

Independent Lab - Genetic Testing Prior Authorization Request

For access to this presentation, please visit: www.mmis.georgia.gov -> Provider Information -> Provider Notices – “Presentation – **Independent Lab Genetic Testing Prior Authorization Request**”



Agenda

- Georgia Medicaid Management Information System (GAMMIS)
Login
- Web Portal Navigation
- Eligibility
- Prior Authorization
- Contact Us



Medicaid Login Required

Please Visit: www.mmis.georgia.gov

Note:

- As a provider, your members must have active Medicaid eligibility to bill for Lab codes
- Some codes may require a Prior Authorizations
- Claims must be billed within six months from the date of service

▼ Login

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

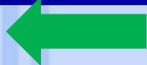
★GAMMIS:Home <- Bookmarkable Link 🗨️ Click here for help and information about bookmarks

☒ (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 ? ⬆

Login/Manage Account **Login** 

Members

- [Register for Secure Access](#)
- [Member Information](#)

Providers

- [PIN Activation](#)
- [Provider Information](#)

Latest News...

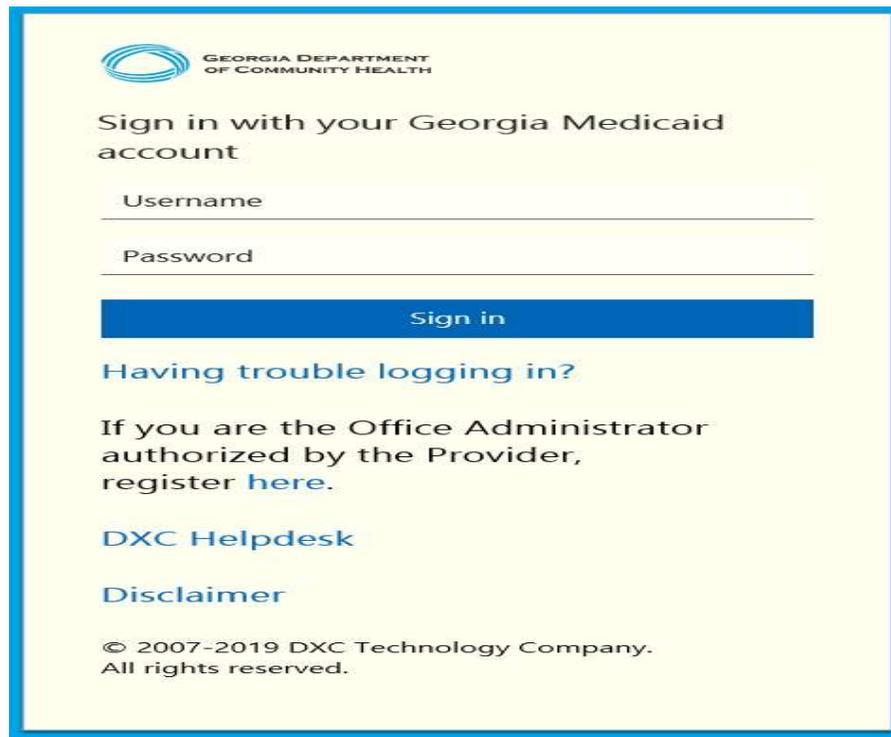
For members, the best source of the latest information is the [Member Notices](#) page under the Member Information menu.

For providers and their delegates, the best source for the latest information is the Message page that is displayed after logging in.

Most of those messages can also be seen without logging in by accessing the [Provider Messages](#) page under the Provider Information menu.



Username & Password



The screenshot shows a login interface for the Georgia Department of Community Health. At the top left is the department's logo, a blue circular emblem with the text "GEORGIA DEPARTMENT OF COMMUNITY HEALTH" to its right. Below the logo, the text "Sign in with your Georgia Medicaid account" is displayed. There are two input fields: "Username" and "Password", each with a horizontal line underneath. A blue button with the text "Sign in" is positioned below the password field. Underneath the button, the text "Having trouble logging in?" is shown in blue. Further down, a paragraph reads: "If you are the Office Administrator authorized by the Provider, register [here](#)." Below this are two more blue links: "DXC Helpdesk" and "Disclaimer". At the bottom, the copyright notice "© 2007-2019 DXC Technology Company. All rights reserved." is visible.

