PASRR
User Manual

ALLIANT
HEALTH SOLUTIONS

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NOTE: **Valid member, provider and PA IDs are redacted in this manual. Member/provider information displayed is fictitious.**

1.0   PASRR Level I Overview

The **PASRR USER Guide** describes the functionality available to Medicaid providers to electronically process PASRR Assessment Screenings. The functionality available includes:

- Submit a Pre-Admission Screening Resident Review (PASRR) Level I.
- View existing Level I requests, and edit Level I requests that have not been reviewed.
- Modify Member Medicaid IDs for a Level I assessment.
- Link for Skilled Nursing Facilities to view and edit assessments of residents in their facilities.
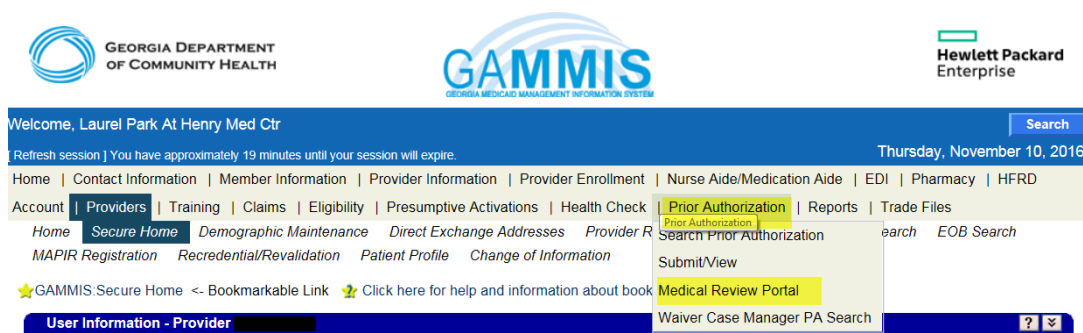
2.0   Submit a PASRR Level I Request

2.1 Description

Requests for Pre-Admission Screening Resident Review (PASRR) Level I are submitted via the web portal using the DMA-613 (PASRR) Level I form. The PASRR Level I form may be accessed from the portal secure home page via the **Medical Review Portal**. A Level I may be entered using the applicant's Medicaid ID number; or, if the applicant is not a Medicaid recipient, the applicant's Social Security Number (SSN). Upon submission of the Level I, the provider receives the Level I tracking number and notification of the Level I decision. The system determines the decision based on validation of the responses to the Level I screening questions and other form data. The following decisions are returned depending on the validation:

- **Approved**: A decision of 'Approved' indicates that all Level I criteria were met. No further action is needed and the applicant is approved for admission to a nursing facility. The Level I tracking number is now the Level I authorization number.

- **Pending:** A decision of 'Pending' indicates that some or all criteria were not met. In general, most pending cases are referred for Level II assessment.

- **Withdrawn**: If the system returns a decision of 'Withdrawn', it means that a response on the form reflects that the applicant's physician anticipates the nursing facility stay will be less than 30 days. In this situation, no prior authorization is required.

2.2 Web Entry Instructions

1. Go to the Georgia Web Portal at www.mmis.georgia.gov.

2. On the portal home page, click on Prior Authorization→Medical Review Portal

3. Scroll down to the PASRR Level I Information section and select *Enter a New PASRR Request*.

4. On the next window that displays, enter the applicant's Medicaid ID **OR** the applicant's Social Security Number. **Do not enter both numbers**.

5. Click **Submit** to open the Level I screening form. At the top of the form, the following warning displays:

   "DO NOT PROCEED IF PHYSICIAN HAS NOT CERTIFIED A DMA-6 FOR A LEVEL OF CARE"

   The intent of this warning is to remind the requesting provider that a physician should officially certify the DMA-6 before the Level I request is submitted.

Member Information:

This section captures member demographic information; member's current location and situation; and out of state contact information (if applicable).

