

# Provider Workspace User Manual

Version 2.7

## Revision History

Version	Date	Editor	Description
1.0	4/12/2010	D. Barrett	Initial Draft
1.1	5/3/2010	D. Barrett	Updates from Build 1.0.0.13
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2.3	6/26/2014	D. Barrett	Updates to Workspace links
2.4	10/3/14	D. Barrett	Updates from Builds
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2.7	12/9/15	D. Barrett	Updates from recent builds

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

## 1.0 Overview

### 1.1 Document Purpose and Scope

The *Provider Workspace* is a location on the Georgia Web Portal that provides access to all prior authorization (PA) related functions. The *Provider Workspace User Manual* describes the functionality available to Medicaid providers on the workspace, which includes:

#### **Last 10 PA Requests**

View the last ten PA requests associated with the provider's ID.

#### **Last Ten Provider Messages**

View the last ten 'contact us' messages associated with the provider's ID.

#### **Last Ten PA Notifications**

View the last 10 PA decision notifications sent to the provider (certain Waiver PAs only).

#### **FFS Authorization Requests**

- Submit new authorization requests.
- View or edit existing requests and attach documentation to requests.
- Update a member's Medicaid ID number on a Katie Beckett or Swingbed request.
- Enter sentinel events for Georgia Pediatric Program participants.
- Enter sentinel events for Independent Care Waiver Program participants.

#### **FFS PA Change and Reconsideration Requests**

- Request changes to an existing PA.
- Request a reconsideration of a denied PA.
- Request a reconsideration of a Children's Intervention Services PA.

#### **CMO Authorization Requests**

- Submit authorization requests for certain PA types for members enrolled in a care management organization.
- Submit additional supporting documentation for CMO PA requests.
- Submit Change Requests and Reconsideration Requests

**Note:** Instructions for CMO PA requests are not included in this manual. Refer to the *CMO PA Submission Manual* (Provider Workspace/Education and Training) for instructions on this functions.

### **PASRR Level I**

- Request 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.
- Look up Level I requests for members admitted to a nursing facility.

### **Katie Beckett Packet and DMA6A Submission**

- Submit participant/packets and DMA6As for Katie Beckett participants (restricted to RSM Medicaid Unit).

**Note:** Instructions for submitting packets and DMA6As for Katie Beckett are not included in this manual. Refer to the *Katie Beckett Web Portal Submission User Manual*, which can be found on the Provider Workspace/Education and Training link/User Manuals.

### **Provider Inquiry and Appeals Form (DMA-520A)**

- Submit an 'inquiry' appeal of a denied claim for claim types reviewed by Alliant.
- View claim appeal decisions and decision comments.
- View reprocessed claim numbers.

### **Provider Reports**

- View SOURCE Provider Reports
- View CCSP Provider Reports
- View NOW or COMP Provider Reports

### **Upload Documents and Submissions of non-PA Files**

- Upload files for Utilization and Compliance Review
- Upload files for SURS Member Studies
- Upload files for Utilization Review Plan Evaluation

**Note:** Instructions for uploading non-PA files are not included in this manual. Refer to the instruction guides available on the Provider Workspace/Education and Training link/User Manuals.

### **Help and Contact Us**

- Access education and training resources.
- Submit questions and messages Alliant reviewers.
- View existing correspondence and Alliant's response to correspondence.

## 1.2 Access and User Type

Medicaid providers must log into the web portal in order to open the portal *Secure Home* page and then access the *Provider Workspace*. In general, the PA activities that are available to a provider from the workspace are specific to a provider’s category of service. As a result, not all PA activities are available to all providers.

To open the *Provider Workspace*:

1. Log into the **Georgia Web Portal** utilizing established login credentials.
2. On the portal *Secure Home* page, select **Prior Authorization** from the links at the top of the page.

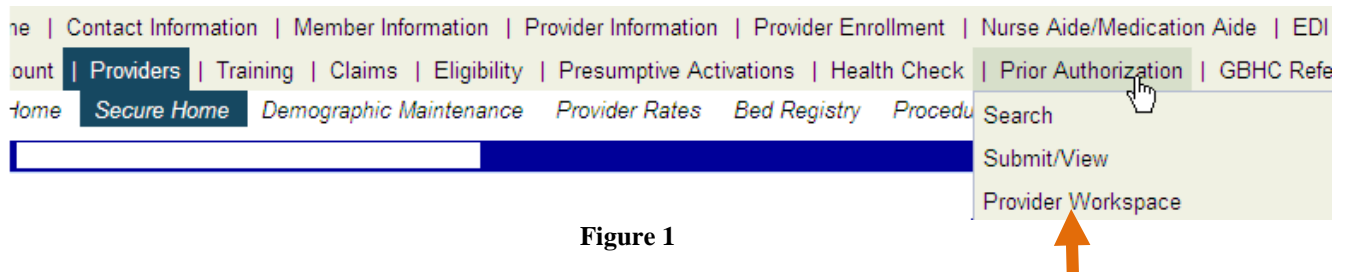


Figure 1

3. Then, select *Provider Workspace* from the drop list to open the Workspace page.

## 1.3 Screen Layout Overview

The workspace is divided into sections. Each section includes a general description of the functional activities available in the section. However, additional explanation is provided by clicking the word **‘more’** at the end of the general description.

