COMMUNITY CARE SERVICES (CCSP) WEB PORTAL PROVIDER TRAINING

CCSP ELIGIBLE MEMBERS

- Target population for CCSP:

  ➤ Must meet the definition for Intermediate Nursing Home Level of Care.

  ➤ Must meet the criteria for the target population for Georgia's Elderly and Disabled Waivers.

  ➤ Those applicants with a diagnosis of mental illness or intellectual disability and no co-morbid conditions are not eligible.

ALLIANT/GMCF'S SCOPE OF WORK

- Initial level of care (LOC) admission determinations

- Second level of care (LOC) determinations

- Yearly re-certifications

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BACKGROUND INFORMATION

- Review Nurses with SOURCE/CCSP experience
- Clinical Systems Analyst (RN)
- Manager, SOURCE/CCSP/ICWP
- Deputy Director, Medical Review
- Medical Director
- Inter-rator Reliability (IRR)

GENERAL INFORMATION

- All CCSP offices will be required to submit LOC requests with the required documentation via the web portal *only.*

- No mailed or faxed documents will be accepted.

- Alliant will not accept the case for review until all required documents are attached.

- Services cannot start until the initial LOC approval is granted.

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GENERAL INFORMATION

- If the provider has questions about their submitted case they can use the "Contact Us" query section on the web portal.

- Telephone calls will not be accepted.

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REQUIRED DOCUMENTS

- Appendix E- Level of Care and Placement Instrument Form

- Crosswalk from AIMS

- Minimum Data Set for Home Care (MDS-HC) from AIMS

- Demographic information from AIMS

- Medication Record

- Case Notes from AIMS

- DON-R Screening Tool (Initials only)

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ALLIANT'S LOC DECISIONS

- **Initial Tech Denial:**
  - ➢ No documents are attached to the LOC request within 5 calendar days from the LOC request date; OR when required documentation is incomplete within 5 calendar days from the LOC request date.

- **Final Tech Denial:**
  - ➢ Following an initial TD, a Final Tech Denial is rendered when no documents are attached to the LOC request within 30 calendar days from the LOC request date; OR when required documentation is incomplete within 30 calendar days from the LOC request date.

- **Initial Decision/Approved:**
  - ➢ Rendered when the LOC is complete and meets level of care criteria upon initial nurse LOC review.

- **Initial Decision/Nurse Denied:**
  - ➢ Rendered when the LOC is complete, but does not meet the level of care/policy guidelines upon initial nurse LOC review. Member/Provider may request a reconsideration of this decision by sending additional medical information to Alliant within thirty (30) calendar days of the date of the Notice of Denial/Termination of Level of Care.

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ALLIANT'S LOC DECISIONS

- **Second Level Nurse Review/Approved**:
  - ➢ Rendered when a reconsideration of the Initial Nurse Denial has occurred, and based on the documentation submitted, the LOC now meets level of care/policy guidelines.

- **Second Level Nurse Review/Denied**:
  - ➢ Rendered when a reconsideration of the Initial Nurse Denial has occurred, but the LOC still does not meet the level of care/policy guidelines.

- **Initial Decision/Withdrawn**:
  - ➢ Used for duplicate requests.

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RECONSIDERATIONS

- Member/applicant obtains a review of this decision by sending additional medical information within thirty (30) days of the date of our letter to CCSP Care Coordinator

- If CCSP does not obtain additional medical information, this decision will become final.

- Member still has thirty (30) days from the date of this letter to request a hearing.

- If they make the hearing orally, they must submit a written request within fifteen (15) days from the date of their oral request.

- No reconsiderations for initial tech denials.

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DECISION NOTIFICATIONS

- Contract TAT of 30 days.

- Alliant's decisions will be on the web portal the day the decision is made.

- When any decision is rendered, a 'No reply' email is sent to the provider notifying them of the decision. In addition, PA notifications and decision information display on the 'Provider Workspace.'

- All denial letters will be attached to the web portal under 'Provider Workspace' and will be sent via certified mail to the member with hearing rights.

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CCSP WEB ENTRY

- Log into the *Georgia Web Portal*.

- On the *Secure Home* page, click Prior Authorization.

- Select Submit/View from the drop list;

  OR

- Select *Provider Workspace* and then Enter a New Request for PA.

WEB ENTRY

CCSP WEB ENTRY

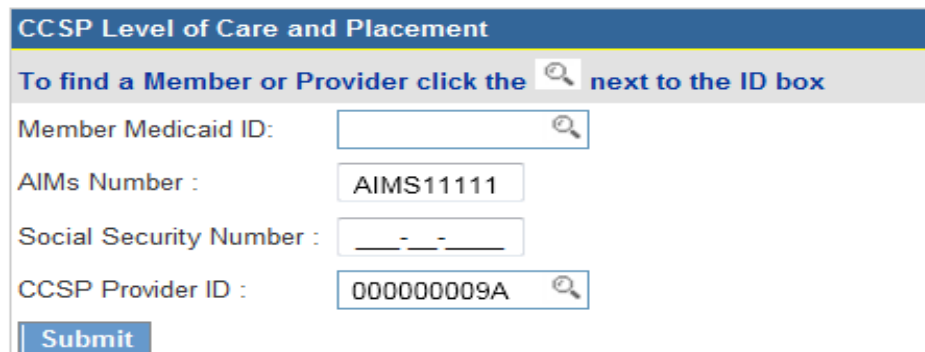- On the next window, click the link CCSP Level of Care and Placement to open the LOC request form.