6. If the applicant's Medicaid ID was entered or the SSN entered corresponds to an individual with a Medicaid ID, the system will populate the Medicaid ID, social security number, Member name, date of birth and gender in the applicable boxes.

7. If the applicant is not a Medicaid recipient, the member information **except for Member ID** must be entered. Enter the applicant's 'Last Name', 'First Name', 'Middle Initial' (if applicable), 'Date of Birth' (manually or using the calendar popup), and select a 'Gender' from the drop list. The system inserts the SSN entered on the Level I entry page.

8. Enter the applicant's current location by selecting the location from the 'Current Location' drop list.
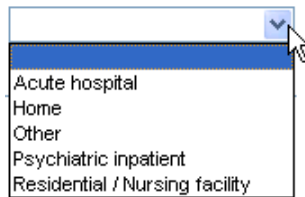
9. If 'Other' is selected as the current location, provide an explanation for this choice in the text box provided.

10. Under '**Check all that applies to the applicant/resident'**, check each box related to the applicant's situation. If 'Other' is selected, enter an explanation in the text box provided.

11. If 'Out of State resident' is selected, enter the OOS contact person's 'Last Name', 'First Name' and 'Phone Number' in the 'Resident's OOS PASRR Contact Information' section.

Level I Screening Questions:

12. Respond *Yes* or *No* to the screening questions. If a response is 'Yes', additional information may be required.

    Question #1: Does the individual have a suspected mental illness, mental retardation, developmental disability or related condition?

    Question #1a: Does the individual have a primary (Axis I) diagnosis of dementia based on DSM-IV criteria?

    If 'Yes' to question 1a, click one of the checkboxes to specify the type of dementia. If 'Other' selected for the dementia type, explain in the text box provided.

    AND

    If 'Yes' to question 1a, enter the corresponding diagnosis code for the dementia condition in the 'Dementia Diagnosis Code' box.

    Question 1b: Is there current and accurate data in the patient record to indicate that there is a **severe physical illness** so severe that the patient could not be expected to benefit from 'specialized services'?

    If 'Yes' to question 1b, click a checkbox to specify the severe illness. If 'Other' selected for the illness, provide an explanation in the textbox provided.

Question 1c: Does the individual have a **terminal illness** as defined for hospice purpose under 42 CFR 483.130 which includes medical prognosis that his/her life expectancy is 6 months or less?

Question 1d: Does the individual applying for admission, **directly from hospital discharge, require NF services for the condition received while in the hospital** and whose attending physician has certified that the nursing facility stay is likely to require **less than 30 days**?

1. Does the individual have a suspected mental illness, mental retardation, developmental disability or related condition? ◉ Yes ○ No

a. Does the individual have a primary (Axis I) diagnosis of dementia based on DSM IV criteria? ◉ Yes ○ No

If Yes, check the type of dementia, due to:

☐ Alzheimer's Disease   ☐ Vascular Changes   ☐ HIV   ☐ Head Trauma   ☐ Huntington's Disease   ☐ Creutzfeldt-Jakob (ABE)

☑ Parkinson's Disease   ☐ Pick's Disease   ☐ Other   Dementia Diagnosis Code : 332

If 'Other' is selected, please explain.

b. Is there current and accurate data found in the patient record to indicate that there is a **severe physical illness** that is so severe that the patient <u>could not</u> be expected to benefit from *specialized services?   ◉ Yes ○ No

* Specialized Services under Georgia's PASRR Program are services in combination with nursing facility services results in the implementation of an individualized plan of care that is developed and supervised by an interdisciplinary team, prescribes specific therapies and activities which necessitates supervision by trained mental health personnel and is directed toward stabilization and restoration. The services include crisis intervention, training/counseling, physician assessment & care, In-Service training services, Skills training with Rehab supports& therapy, day/community support for adults, and case management which involves assertive community treatment. For more information, see Nursing Facility Part II Medicaid Policy Manual, Appendix H.