▼ Web Portal

Georgia Medicaid Home

Jane Doe, Welcome to Georgia Medicaid

Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal ←	Web Portal



Getting Started

Welcome, Call Center Search

[Refresh session] You have approximately 13 minutes until your session will expire. Tuesday, November 10, 2015

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 | Reports | Trade Files ←

Home Messages **Switch User**

User Information - Billing Agent CALLCENTER ? ⌵

Switch User or Switch Trading Partner Panel

To begin acting as a particular provider or trading partner, use the Switch Provider or Switch Trading Partner panel below. Once a selection has been made and confirmed, additional menu items will be displayed based on the roles delegated to you.

Switch Provider ? ⌵

Provider ID	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	City	<input type="text"/>
Zip	<input type="text"/>		

(1 rows returned)

National Provider ID	Medicaid Provider ID	Reference Provider ID	Provider Type	Name	Address	City	State	Zip	Zip + 4
			Physicians/Osteopaths			ATLANTA	GA	30303	3032

Select row above to switch to the desired provider.



GAMMIS Role Delegation

What should you do if the Prior Authorization tab is not listed on your account page?



Delegate an Employee to the GAMMIS Web Portal

If an employee role includes:

- Checking Eligibility
- Prior Authorization Submissions/Research
- Claim Submissions

Limited access can be granted to a specific username to access these limited functions.

For step by step setup instructions click here:

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Web%20Portal%20Training/tabl/51/Default.aspx> and select **“Billing Agent Account Registration and Maintenance”**



Medicaid Eligibility



Eligibility Verification

- **Eligibility verification is the first and most important step in billing any claim.**
- **Eligibility should be verified prior to each visit to the office or facility or dispensing of any equipment or treatment.**
- **Verifying eligibility allows you to determine:**
 - Is the member currently eligible?
 - Is the member eligible for *this* service?
 - Does the member have other coverage?
 - Has the member reached coverage limitations?
 - Does the member have a spend-down or patient liability that will affect the claim?



Eligibility Verification

(continued)

There are three ways Georgia Medicaid provides verification of member eligibility:

- Provider Services Contact Center (PSCC)
- GAMMIS website www.mmis.georgia.gov
- Interactive Voice Response System (IVRS)

The IVRS and the GAMMIS website are available 24 hours a day.



Eligibility Verification

(continued)

- GAMMIS website www.mmis.georgia.gov (secure Web Portal only)
- Eligibility
- Eligibility Request

The screenshot shows the top navigation bar of the GAMMIS website. The bar is blue with white text. On the left, it says "Welcome, Call Center". On the right, there is a "Search" button and the date "Tuesday, November 10, 2015". Below the blue bar is a white navigation menu with a light blue background. The menu items are: 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 | Reports | Trade Files. The "Eligibility" item is highlighted with a dark blue background. Below the navigation menu, there are two red arrows pointing upwards. The first arrow points to the "Eligibility" item and is labeled with a red circle containing the number "1". The second arrow points to the "Eligibility Request" link (which is a sub-link under "Eligibility") and is labeled with a red circle containing the number "2".



Eligibility Verification

(continued)

Eligibility Verification Request ? ▲

Member ID	<input type="text" value="123456789012"/>	Birth Date	<input type="text"/>	
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	<input type="text" value="05/01/2010"/>	<input type="text" value="05/05/2010"/>
Gender	<input type="text" value=""/>			

1 → → **2** →



No Medicaid Benefits

Eligibility by Service Type ?							
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Inactive for Service Type Code selected		09/08/2018	09/08/2018				

SLQ1 Medicare Premium Only “No” Medicaid Benefits

Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	661 - Spec. Low Income Mcre Benefic.	Provides payment of the monthly Medicare Part B premium only (SLMB-COE 466, 661 QI-COE 662)	

Eligibility by Service Type								?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes	
Inactive for Service Type Code selected.	1 - Medical Care	06/08/2018	06/08/2018					
Inactive for Service Type Code selected.	33 - Chiropractic	06/08/2018	06/08/2018					
Inactive for Service Type Code selected.	35 - Dental Care	06/08/2018	06/08/2018					
Inactive for Service Type Code selected.	47 - Hospital	06/08/2018	06/08/2018					
Inactive for Service Type	48 - Hospital - Inpatient	06/08/2018	06/08/2018					

CCSP Medicaid & QMB Benefits

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	MEDICAID Provides payment of Medicare Part A premium for those individuals who must pay a premium for Part A, Medicare coinsurance, deductible and Medicare Part B premium only. QMB will not cover any medical service that is not covered by Medicare. (QMB- COE 460 or 660.)
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Active	1 - Medical Care	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Inactive for Service Type Code selected.	33 - Chiropractic	06/08/2018	06/08/2018				
Active	35 - Dental Care	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	47 - Hospital	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	48 - Hospital - Inpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	50 - Hospital - Outpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	86 - Emergency Services	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	88 - Pharmacy	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.