New Request for Prior Authorization

- CCSP Level of Care and Placement

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REQUEST AUTHORIZATION

- On the next window, the CCSP Provider ID is populated by the system based on portal login credentials.

- Three options to enter participant identifiers:
  - ❖ Enter the AIMS number **OR**
  - ❖ Enter the Social Security Number **OR**
  - ❖ Enter the Member Medicaid ID

- Click Submit to open the online request form.

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LEVEL OF CARE & PLACEMENT
Member/Provider Information

- The CCSP provider information is pulled into the LOC request based on the provider's portal credentials.

- If a Medicaid ID was entered as the participant identifier, then the member's information is also pulled into the LOC request.

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MEMBER INFORMATION

- If the AIMS number was entered as the participant identifier and it matches an AIMS number in the database, or if a valid Medicaid ID was entered, the participant information is pulled into the form.

Member Information

| Member ID : | 333000000500 | First Name : | WENDY | MI : | A | Last Name : | TEST | Suffix : | |
| Date of Birth : | 05/28/1970 | Social Security Number : | 987-65-4321 | Gender : | Female ▼ | AIMS Number | AIMS11111 | | |

Participant Address

| Address Line 1 : | 123 TEST ST | | Address Line 2 : | APT A |
| City : | ACWORTH | State : GA ▼ | Zip : | 33333 |

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MEMBER INFORMATION

- If an AIMS number or SSN was entered but there is no match to an AIMS number or Medicaid member in the database, then member information must be entered.

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PHYSICIAN/CARE COORDINATOR
Contact Information

- Enter the physician's first and last name.

- Enter the physician's phone number.

- Care Coordinator/Nurse information is populated by the system. Enter any information that is missing or incorrect.

Physician Information

* Physician Name :	DOCTOR DOCTOR		
* Phone :	404-999-1111 Ext.	Fax :	- -

Care Coordinator/Assessment Nurse Contact Information

* Contact Name:	JEAN THE COORDINATOR	* Contact Email:	JCOORD@GMAIL.COM
Contact Phone:	404-999-2222 Ext.	* Contact Fax:	404-999-3333

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REQUEST INFORMATION

- Select *Initial* or *Reassessment* as the Recommendation Type*.*

- Enter the DON-R score.

- Select *Yes* or *No* for MFP approval.

- Select *Home* or *Other* as the Place of Service.

Request Information

* Recommendation Type :	⦿ Initial ◯ Reassessment	DON-R Telephone Screening Score : 30
* Approved for Money Follows the Person?	◯ Yes ⦿ No	
* Place of Service :	12 - Home ▾	

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DIAGNOSIS

- Enter the diagnosis code for the participant's primary diagnosis in the ICD-10 box. System populates the description.

- Enter the diagnosis date.

- Click the 'Primary' checkbox.

- Click Add.

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DIAGNOSIS

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ADDITIONAL INFORMATION

- The following sections on the request form are not required:

Acute Care Hospital Dates :	From Date :	To Date :

Diagnosis on Admission to Hospital

Diag Code	Diagnosis Description	Primary	
🔍		☐	ADD

Medications

Name	Dosage	Route	Frequency	
▼		▼	▼	ADD

Diagnostic and Treatment Procedures

Type	Frequency	
▼		ADD

Services

Describe the services and for each service indicate the amount, frequency and duration (example: RN Service, 1 session or 1 visit, 2X/week, (for) 6 weeks).

Services	Amount	Frequency	Duration	
▼				ADD

Treatment Plan :

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

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SUBMIT REQUEST

- Click Review Request to display the *Attestation Statement*.

- Click I Agree in response to the *Attestation Statement.*

- Click Submit Request. The **pending** *Request ID* displays at the top of the page.

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ATTACH DOCUMENTS

- When the request is submitted, required documents may be attached.

- Go to **Create an Attachment.** This section includes checkboxes for each required document type.

- Click a checkbox or checkboxes; click **Browse**; find the file; and then click **Attach File**.

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ATTACH DOCUMENTS

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".

[   ] [Browse...] [**Attach File**]

File uploaded successfully.