If Yes, specify the physical illness :

☐ Coma, Functioning at a brain stem level   ☐ Congestive Heart Failure   ☐ Chronic Obstructive Pulmonary Disease   ☐ Ventilator dependence   ☐ Delirium

☑ Parkinson's Disease   ☐ Huntington's Disease   ☐ Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)   ☐ Other

If 'Other' is selected, please explain.

c. Does the individual have a **terminal illness** as defined for hospice purpose under 42 CFR 483.130 which includes medical prognosis that his/her life expectancy is 6 months or less?   ○ Yes ◉ No

d. Does the individual applying for admission, **directly from hospital discharge, require NF services for the condition received while in the hospital** and whose attending physician has certified that the NF stay is likely to require **less than 30 days**?   ○ Yes ◉ No

Mental Illness/Mental Retardation/Developmental Disability Questions:

13. Respond **Yes** or **No** to the following questions. If a response is 'Yes'**,** additional information may be required.

Question 2: Does the individual have a primary (Axis I) diagnosis of mental illness based on DSM-IV criteria?

If 'Yes' to question #2, click a checkbox to indicate the applicable psychiatric illness. If 'Other Psychotic Disorder' or "Anxiety Disorder' is checked, explain in the textboxes provided. The comments box is optional but can be used to note additional information regarding the patient's psychiatric disorder.

Question 2a: Does the treatment history indicate the individual has experienced **at least ONE of the following?** (Respond Yes or No to (1) and (2) below).

(1) In-patient psychiatric treatment more than once in the past 2 years.

(2) Within the last 2 years experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

Question 2b: Within the past 3 to 6 months the disorder results in functional limitations of major life activities that would normally be appropriate for the individual's developmental stage. The individual typically has **AT LEAST ONE of the following** characteristics on a continuing or intermittent basis:

(Respond Yes or No to (1), (2) and (3) below).

(1) Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships, and social isolation.

(2) Concentration, persistence, and pace. The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks

(3) Adaptation to change. This individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

Question 3: The individual has an Axis II diagnosis of mental retardation based on DSM IV criteria (diagnosed prior to age 18) or developmental disability (manifested before the person reaches age 22).   The following **disabilities** MAY indicate a **RELATED CONDITION:** Autism, Blind/Severe Visual Impairment, Cerebral Palsy, Cystic Fibrosis, Deaf/Severe Hearing Impairment, Head Injury, Epilepsy/Seizure Disorder, Multiple Sclerosis, Spina Bifida, Muscular Dystrophy, Orthopedic Impairment, Speech Impairment, Spinal Cord Injury, Deafness/Blindness.

Nursing Facility Information:

This section captures nursing facility information. It must be completed if yes is the response to the first question in this section regarding admission to the nursing facility.

14. Respond *Yes* or *No* to indicate whether or not the patient has been admitted to the nursing facility.

15. **If No is the response**, go to the **Physician Information** section.

16. **If Yes is the response**, enter the date of admission to the nursing facility in the 'Date of Admission to Nursing Facility' box.

17. To enter the name of the nursing facility and nursing facility provider ID, follow this procedure:

   a. Click the spy glass 🔍 next to the 'Nursing Facility Provider ID' box to display the *Nursing Facility Search* page.

   Nursing Facility Provider ID : [   ] 🔍

   b. The *Nursing Facility Search* page displays the Referral (Reference) Provider ID and names of fifteen nursing facilities listed in alphabetical order. The other facilities are listed on the next search results pages accessed by clicking the page links below the list.