SSI Medicaid Benefits

Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	11/01/2018	11/16/2018	MC - Medicaid	303 - SSI - Disabled	MEDICAID	

Eligibility by Service Type							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Active	1 - Medical Care	11/01/2018	11/16/2018	MC - Medicaid	303 - SSI - Disabled	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.

Genetic Testing Prior Authorization Submission

Alliant Health Solutions

This presentation will include:

- General Rules and Guidelines
- Prior Authorization Submission
- Viewing Decisions for a Prior Authorization

Genetic Testing: General Rules and Guidelines

- Service providers must have Category of Service (COS) 230 Independent Lab in order to submit claim for payment
- PA type → IL
- Updated codes listed below:

Diagnosis code restrictions for billing		PA submission & approval necessary for billing	Not Covered
<ul style="list-style-type: none"> • 81162 • 81201 • 81220 • 81225 • 81229 • 81230 	<ul style="list-style-type: none"> • 81231 • 81259 • 81292 • 81295 • 81298 • 81321 	<ul style="list-style-type: none"> • 81401 • 81403 • 81404 • 81405 • 81406 • 81408 • 81479 	<ul style="list-style-type: none"> • 81542



Genetic Testing: General Rules and Guidelines

- Requests must have an effective/start date equal or greater than the request date (i.e. PA must be submitted prior to testing)
- The effective/start date cannot be more than 90 days in the future
- Once approved, the PA will be approved for a date span of 120 days
- Multiple (genetic testing) codes can be listed on one PA, but each code can only be listed once. If more than one test is to be performed under the same code, add additional units.

Genetic Testing: Submitting a PA

Refresh session | You have approximately 17 minutes until your session will expire. Tuesday, Jun

[Home](#) | [Contact Information](#) | [Member Information](#) | [Provider Information](#) | [Provider Enrollment](#) | [Nurse Aide/Medication Aide](#) | [EDI](#) | [Pharmacy](#) | [HI](#)
[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 Man](#)

★ [GAMMIS:Medical Review Portal](#) <- Bookmarkable Link 🗨 [Click here for help and information ab](#)

User Information - Provider

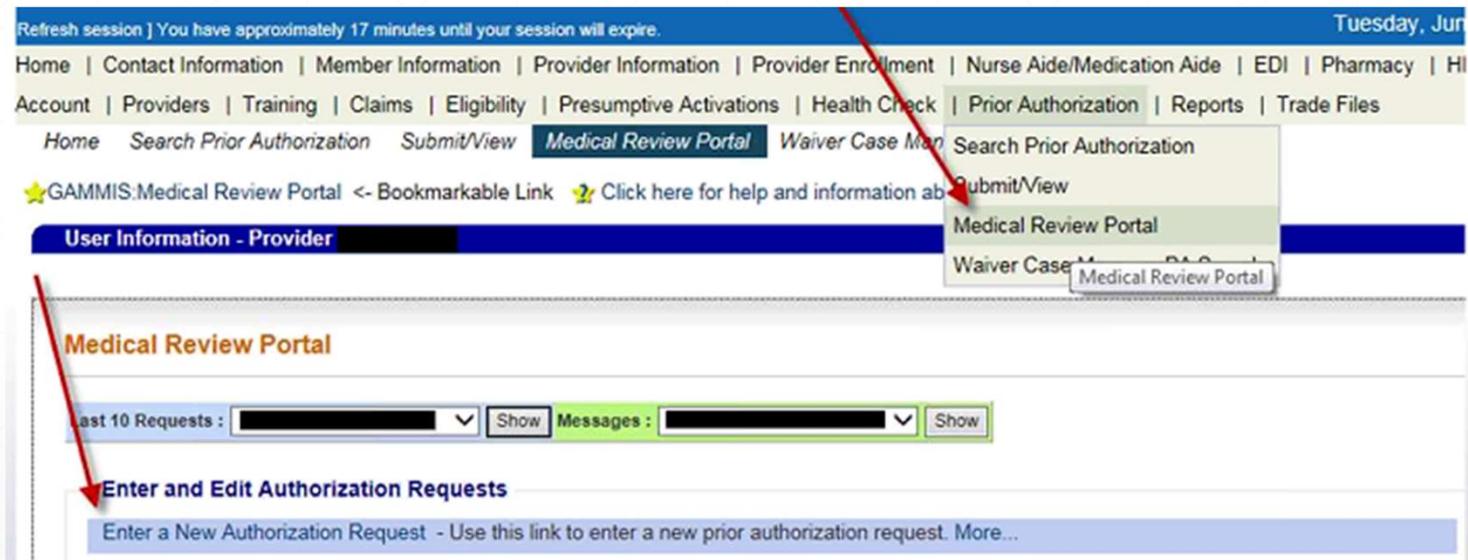
- [Search Prior Authorization](#)
- [Submit/View](#)
- [Medical Review Portal](#)
- [Waiver Case Man](#)
- [P.A.O.](#)
- [Medical Review Portal](#)

