verification Page

7. Click **Submit**. If the DMA-6 number passes system validation, the DMA-80 request template opens. If the DMA-6 number does not pass validation, an explanatory message displays.

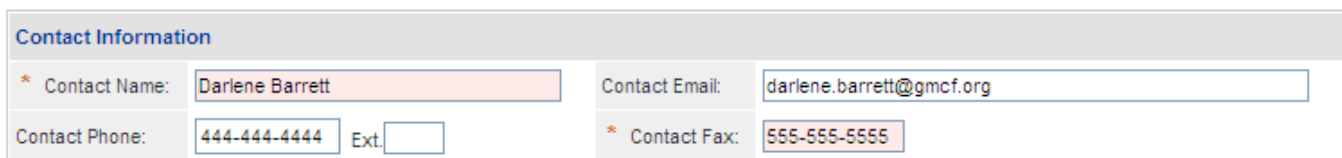
DMA-80 Member and Provider Information:

At the top of the DMA-80 request form, the Member Information and Service Provider Information (ICWP Provider) are system populated based on the Member and Provider ID submitted on the *New Request for Prior Authorization* page.

Contact Information:

In this section, the system populates the ICWP provider contact information.

8. If this information is not correct or is missing, complete or correct the information. The 'Contact Email' is optional.



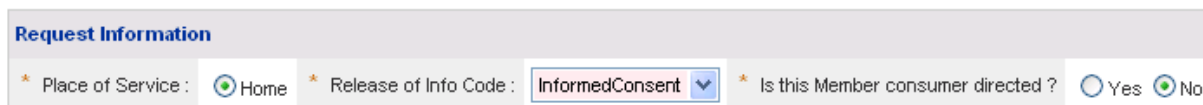
The screenshot shows a 'Contact Information' form with the following fields: Contact Name (Darlene Barrett), Contact Email (darlene.barrett@gmcf.org), Contact Phone (444-444-4444), Ext. (empty), and Contact Fax (555-555-5555). The form has a light gray header and a white body with blue text for labels and red asterisks for required fields.

Figure 52 DMA-80 Contact Information

Request Information:

This section captures the following request information: location where services are provided; release of information type; and consumer directed status.

9. The system defaults the service location to *Home*. No action is required.
10. Enter the type of release of information consent by selecting from the 'Release of Info Code' drop list. The type is usually *Informed Consent*; but, if not known, select *Plan Sponsor*.
11. Indicate if the member is a consumer directed participant by clicking the **Yes** button. The system defaults this question to **No** so you must change to 'Yes' if applicable to the member.



The screenshot shows a 'Request Information' form with the following fields: Place of Service (radio button selected for Home), Release of Info Code (dropdown menu showing InformedConsent), and Is this Member consumer directed? (radio buttons for Yes and No, with No selected).

Figure 53 DMA-80 Request Information

Diagnosis Table:

This section captures the client's ICD-9 Diagnosis code, code description (system populated), date of diagnosis, and primary diagnosis indicator (admission indicator is not required).

12. Enter the ICD-9 code for the Member's primary diagnosis in the 'ICD-9' box; or search for the diagnosis and the system will insert the 'ICD-9 Code' box. If the ICD-9 has a decimal point, include the decimal point when entering the code as shown in Figure 49.
13. Under 'ICD-9 Date', enter the date that the diagnosis was determined. Enter the date manually or select from the calendar popup.
14. Click the 'Primary' button to indicate that the diagnosis is the primary diagnosis. **Note:** If only one diagnosis is entered; the system will select the diagnosis as primary.

Diagnosis						
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission		
344.9		02/07/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADD	

Figure 54 DMA -80 Diagnosis Table

- Click the **Add** symbol at the end of the diagnosis line to add the diagnosis code to the request. When this is done, a new blank diagnosis line displays; and **Edit** and **Delete** appear.

Diagnosis						
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission		
344.9	PARALYSIS NOS	02/07/2010	Yes	No	EDIT	DELETE
				<input type="checkbox"/>	ADD	

Figure 55 DMA-80 Diagnosis Added

- If necessary, repeat the same steps to enter other diagnosis codes. **Remember to click Add after each diagnosis is entered.**

Procedures Table:

The Procedures Table documents the specific services requested. Each line refers to one service code and includes: service code number, requested start date, requested end date, total units requested, units requested for the month, requested amount, cost sharing amount, if applicable, and modifier(s), if applicable.

- Enter the code for the ICWP service requested in the ‘Service Code’ box; or search for the code and the system will insert the code in the service code box.
- Enter the date when the service is to start in the ‘From Date’ box. Enter the date manually or select from the calendar popup.
- Enter the date when the service is to end in the ‘To Date’ box. Enter the date manually or select from the calendar popup.
- Under ‘Units’, enter the total number of units service requested for the entire service period. Enter whole numbers only.
- Under ‘Requested Units/Day’, enter ‘0’.
- Under ‘Requested Units/Month, enter the number of units to be provided each month.