   Provider Name: [   ]   Provider ID: [   ]

   Search   **Clear Search**

   Referral Provider ID **Provider Name**

   Provider list intentionally obscured

   1 2 3 4 5 6 7 8 9 10 ...

c. Select the applicable Referral Provider ID from the lists, or use the search function to find the specific nursing facility

d. To search, enter the nursing facility name in the 'Provider Name' box or nursing facility provider ID in the 'Provider ID' box, and then click **Search**.

e. On the list of facilities that display, click the Referral Provider ID number. When this is done, the system inserts the facility name and Referral provider ID in the 'Name of Nursing Facility' and 'Nursing Facility Provider ID' boxes on the Level I form.

Nursing Facility Information

Has the patient been admitted to the nursing facility?		⦿ Yes ◯ No	
Date of Admission to Nursing Facility :	04/05/2010	Name of Nursing ▮▮▮▮▮	Nursing Facility Provide ▮▮▮▮▮ 11

Physician Information:

This required section captures contact and other information for the physician noted on the applicant's DMA-6.

20. Enter the name of the physician who signed the DMA-6 in the 'Physician's Name' box.

21. Indicate if the physician is associated with an office or hospital by selecting from the drop list.

22. Enter the physician's contact phone number in the 'Phone' box.

23. Enter the physician's address in the 'Address 1' box. If additional space is needed for address, the 'Address 2' box may be used.

24. Enter the city and state where the physician is located by selecting from the 'City' and 'State' drop lists.

25. Enter the five-digit zip code in the 'Zip' box; and enter the county by selecting from the drop list.

26. Indicate whether or not the physician signed the DMA-6 by selecting *Yes* or *No*. **If Yes is selected**, enter the date that the physician signed the DMA-6.

Physician Information

Field	Value	Field	Value	Field	Value
Physician's Name on DMA-6 :	Doctor Doctor	Office or Hospital :	Office	Phone :	444-444-4444
Address 1 :	1 Address	Address 2 :		City :	City	State :	Georgia
Zip :	30003	County :	DeKalb	Physician Signed?	Yes ● No	Date Signed :	04/05/2010

DO NOT PROCEED IF PHYSICIAN HAS NOT CERTIFIED A DMA-6 FOR A LEVEL OF CARE

Contact Information:

This required section captures contact information and is important for notifications.

27. Enter the contact person 'First Name' and 'Last Name'. This is usually the person who is requesting the Level I.

28. Enter the name of the contact facility in the 'Name of Contact Facility' box.

29. Select the type of facility from the drop list.

30. Enter the date that the Level I is requested in the 'Date Level I Requested' box.

31. Enter the contact person's phone number in the 'Phone' box. The contact person's Fax and E-mail are optional fields.

32. Enter the contact facility's street address and city in the boxes provided.

33. Select the state where the contact facility is located from the 'State' drop list.

34. Enter the 5-digit zip code in the 'Zip Code' box.

Contact Information

Contact First Name :	First Name	Last Name :	Last Name	Name of Contact Facility :	Hospital	Contact Facility Type :	Hospital
Date Level I Requested :	04/05/2010	Phone :	555-555-5555	Fax :	- -	E-mail :	
Address :	Hospital St	City :	city	State :	Georgia	Zip Code :	30030

35. After all Level I questions are answered and all data entered, click **Review Request** at the bottom of the form. The page may temporarily 'gray' out as the system validates data.

36. If all required data is entered correctly, an attestation statement displays at the bottom of the *Review Request* page. Click **I Agree**.

37. When 'I agree' is selected, the *Review Request* page is refreshed and two new links display at the bottom: **Edit Request** and **Submit Request**.

38. Select **Submit Request**. The Level I is submitted; and the tracking number and Level I decision (pending, approved, or withdrawn) display at the top of the page as shown in the figure below.

PreAdmission Screening/Resident Review(PASRR) Level I Assessment (Form : DMA-613) Request

Thank you for submitting your Medicaid Prior Authorization request online. You may check the case status of your request online after 24 hou prior authorization or prior authorization process, please click the "Contact Us" feature in the upper right-hand corner of this page, or call the or (800)766-4456.