Medical Review Portal

Last 10 Requests : Messages :

Enter and Edit Authorization Requests

[Enter a New Authorization Request](#) - Use this link to enter a new prior authorization request. More...



Genetic Testing: Submitting a PA

New Request for Prior Authorization

- Genetic Testing

Medical Review Portal

Genetic Testing: Submitting a PA

Genetic Testing

To find a Member or Provider click the  next to the ID box

Member Medicaid ID:

Requesting Provider ID :

Provider ID :

Submit

Medical Review Portal

- Requesting Provider ID will auto-populate
- Enter patient's Medicaid ID number and ordering providers REF#
- Click 'Submit'

Genetic Testing: Submitting a PA

Member Information						
Member ID	Last Name	First Name	MI	Suffix	DOB	Gender
██████████	TESTING	EMILY	A		██/██/███	M

Service Provider Information			
Provider ID	Name and Address	Phone	Taxonomy (Specialty)
██████████	████████████████████ ████████████████████ ████████████████████	██████████	- Independent Lab

Reference Provider Information			
Physician ID	Name and Address	Phone	Taxonomy (Specialty)
██████████	████████████████████ ████████████████████ ████████████████████	██████████	- Disproportionate Share Hospital - Hospital, Regular General - Newborn Eligibility

Contact Information			
* Contact Name:	<input type="text"/>	Required	* Contact Email:
Contact Phone:	<input type="text"/> Ext. <input type="text"/>		* Contact Fax:

Request Information		
* Date of Service :	<input type="text"/>	* Admission Type : <input type="text"/>
		* Place of Service : <input type="text"/>

- Member and Provider info will populate
- Enter contact info and request info
- Admission type = Elective
- Place of Service = 81 Independent Lab



Genetic Testing: Submitting a PA

* Diagnosis					
Diag Code	Diagnosis Description	Date	Primary	Admission	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
					<input type="button" value="ADD"/>

Procedures					
CPT Code	CPT Description	From Date	To Date	Units	Test Description
<input type="text"/>					
					<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>

- Enter or search for diagnosis code, add date and click 'Add'
- Enter or search for CPT code, add start date and end date, add number of units needed, click on test description to see and select test that will be performed



Genetic Testing: Submitting a PA

Procedures					
CPT Code	CPT Description	From Date	To Date	Units	Test Description
81401		09/09/2020	09/10/2020	1	

Comments / Message

Supporting Information

*** Clinical Data to Support Request :**
 Include vital signs, history and physical, lab reports, X-rays, signs/symptoms, whether th

*** Admitting Treatment Plan :**
 Describe the services to be provided, i.e., IV fluids, medications, complex wound care and other treatments.

Select Checked

- ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del)
- ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1), full gene sequence
- ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase), T315I variant
- ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD), commons variants (eg, K304E, Y42H)
- ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain), full gene sequence
- ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain), targeted sequence analysis (eg, exons 5 and 6)
- ACADVL (acyl-CoA dehydrogenase, very long chain), full gene sequence.
- ACTA2 (actin, alpha 2, smooth muscle, aorta), full gene sequence
- ACTC1 (actin, alpha, cardiac muscle 1), full gene sequence
- ACTN4 (actinin, alpha 4), full gene sequence
- ADRB2 (adrenergic beta-2 receptor surface), common variants (eg, G16R, Q27E)
- AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]), full gene sequence
- AIRE (autoimmune regulator), full gene sequence
- ALDH7A1 (aldehyde dehydrogenase 7 family, member A1), full gene sequence

- Once you have checked the test that will be performed it will be added to the ‘test description’ box.
- Once the test is added, click ‘Add’ too add CPT to PA
- Note: If you are requesting multiple units of one code, you must select each test by repeating the step above. For code 81479, you must write in the test that will be performed.



