ALLIANT
HEALTH SOLUTIONS

Katie Becket PA
Submission Guide

Katie Beckett PA Entry

- Log onto the *Georgia Web Portal*
- On the Secure *Home* page, Click Prior Authorization.
- Select *Submit/View* from the drop list;

OR

- Select *Medical Review Portal* and then *Enter a New Authorization Request*

Katie Beckett PA Entry

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS
GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM

DXC.technology

Welcome, kbunit

Search

Refresh session] You have approximately 18 minutes until your session will expire.

Thursday, August 13, 2020

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

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

Home   Search Prior Authorization   Submit/View   Medical Review Portal   Waiver Case Manager PA Search

⭐GAMMIS:Submit/View <- Bookmarkable Link   Click here for help and information about bookmarks

User Information - Provider 003133118A   ? ⌄

New Request for Prior Authorization

- TEFRA / Katie Beckett (Form DMA-6A)

Medical Review Portal

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PA Entry

- On the next window, click the link TEFRA/Katie Beckett (Form DMA-6A) to open the PA request form

New Request for Prior Authorization

- TEFRA / Katie Beckett (Form DMA-6A)

Medical Review Portal   Logout

Request Authorization

- On the next window, the Katie Beckett Provider ID is populated by the system based on portal login credentials.
- Enter the member's Medicaid ID or Social Security Number; do not enter both. Click Submit.

Member/Provider Information

- The Katie Beckett provider information is pulled into the PA request based on the Katie Beckett worker's portal credentials.

- If a Medicaid ID was entered as the participants identifier, then the member's information is pulled from MMIS and populated on the PA request.

Member Information

- If a SSN was entered and matches a Medicaid member, the member information is also pulled from MMIS.

- If the SSN does not match a Medicaid member, the member information will need to be entered manually.

Member Information

TEFRA / Katie Beckett (Form DMA-6A)

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.

Prior authorization or pre-certification does not guarantee payment, approval of service or member benefit eligibility for the service.

Member Information

Member ID :   First Name :   MI :   Last Name :   Suffix :

Date of Birth :   Social Security Number :   Gender :

Participant Address

Address Line 1 :   Address Line 2 :

City :   State :   Zip :

Service Provider Information

Provider ID	Name and Address	Phone	Taxonomy (Specialty)
003133118A	KATIE BECKETT CENTRALIZED PROCESSING UNIT 5815 LIVE OAK PKWY, SUITE 2-F NORCROSS, GA 30093	678-248-7449	-

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Member Address

- For Medicaid participants, address information is pulled from MMIS.

- For Non-Medicaid participants, the KB Unit worker is required to enter the participants address information.

Katie Beckett Unit Contact Information

- The Katie Beckett worker *Contact Information* is populated by the system. Enter any information that is missing or incorrect.

- *The *Supervisor Name* does not auto populate and must be entered manually.

Contact Information

* Contact Name:	SARAH.REAMS	* Contact Email:	
Contact Phone:	__-__-___ Ext.	* Contact Fax:	678-248-7459

Katie Beckett Unit Information

* Supervisor Name :		* Email :		Phone :	__-__-___

PA Request Information

- Enter the diagnosis code for the participants primary diagnosis in the ICD-10 box.

- The *ICD Search* screen will appear. Click *Search.* A list of code descriptions will appear, click on the code description.

Diagnosis

ICD Search

| ICD Code : | F84 | | Description : | | | Type : | ○ Any ○ ICD-9 ● ICD-10 | [Search] [Clear] |

ICD Code	Description	Type
F84.0	AUTISTIC DISORDER	ICD-10
F84.2	RETTS SYNDROME	ICD-10
F84.3	OTHER CHILDHOOD DISINTEGRATIVE DISORDER	ICD-10
F84.5	ASPERGERS SYNDROME	ICD-10
F84.8	OTHER PERVASIVE DEVELOPMENTAL DISORDERS	ICD-10
F84.9	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	ICD-10

Close Window

Diagnosis

- Enter the diagnosis date.
- Click the 'Primary' checkbox.
- Click Add.

Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
F84.0 🔍	AUTISTIC DISORDER	11/01/2018	☑	☐		ADD

Diagnosis

- When add is clicked, EDIT and DELETE links appear.
- At this point, the code may be deleted if entered incorrectly. However, once the DMA6A is submitted, the diagnosis code cannot be deleted.
- Other ICD-10 diagnosis codes may be entered, following the same process just described.

* Diagnosis						
Diag Code	**Diagnosis Description**	**Date**	**Primary**	**Admission**	**Type**	
F84.0	AUTISTIC DISORDER	11/01/2018	Yes	No	ICD-10	EDIT DELETE
🔍				☐		ADD

Submit PA 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.

Attach Documents

- When the PA 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".

Choose File No file chosen   **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
KB	☐ DMA-6A Form *Required ☐ Psychological/Developmental Evaluation ☐ Therapy Notes ☐ Level of Care Statement *Required ☐ Nursing Notes ☐ MD Orders

Attached Files

File	Type	Code	Document Name	Size	User	Date	
TEST Document.docx	Web Upload	KB	DMA-6A Form *Required	12 KB	SARAH.REAMS	12/1/2020 6:14:45 PM	DELETE

Decision Notifications

- The KB Unit worker will receive a 'no reply' email when a PA is approved or denied.

- The email notification directs the KB worker to check the Medical Review Portal for decision details.

*** DO NOT RESPOND TO THIS E-MAIL ***

Dear Provider,

The TEFRA / Katie Beckett (Form DMA-6A) (PA#:120120200001) PA submitted by you, has been Approved.

You can visit Medical Review Portal section of Georgia MMIS portal: https://www.mmis.georgia.gov to check the PA status details.

Regards,
Nurse Reviewer Team.

Decision Details

- All Decision Details are displayed on the Medical Review Portal.

- View the details by searching for the PA using *Search Prior Authorization* or, *Submit/View* or, 'Show' Last 10 Requests*.

Decision Details

Decision Details