Request ID : 110040706780 Status : Pending

3.0   View and Edit PASRR Level I

3.1 Searching and Editing Instructions - Provider

Providers may view and edit the requests **associated with their provider ID** when the requests are entered via the secure portal (after logging in).   To edit a Level I request, the request must be pending and not referred for Level II assessment. As part of the edit functionality, providers are also able to add a Member Medicaid ID to a Level I request in the event the applicant did not have a Medicaid ID when the Level I was entered.

3.1.1 Searching and Viewing Level I Assessment - Provider

1. Open the *Medical Review Portal* and select **PASRR Level I Search, Edit** to open the **PASRR Request Search** page.

PASRR Request Search

Request ID :		GHP Decision :		Case Status :	
Member Social Security Number :	___-__-____	Member First Name :		Member Last Name :	
Member Medicaid ID :		Physician Name :		OBRA Number :	
From Date :		To Date :		Entered Via :	○ Web ○ Non-Web

Search   Reset

2. To find a specific Level I request, enter the Level I tracking/authorization number in the 'Request ID' box and then click **Search**. This is the **preferred way to search** for a Level I request.

3. If the request ID is not available, search by using the member's Social Security Number (SSN) or the member's Medicaid ID. **Note:** The search will only pull up results for the past 90 days.

4. Search results may be limited by combining a SSN or Medicaid ID with other search parameters, such as:

    - **GHP Decision**: Level I decision - Approved, Referred for OBRA Review, or Withdrawn.
    - **Case Status**: The overall authorization status, which could be Approved, Denied, or Pending. Requests that are 'Referred for OBRA Review' are pending.
    - **Physician Name:** The name of the physician on the level I request
    - **From Date and To Date**: These dates refer to the date that the Level I was entered into the PA system. Enter a 'From Date' and a 'To Date' to find Level I requests submitted during a specific period of time.

5. Once a search is conducted, the results of the search display below the search panel. If the search was conducted using the Request ID, only one result will display. If more than one search criterion is used, the search returns Level I requests that match any of the search criteria.

6. To open a Level I request for viewing, click the **Request ID**.

3.1.2 Editing Level I Request - Provider

1. If the Level I request selected from search results is still pending/not referred, the level I form opens in a format that may be edited.

2. Change or modify information on the Level I form as needed.

3. If the member was given a 'system assigned' ID (such as 00111GMC as shown in the next figure) when the Level I was requested, but the member now has a valid Medicaid ID, it is possible to add the member's Medicaid ID by utilizing the **Update Member Medicaid ID** button.

PreAdmission Screening/Resident Review(PASRR) Level I Assessment (Form : DMA-613)

Request ID : 115130299999   Status : Approved

Member Information

Member ID : 00111GMC   Update Member Medicaid ID   Last Name:

4. Replace the system assigned ID with the member's valid Medicaid ID number.

Request ID   115130299999   Status : Approved

Member Information

Member ID : 333000000300   Update Member Medicaid ID   Last Name:

5. Click **Update Member Medicaid ID**.

6. Click **Submit Request** to save the changes made to the Level I request. The Level I authorization number remains the same.

3.2 Searching and Editing Instructions – Skilled Nursing Facility

Nursing facility providers with a category of service (COS) of 110/Skilled Care Nursing Facility or COS 160/Intermediate Care Nursing Facility may use the link *Nursing Facility Level I Lookup* function to view and edit PASRR Level I assessments for Medicaid Members in their facility.

3.2.1 Searching and Viewing Level I Assessment - SNF

1. Go to the Georgia Web Portal at www.mmis.georgia.gov.

2. On the portal home page, click on **Prior Authorization→Medical Review Portal**

3. Scroll down to the PASRR Level I Information section and select *Nursing Facility Level I Lookup*.

PASRR Level I Information

Enter a New PASRR Request - Use this link to enter a new request for PASRR Level I screening.