23. Under 'Requested Amount', enter the total cost of the service requested for the dates of service.
24. If the member shares the cost of the service, enter the 'Cost Sharing Amount' in the box provided.
25. Next, add the appropriate modifier or modifiers if applicable to the service requested. Up to 4 modifiers may be entered. Enter the modifiers in correct order in the 'Mod 1', 'Mod 2', 'Mod 3' and 'Mod 4' boxes.

Procedures													
Service Code	Service Description	From Date	To Date	Units	Requested Units/Day	Requested Units/Month	Requested Amount	Cost Sharing Amount	Mod 1	Mod 2	Mod 3	Mod 4	
T1016		05/03/2010	05/02/2011	480	0	40	3000	100	U1				ADD CANCEL

Figure 56 DMA-80 Procedures Table

26. Click the **Add** at the end of the procedure line to add the code information to the request. When this is done, a new blank diagnosis line displays; and **Edit** and **Delete** appear.

Procedures													
Service Code	Service Description	From Date	To Date	Units	Requested Units/Day	Requested Units/Month	Requested Amount	Cost Sharing Amount	Mod 1	Mod 2	Mod 3	Mod 4	
T1016	CASE MANAGEMENT	05/03/2010	05/02/2011	480	0	40	3,000.00	100.00	U1				EDIT DELETE
													ADD CANCEL

Figure 57 Procedure Added

27. If necessary, repeat the same steps to enter another service code. **Remember to click Add after each code is entered.**

Program Information:

This section captures program information including: Admission Date, Type of Admission and Certification Date.

28. Enter the date that the member was **initially** admitted to the ICWP in the 'Program Admit Date' box. Enter manually or select from the calendar popup.
29. Indicate if the DMA-80 is for an initial admission or for a continuation of services (renewal) by selecting the applicable button.

- **Family Information:** Member's family and living situation including information related to significant others and guardian.
- **Birth and Early Development:** Member's birth and early developmental issues.
- **Medical Information:** Clinical information related to the Member's present medical status.
- **Training and Education:** Education or training this Member has or is receiving.
- **Current Functioning:** Member's present level of functioning including capabilities and disabilities.
- **Summary of Social History:** Summary of the Member's social history.

33. If you plan to attach all required additional documentation to the DMA-80, you may enter 'See Attached' in each of the text boxes. Also, if you want to highlight some key information, you can enter that specific information in the applicable box.

34. If you do not plan to attach the additional documentation, you will need to enter information in each textbox. All are required. When data has been entered to the bottom of the visible text box, the scroll bar will activate. Click the up or down arrow on the scroll bar to navigate up or down in the text box.

Required Documents/Letters:

This section includes a series of questions related to required letters and documents. **Note:** The system defaults the responses to No; so the user must select Yes, if Yes is the intended response.

34. Click **Yes** to indicate that there is a signed *Letter of Medical Necessity* at the agency. If 'Yes', enter the date that the *Letter of Medical Necessity* was signed in the 'Date Signed' box.
35. Click **Yes** to indicate that there is a signed *Letter of Understanding* on file. If 'Yes', enter the date that the *Letter of Understanding* was signed in the 'Date Signed' box.
36. Click **Yes** to indicate that there is a signed *Client Rights and Responsibilities* on file. If 'Yes', enter the date that the *Client Rights and Responsibilities* was signed in the 'Date Signed' box.
37. Click **Yes** to indicate that there is a signed *Freedom of Choice* form on file. If 'Yes', enter the date that the *Freedom of Choice* form was signed in the 'Date Signed' box.

38. Click **Yes** to indicate that the Member is receiving other waiver services.

Is there a signed Letter of Medical Necessity at the agency ?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date Signed :	04/30/2010
Is there a signed Letter of Understanding on file ?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date Signed :	04/30/2010
Is there a signed Client Rights and Responsibilities on file ?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date Signed :	04/30/2010
Is there a signed Freedom of Choice form on file ?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date Signed :	04/30/2010
Is the patient receiving any other waiver services ?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Figure 60 Required Letters/Documents

39. When all information has been entered, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If the *Attestation Statement* does not display when **Review Request** is selected; or a message displays that ‘information is missing or incorrect’, scroll up the page to find what is missing or incorrect. ‘**Required**’ displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.
40. Review the *Attestation Statement*. Before you can submit the request, you must first click **I Agree**.
41. Review the DMA-80 for completeness and accuracy. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**.
42. When the request is successfully submitted, the system displays the pending PA tracking number at the top of the page; and **required documentation may be attached** (refer to page 9 of this manual for instructions).
43. To enter another DMA-6 or DMA-80, click **Enter a New PA Request**. To conduct other types of authorization activities, click the **Prior Authorization** tab at the top of the page, and select **Provider Workspace**.