Genetic Testing: Submitting a PA

Comments / Message

Supporting Information

*** Clinical Data to Support Request :**
Include vital signs, history and physical, lab reports, X-rays, signs/symptoms, whether the patient was treated on an outpatient basis for 48 hours prior to admission

*** Admitting Treatment Plan :**
Describe the services to be provided, i.e., IV fluids, medications, complex wound care and other treatments.

This member have retro eligibility for the submitted dates of service ? Yes No

[Review Request](#)

- Enter all pertinent clinical information in these three fields.
- Note that all peach colored fields are mandatory.
- Once added, click 'Review Request'.

Genetic Testing: Submitting a PA

By signing, I am attesting that the current genetic test order has been signed by a Medical Professional within the past 30 days and attached to this prior approval.

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

- The provider is then asked to attest that an MD order has been signed within the past 30 days and will be attached to PA request.
- Click 'I Agree' if MD order has been signed and will be attached.

Genetic Testing: Submitting a PA

Request ID : 11712270001 Status : Pending

Member Information

Member ID	Last Name	First Name	MI	Suffix	DOB	Gender
00401GMC	Last	First			03/01/2010	F

Service Provider Information

Provider ID	Name and Address	Phone	Taxonomy (Specialty)

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".

- The pending Request ID displays at the top of the page
- Documents may be attached via 'Create an Attachment'



Genetic Testing: Attaching Documents

- To create an attachment, select “Choose File”, select desired file from your computer. The file name will appear in the text box, and select “Attach File”
- Here you will attach the signed MD order and clinical documents if applicable. Check the box next to each document type being uploaded (can be in same attachment).

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

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
GeneticTesting	<input checked="" type="checkbox"/> Physician/Nurse Practitioner/Physician Assistant Order <input type="checkbox"/> Additional Supporting Clinical Documents *Optional

Genetic Testing: Viewing PA Decision

- To view the PA decision, login to GAMMIS and click on Medical Review Portal
- Click on 'Search, Edit or Attach Documentation to Requests'

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 authorization requests. [More...](#)

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

[View, Add or Edit GAPP Sentinel Events](#) - Use this link to view, add and edit GAPP Sentinel Events.

[View, Add or Edit ICWP Care Path Indicators](#) - Use this link to view, add or edit ICWP Care Path Indicators.

Genetic Testing: Viewing PA Decision

- The provider will only see PAs that they submitted
- The provider ID auto populates on this screen
- If you have the Request ID number (PA number), enter into field and click “Search”

Prior Authorization Request Search

Request ID :	<input type="text"/>	PA Status:	<input type="text" value="v"/>	Provider ID :	<input type="text" value="REDACTED"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>		
Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL	Notification From Date :	<input type="text"/>	Notification To Date :	<input type="text"/>

Medical Review Portal



Genetic Testing: Viewing PA Decision

Prior Authorization Request Search

Request ID :	<input type="text" value="120072100001"/>	PA Status:	<input type="text" value="v"/>	Provider ID :	<input type="text" value="██████████"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>		
Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL		Notification From Date :	<input type="text"/>	Notification To Date : <input type="text"/>

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	PA_Type
120072100001	██████████	██████	██████	7/21/2020 8:38:55 AM	07/21/2020	11/18/2020	Pending	IL

[Medical Review Portal](#)

- The PA(s) will display below the search criteria
- Select on the Request ID to open PA



Genetic Testing: Viewing PA Decision

- The decision can be approved or denied. The decision can also be approved for fewer units
- If denied, the provider can hover over the denial reason to see rationale

Request Information

Request ID: 120072100001 Case Status: Denied Case Status Date: 09/04/2020

Member ID: [REDACTED]

Social Security Number: XXX-XX-XXXX

Provider ID: [REDACTED] CMO PA Request ID: [REDACTED]

Reference Provider ID: [REDACTED]

Admission Date: 07/21/2020 Discharge Date: [REDACTED]

Effective Date: 07/21/2020 Expiration Date: 11/18/2020

Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Type
G35	MULTIPLE SCLEROSIS	07/21/2020	Yes	ICD-10