PASRR Level I Search, Edit, and Member Medicaid ID Updates - Use this link to Search, Edit, and modifying Member Medicaid IDs for PASRR Level I.

Enter Change Request for a PASRR Level I - Use this link to request a change to your existing PASRR Level I requests when you are More...

Nursing Facility Level I Lookup - Use this link to find Level I authorizations for Medicaid Members in your facility. More...

4. On the PASRR (Level I) Look Up page, the following member data is required:

   - Medicaid ID or the last four digits of Social Security Number (Do not enter both)
   - Date of Birth

PASRR (Level I) Look Up

Member Medicaid ID :		**OR** Last 4 digits of Member Social Security Number :	
	AND		
Member Date of Birth :			
Search **Reset**			

5. Click **Search** to display the Level I Request ID, Status, and Effective_Date.

6. To open a Level I request, click the **Request ID.**

PASRR (Level I) Look Up

Member Medicaid ID :		OR Last 4 digits of Member Social Security Number :	███████
	AND		
Member Date of Birth :	12/26/2010		
Search Reset			

Request ID	Status	Effective_Date
████████	Approved	1/6/2011 9:50:33 AM

3.2.2 Editing a Level I Assessment – SNF

1. If the Level I request selected has a Alliant Member ID, 00111GMC, the level I

    form opens in a format that may be edited.

2. The following member data is editable by a nursing facility:

   - First Name
   - Last Name
   - DOB
   - GMC Member ID

3. To modify the first name, last name or DOB, type the correct data in the text entry
    field.
4. To modify the Member ID, enter the members Medicaid ID in the member ID field
     and select the **Update Member Medicaid ID** button
5. Scroll to the bottom of the page and select the **Review** button to review the request.
    If all changes are correct, select the **Submit** button to complete the task. If more
    changes are needed, select the **Edit** button, and restart the process.

4.0 Change Request

If changes to the Level I are needed that cannot be made via the edit functionality provided,
submitting providers and Skilled Nursing Facilities may submit a Change Request via the
Medical Review Portal.

- Scroll to the **PASRR Level I Information section** on the Portal and select **Enter Change Request for PASRR Level I** to display the **PASRR Request Search** page

PASRR Level I Information

Enter a New PASRR Request - Use this link to enter a new request for PASRR Level I screening.

PASRR Level I Search, Edit, and Member Medicaid ID Updates - Use this link to Search, Edit, and modifying Me Level I.

Enter Change Request for a PASRR Level I - Use this link to request a change to your existing PASRR Level I re

- Click the Level I request ID to display the **Change Request Information** page

PASRR Request Search

Request ID :	115130199999	GHP Decision :		Case Status :	
Member Social Security Number :	_ - _ - _	Member First Name :		Member Last Name :	
Member Medicaid ID :		Physician Name :		OBRA Number :	
From Date :		To Date :		Entered Via :	Web Non-Web

Search   Reset

Request ID	Last Name	First Name	Birth Date	SSN	GHP Decision	OBRA Number	Status
115130199999	c	c	04/25/2010	121121212	Withdrawn		Denied

Displaying Page 1 of 1   Displaying 1 cases from 1 to 1 of Total 1 cases

- Enter the requested information on the **Change Request Information** page and select **Submit.**

Change Request Information

Request ID : 116082500001 CMO Request ID :

Change / Reconsideration Requests

Date Requested	Contact Name	Contact Phone	Change Required	Change Rationale	CR Status	Date Processed	Processed By
11/22/2016	testttttttttttUpdate testtttttttttt	7777777777	testtttttttttttt	testttttttttttttttttttttttttttt	Not Processed		

Please review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. P complete the following $$change request$$ form. Please make your information as complete as possible, as this will be used for determining whether your $$change request$$ is approved or denied. You may be contacted by a review staff member if there are any questions concerning your $$change request$$. You may attach documents to this request. A you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents."