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	
CCSP-INITIAL	☐ Appendix E- Level of Care and Placement Instrument Form	☐ Medication Record
	☐ Crosswalk from AIMS	☐ Case notes from AIMS
	☐ Minimum Data Set (MDS) for Home Care (MDS-HC) from AIMS	☐ DON-R
	☐ Demographic information from AIMS	

Attached Files

File	Type	Code	Document Name	Size	User	Date	
CCSP Required Documentation.docx	Web Upload	CCSP-INITIAL	Appendix E- Level of Care and Placement Instrument Form	22 KB	▉	8/20/2014 8:33:15 AM	DELETE
CCSP Required Documentation.docx	Web Upload	CCSP-INITIAL	Case notes from AIMS	22 KB	▉	8/20/2014 8:33:15 AM	DELETE
CCSP Required Documentation.docx	Web Upload	CCSP-INITIAL	Crosswalk from AIMS	22 KB	▉	8/20/2014 8:33:15 AM	DELETE
CCSP Required Documentation.docx	Web Upload	CCSP-INITIAL	DON-R	22 KB	▉	8/20/2014 8:33:15 AM	DELETE
CCSP Required Documentation.docx	Web Upload	CCSP-INITIAL	Demographic information from AIMS	22 KB	▉	8/20/2014 8:33:15 AM	DELETE
CCSP Required Documentation.docx	Web Upload	CCSP-INITIAL	Medication Record	22 KB	▉	8/20/2014 8:33:15 AM	DELETE
CCSP Required Documentation.docx	Web Upload	CCSP-INITIAL	Minimum Data Set (MDS) for Home Care (MDS-HC) from AIMS	22 KB	▉	8/20/2014 8:33:15 AM	DELETE

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SYSTEM DECISION NOTIFICATIONS

- Provider receives a 'no reply' email when CCSP LOC is approved or denied. If the decision is an initial tech denial for missing information, the email will specify what information was missing.

- The email notification directs the provider to check the web portal *Provider Workspace* for decision details.

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DECISION DETAILS

- All decision details are displayed on the portal *Provider Workspace*.

- View details by searching for the LOC using Search, Edit or Attach Documentation to Requests.

  -OR-

- Access the LOC via **PA Notifications** drop menu. Select the PA number and click Show.

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DECISION DETAILS

Provider Workspace

Last 10 Requests : [■■■■■■] - Denied ▼ [Show] Messages : [■■■■■■] - Processed ▼ [Show] PA Notifications : [■■■■■■] Denied ▼ [Show]

Enter and Edit Authorization Requests

Enter a New Authorization Request - Use this link to enter a new prior authorization request. More...

Search, Edit or Attach Documentation to Requests - Use this link to search, edit or attach documentation to authorizati

Member Medicaid ID Updates - Use this link to Search, Edit, and modifying Member Medicaid IDs for SwingBed or Katie Beckett requests.

CMO Authorization Requests

Search or Submit Clinical notes / Attach Documentation for CMO PA Requests - Use this link to search or attach documentation to CMO prior authorization requests. More...

Submit Concurrent Review Information for CMO PAs (Change Requests) - Use this link to request a change to existing authorization requests. More...

Submit Reconsideration Requests for CMO PAs - Use this link to request a reconsideration to a denied case. More...

PA Change and Reconsideration Requests

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DECISION DETAILS

Prior Authorization - CCSP Level of Care and Placement Review Request

Notification(s) for this PA

Date	Status	Notification
07/29/2014		The CCSP PA # ▮▮▮▮▮ submitted by you, has been Denied. The PA is missing some document(s) : Case notes from AIMS.

Denial Notification(s)

Denial Decision Date	Letter Type	Reason for Denial
7/29/2014 8:33:30 AM	Technical Denial Notification	We are unable to make a decision regarding level of care since the Case Notes from AIMS were never submitted; and the other documents submitted were incomplete. You may request a hearing if you disagree with this decision.

Request Information

Request ID :	▮▮▮▮▮	Case Status :	**Denied**	Case Status Date :	07/29/2014
Member ID :	▮▮▮▮▮				
Social Security Number :	▮▮▮▮				
Provider ID :	▮▮▮▮▮▮▮	CMO PA Request ID :			
Effective Date :	07/29/2014	Expiration Date :	10/27/2014		
Denial Reason :					

Type of Recommendation :	Reassessment
Decision Type :	Final Tech Denial. Decision Date: 7/29/2014

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SUBMIT RECONSIDERATIONS

- To submit a request for reconsideration of an initial nurse denial, open *the Provider Workspace* and click Submit Reconsideration Requests.

- Search for and open the LOC.

- Click Enter Reconsideration Request at bottom of page to open the reconsideration request form.

- Provide the required information.

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SUBMIT RECONSIDERATIONS

Reconsideration Request Information

Request ID : ████████ CMO Request ID :

Please make sure that the information submitted addresses the reason for denial. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

Contact Name : Mary Jane   Phone: 444-444-4444   Ext: Fax: 555-555-5555

Describe what you want changed.

Explain that you are requesting a reconsideration

Provide your rationale for changing the Prior Authorization Request.

Provide rationale why the LOC should not be denied OR indicate See Attachments.

Submit | Close Window

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SUBMIT RECONSIDERATIONS

- Click Submit.

Reconsideration Request Information

Request ID : ███████ Contact Name : Mary Jane Phone: 444-444-4444 Ext: Fax: 555-555-5555 CMO Request ID:

Describe what you want changed.
Explain that you are requesting a reconsideration
Provide your rationale for changing the Prior Authorization Request.
Provide rationale why the LOC should not be denied OR indicate See Attachments.
Your Reconsideration Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages.
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".

[   ] [Browse...] [**Attach File**]

[Back]

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