Procedures

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
81408	MOPATH PROCEDURE LEVEL 9	07/21/2020	11/18/2020	1			Nurse Denied	MIS	No

Procedures

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
81408	MOPATH PROCEDURE LEVEL 9	07/21/2020						MIS	No

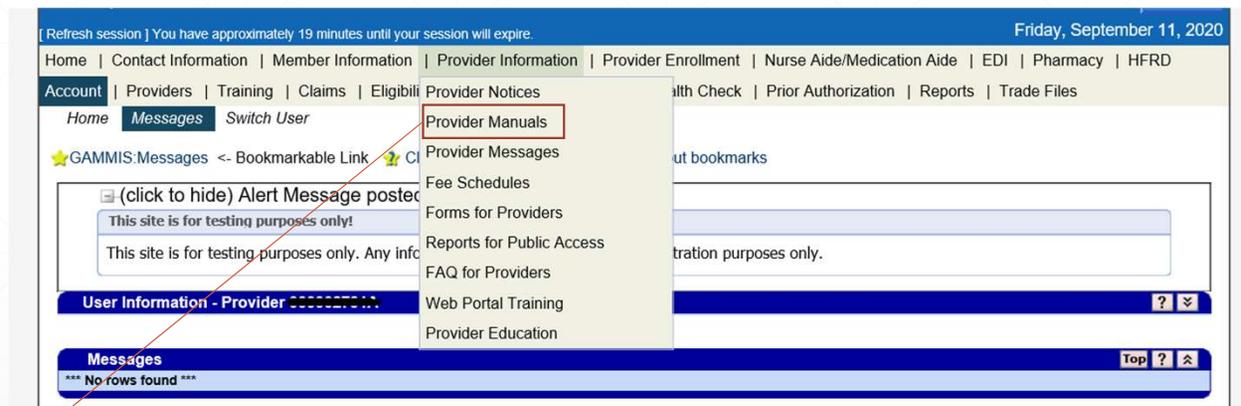
Clinical Data to Support Request

MISSING INFORMATION
Please submit MD order for testing. - GMCF Reviewer, 09/04/2020 14:04:31



Genetic Testing: Additional Information

- Additional information can be found in the Independent Lab Services Manual



Hospital Services
Independent Care Waiver Services
Independent Care Waiver Services ALS
Independent Lab Services
Interactive Voice Response (IVR) System User's Guide
Katie Beckett Deeming Waiver
Medicaid Secondary Claims User Guide
MMS Training - PA Frequently Asked Questions
New Options Waiver Program





Prior Authorization Research

DXC Technology



Prior Authorization Search

Visit: www.mmis.georgia.gov

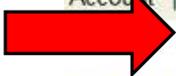
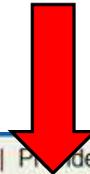
- Log in with your username and password
- Select Web Portal
- Select Prior Authorization

The screenshot shows the top navigation bar of the MMIS website. The main navigation bar includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. A secondary navigation bar includes Account, Providers, Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization, Reports, and Trade Files. The 'Prior Authorization' link is highlighted, and a dropdown menu is open, showing options for Search Prior Authorization, Submit/View, Medical Review Portal, and Waiver Case Manager PA Search. Below the navigation bars, there is a 'Home' button, a 'Messages' button, a bookmarkable link for 'GAMMIS:Messages', and a blue bar displaying 'User Information - Provider 003152430B'.



Prior Authorization Search

(continued)



Home | Contact Information | Member Information | Provider Information | **Prior Authorization** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | Claims | Presumptive Activations | **Prior Authorization** | Reports | Trade Files

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

★GAMMIS:Search Prior Authorization <- Bookmarkable Link ★ Click here for help and information about bookmarks

User Information - Provider



Please Note: When a Member ID is entered, please navigate from the field prior to entering additional search criteria or clicking search to allow the system to refresh and identify the member name on file.

Prior Authorization Search



Prior Authorization	<input type="text"/>	Member ID	<input type="text"/>
Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Requested From/Through DOS	<input type="text"/> <input type="text"/>	Records	20 <input type="text"/>
			<input type="button" value="search"/>
			<input type="button" value="clear"/>



Prior Authorization Search

(continued)

A Prior Authorization search can be done in either of the following ways:

- Enter the member's prior authorization number and select search

Or

- Enter the Member ID and the requested from/through date of service and select search

The screenshot shows a web form titled "Prior Authorization Search" with a blue header. The form is divided into two main sections. The left section contains three input fields: "Prior Authorization" (empty), "Procedure" (empty) with a "[Search]" button to its right, and "Requested From/Through DOS" (empty) with two date pickers (calendars) on either side. The right section contains two input fields: "Member ID" (empty) and "Name" (empty). Below these fields are two buttons: "search" and "clear". At the bottom right, there is a "Records" dropdown menu set to "20". In the top right corner of the form, there are three small icons: "Top", "?", and an upward arrow.