You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, pho and email address) and make sure that the information is correct. If not correct, edit the information.

Contact Name : testttttttttttUpdate testtttttttttt Phone: 777-777-7777 Ext: Fax: - - Email : vickie.chandler@gmcf.org

Describe what you want to change.
Enter what you would like changed
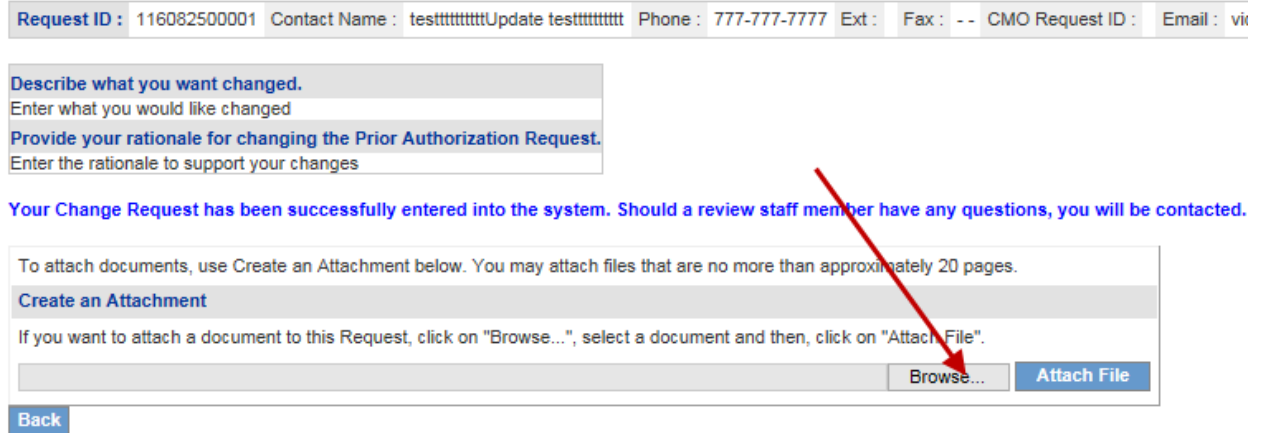
Provide your rationale for changing the Prior Authorization Request.
Enter the rationale to support your changes

Please select Change Request Rationale List:

☐ Change Member   ☑ Change Provider   ☐ Add or Change Diagnosis Codes ☐ Add or Change Procedure Codes ☐ Recertification Reques

☐ Withdraw Entire Request ☐ Change Admit Date or Date of Service ☐ Change Place of Service   ☐ Increase in Requested Units ☐ Other

Submit   Close Window

- The Change Request Information page will display informing the provider that their *"Change Request has been successfully entered into the system"* and allow providers to Browse and Attach supporting documentation

- Providers will receive a no-reply email when a change request is submitted to notify the provider that the message was received. When the nurse reviewer processes the change request, another no-reply email will be sent notifying the provider that the request has been processed.

- Follow the process in section *5.2 Correspondence Search Instructions* to view the changes request decision.

5.0 Contacting Alliant

Providers can contact Alliant review nurses via the Contact Us section at the bottom of the **Medical Review Portal**. The Portal includes the following features:

- **Contact Us:** Submit questions and messages to Alliant reviewers
- **Search My Correspondence:** View correspondence from an Alliant reviewer

5.1 Contact Us Instructions

1. Click **Contact Us** link at the bottom of the Portal page to open the **Contact Us** form.

2. Select the PA type from the 'Contact For' drop list. **This is required**.
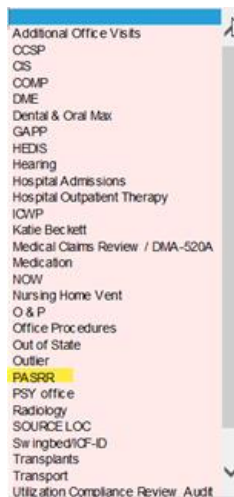
- Enter the Authorization Request ID
- Enter the name of the person submitting the correspondence in the 'Contact Name' box.