Contact My Provider Representative

When contacting your provider rep:

- Give specific information regarding your concern (i.e. claim number, PA number.) The more information you give on your concern the faster we are able to find resolution.
- Leave valid contact e-mail and/or phone number.
- Let us know if there is a preferred time for contact.

Contact My Provider Rep Directly

Login to the MMIS system with your username and password

The screenshot displays the GAMMIS (Georgia Administrative Management and Information System) web application. At the top, there are logos for the Georgia Department of Community Health and DXC Technology. A blue navigation bar contains a search box and a session expiration warning: "Refresh session | You have approximately 16 minutes until your session will expire". Below this is a menu with links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, and Nurse Aide/Medication Aide. A red arrow points to the "Login/Manage Account" button in the "User Information" section. The page also features a "Members" sidebar with links for "Register for Secure Access" and "Member Information", and a "Providers" sidebar with links for "PIN Activation" and "Provider Information". A main content area displays an "Important Events" section with a notice about ICD-10 implementation starting on October 1, 2015.



Contact My Provider Rep Directly

(continued)

Select the Web Portal option

Georgia Medicaid Home

Jane Doe , Welcome to Georgia Medicaid

Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal



Contact My Provider Rep Directly

(continued)

Login to the MMIS system with your username and password





Contact My Provider Rep Directly

(continued)

The screenshot shows a web form titled "Contact Information" with a blue header bar. The form contains the following fields:

- How can we help you?**: A dropdown menu labeled "Select an Item*" with a red arrow pointing to it.
- Enter Category Details**: A section with a blue background and a text input field.
- How do you want to be contacted?**: A section with a blue background containing:
 - Contact Method***: A dropdown menu currently showing "Telephone".
 - Last Name, First Name**: Two adjacent text input fields.
 - Phone Number, Ext**: Two adjacent text input fields.

Contact My Provider Rep Directly

(continued)

Requests Requiring PHI

NOTE: If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit cancel

Contact Information

How can we help you?

Select an Item*

Enter Category Details

How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext

Claim Status Inquiry

Eligibility Inquiry

Contact My Provider Service Rep

Provider Enrollment

Request a Provider Rep Visit

ICD-10 Inquiry

Favors Review Inquiry

MAPIR Inquiry

Web Registration

Member ID Cards

Member PCP Assignments

Customer Service

Complaint about a Provider

Complaint about a Member

Other Complaint

Having a Technical Problem

Other

EDI Submission Problem

Provider PIN Issue

OR

Click Here

top of page top of page



Contact My Provider Rep Directly

(continued)

Requests Requiring PHI

NOTE: If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit

cancel

Contact Information

How can we help you?

Select an Item* Contact My Provider Service Rep

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method* Telephone

Last Name, First Name

Phone Number, Ext



Contact My Provider Rep Directly

(continued)

Contact Information ? ⌵

How can we help you?
Select an Item* ▾

Enter Category Details

How can we help you?

How do you want to be contacted?
Contact Method*
E-Mail
Fax
Mail
Anonymous/No response needed
Telephone

Last Name, First Name

Phone Number, Ext



Contact My Provider Rep Directly

(continued)

The screenshot shows a web form titled "Contact Information" with a blue header bar. A green arrow points to the "submit" button in the top right corner. The form contains the following fields:

- How can we help you?**: A dropdown menu with "Contact My Provider Service Rep" selected.
- Enter Category Details**: A text area containing "I Need some help with ICN 2017123456777".
- How do you want to be contacted?**: A dropdown menu with "Telephone" selected.
- Last Name, First Name**: Two input fields, the first containing "DXC".
- Phone Number, Ext**: Two input fields, the first containing "(800)766-4456".



Contact My Provider Rep Directly

(continued)

The following messages were generated:
Your request has been processed. **Your tracking number is 20763193.**
Providers may call the Provider Contact Center at (770) 325-9600 or toll-free at (800) 766-4456. Members may call the Member Contact Center at (770) 325-2331 or toll-free at (866) 211-0950.