- Enter the contact person's email address in the 'Contact Email Address' box; and then enter the same email address again in 'Confirm Email Address' box to verify (required).

- Enter the contact person's phone number in the 'Phone Number' box.

- Enter the message or question in the 'Message/Question' box.

- Click **Submit Information**.

- If the contact submission is successful, a message displays in red below the contact form. The message includes the 'Correspondence ID' or confirmation number and indicates that an email has been sent to the contact person's email address. The 'Correspondence ID' may be used to search for the contact on the Provider Workspace.

> Record saved successfully. Notification Email has been sent on 7/13/2011 2:17:05 PM to email address provided above. Confirmation Number is : C11071300024.

- Once a correspondence is submitted, providers are allowed to attach documents to the correspondence via *Create an Attachment* functionality. **The correspondence must be submitted first before attachment functionality becomes available.**

- Providers will receive a no-reply email when a correspondence is submitted to notify the provider that the message received. When the nurse reviewer processes the change request, another no-reply email will be sent notifying the provider that the request has been processed.

This message was sent with High importance.

From:	no-reply@gmcf.org		Sent: Tue 5/29/2012 11:09
To:	Darlene Barrett		
Cc:			
Subject:	Message from GA MMIS Portal		

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

Dear Provider - BARRETT HOSPITAL,

Thank you for contacting Alliant Health Solutions | Georgia Medical Care Foundation. We have received your message successfully. Your confirmation number is "C12052900047".

Once we process this message, we will again send you a notification email about that will be available on Provider Workspace section of Georgia MMIS portal: https://www.mmis.georgia.gov

Regards,
Nurse Reviewer Team.

*** Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message. ***

5.2 Correspondence Search Instructions

There are two ways to find and view existing correspondence from the **Medical Review Portal.**

- If the correspondence was submitted recently, check the 'Provider Messages' drop list at the top of the portal page. This list shows the last ten messages. Find the 'Correspondence ID' in the list; highlight the ID; and then click **Show** to open the contact form.

Medical Review Portal

Last 10 Requests : ☐ Show Messages : C16112200001 - Unprocessed ☐ Show

- Search for the specific correspondence by clicking **Search My Correspondence** at the bottom of the portal page to display the **Search Provider Inquiry / Correspondence** page.

Search Provider Inquiry / Correspondence

Provider ID :	007100074A	Contact Name :	
Contact For :		Contact For ID :	
Correspondence ID :		Phone Number :	- -
Entered Between :	And	Processed by GMCF :	○ Yes ○ No

Search Clear Search Create New

- Although a search is possible using any of the search values, the **best way to search is by the correspondence ID,** which is provided in the no-reply email notification.

1. Enter the correspondence ID in the 'Correspondence ID' box. The provider ID is already populated by the system.

2. Click **Search**, and the correspondence displays in the search results table.

Search Provider Inquiry / Correspondence

Provider ID :	▮	Contact Name :	
Contact For :		Contact For ID :	
Correspondence ID :	C11071300024	Phone Number :	- -
Entered Between :	And	Processed by GMCF :	○ Yes ○ No

Search Clear Search Create New

Corr ID	ID	Contact Name	Contact Email	Phone	Date Entered	Processed	Processed Date
C11071300024	111050307826	▮	darlene.barrett@gmcf.org	444-444-4444	7/13/2011 2:17:05 PM	Yes	7/14/2011 3:47:57 PM

3. Click the 'Correspondence ID' (Corr ID) number underlined in blue font to open the contact form and view the response submitted by the Alliant reviewer.

4. If staff attaches documents to the response, the files will be listed next to 'Reference Attachments'. Click the file name to open the attachment.

5. Click **Back** to return to correspondence search, or click **Provider Workspace** to return to the workspace page.