Contact Information ? ^

How can we help you?

Select an Item*

Enter Category Details

How can we help you?

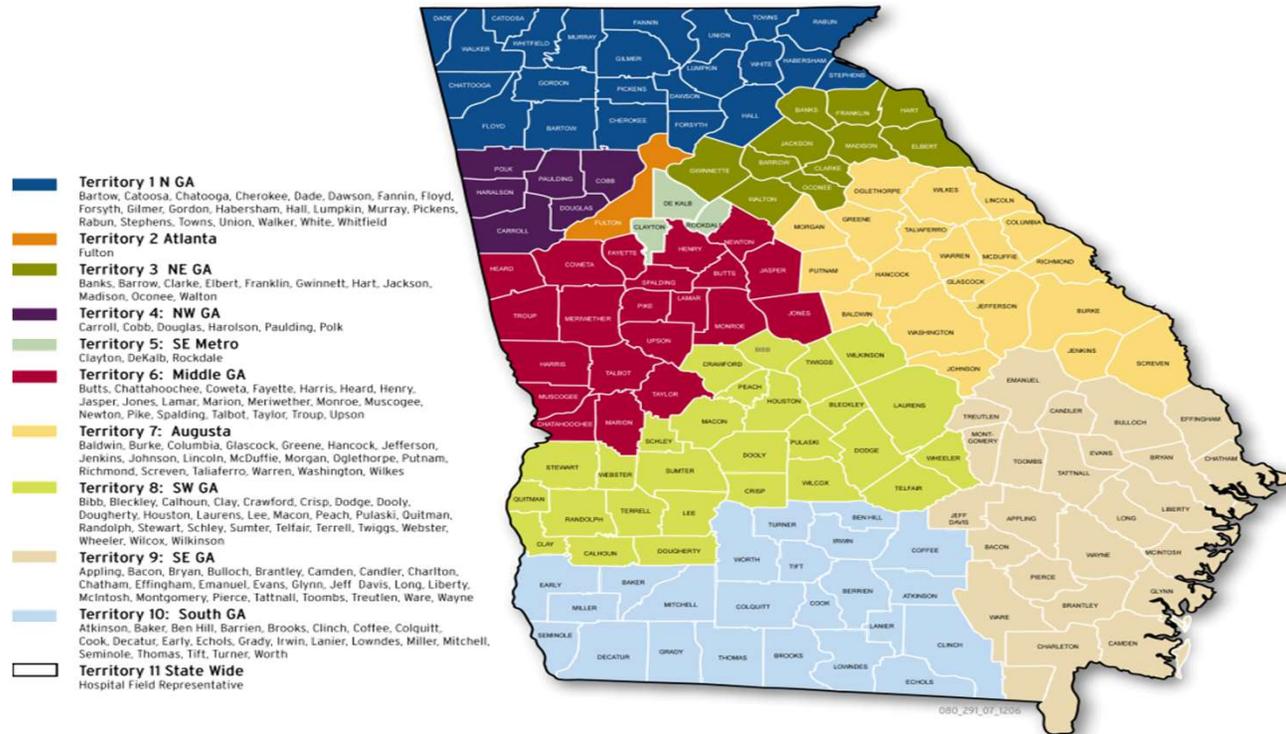
How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext

Georgia Field Territories





Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Deandre Murray
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw
7	Augusta	Jessica Bowen
8	SW Georgia	Jill McCrary
9	SE Georgia	Kendall Telfair
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin



DXC Technology Provider Services Contact Center

DXC Technology PSCC assists providers with inquiries regarding claims status, eligibility coverage, prior authorization, remittance advice, demographic changes, and other Medicaid questions. PSCC is available:

- 800-766-4456
- Monday through Friday (excluding state holidays)
- 7 a.m. to 7 p.m. Eastern Standard Time
- Providers can also use the “Contact Us” link on GAMMIS



Contacting DXC Technology

- Interactive Voice Response System (IVRS)
- Provider Services Contact Center (PSCC)
- Georgia Medicaid Management Information System (GAMMIS)
- Provider Relations Representatives



IVRS Overview

800-766-4456	
Option 1	Member Eligibility
Option 2	Claims Status
Option 3	Payment Information
Option 4	Provider Enrollment
Option 5	Prior Authorization
Option 6	GAMMIS website password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids® EDI submission or electronic claim submission, or a system overview



Closing

Questions and Answers