The next figure is an example of a provider’s workspace page.

Provider Workspace  Page Heading

Last 10 Requests :  - Pending  Messages :  - Processed

**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.

**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**

- [Submit/View PA Change Requests](#) - Use this link to request a change to existing authorization requests. [More...](#)
- [Submit Reconsideration Requests](#) - Use this link to request a reconsideration to a denied case except CIS request. [More...](#)

Click 'More' to see detailed explanation

**PASRR Level I Information**

- [Enter a New PASRR Request](#)  **PA Activity or Function** - Use this link to enter a new 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.

**Provider Inquiry and Appeals Form (DMA-520A)**

- [Provider Inquiry Form \(DMA-520A\)](#) - Use this inquiry form to submit claim for services rendered and is denied.
- [View Edits Reviewed by GMCF](#) - Click this link to view a list of claim edits that are reviewed by Alliant/GMCF.

**Upload Documents and Submissions of non-PA Files**

- [Retrospective Reviews](#) - Use this link to submit information related to Retrospective Reviews.
- [Requested HEDIS Records](#) - Click 'Attach' link to submit HEDIS Hybrid Measure records requested by Alliant | GMCF. [Attach...](#)
- [Requested SURS Records](#) - Click 'Attach' link to submit SURS records requested by Alliant | GMCF. [Attach...](#)

**Help & Contact Us**

- [Education & Training Material and Links](#) - Use this link to access workshops, webinars, user manuals, and other resources.
- [Contact Us](#) or [Search My Correspondence](#) - Use this link to contact review nurse staff behind the scenes of MMIS portal.

Figure 2

Since most PA activities are initiated by first searching for a request, the functional links on the workspace generally take the user to a search page. Each search page is identified by a heading at the top of the page, and includes navigational links and/or functional links for selecting or submitting data.

The following figure is an example of the search page accessed from [Search, Edit or Attach Documentation to Requests](#).

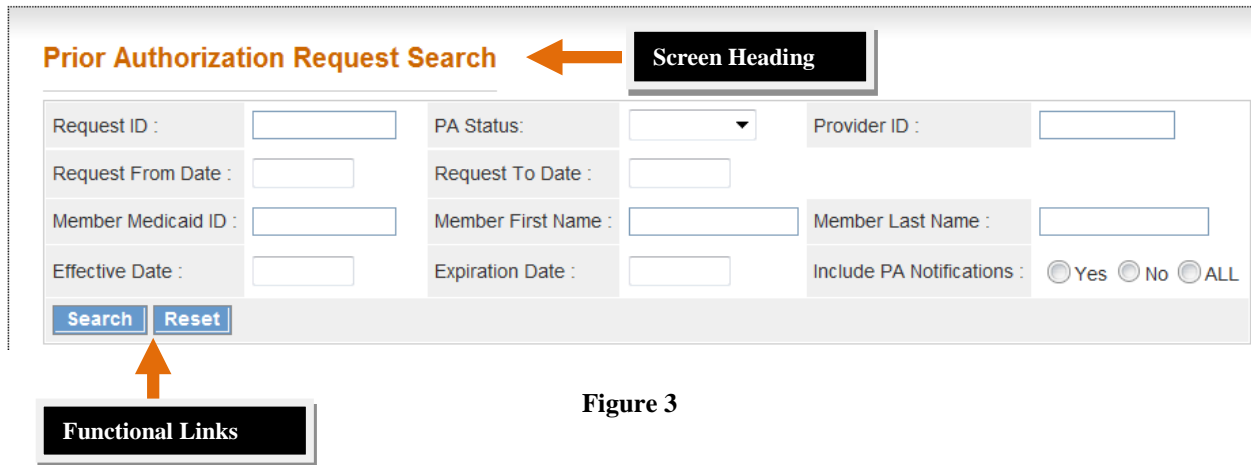


Figure 3



## 2.0 User Instructions

### 2.1 Last Ten PA Requests, Correspondence and PA Notifications

From the *Provider Workspace*, providers may view the last ten Prior Authorization (PA) requests; the last ten processed/unprocessed correspondence (messages) associated with their provider ID; and the last ten PA notifications (SOURCE LOC, CCSP LOC and NOW/COMP LOC).

#### View Last Ten Requests:

1. Log into the portal and open the *Provider Workspace*.
2. Go to the top of the workspace page to view the last ten PA requests.

#### Provider Workspace

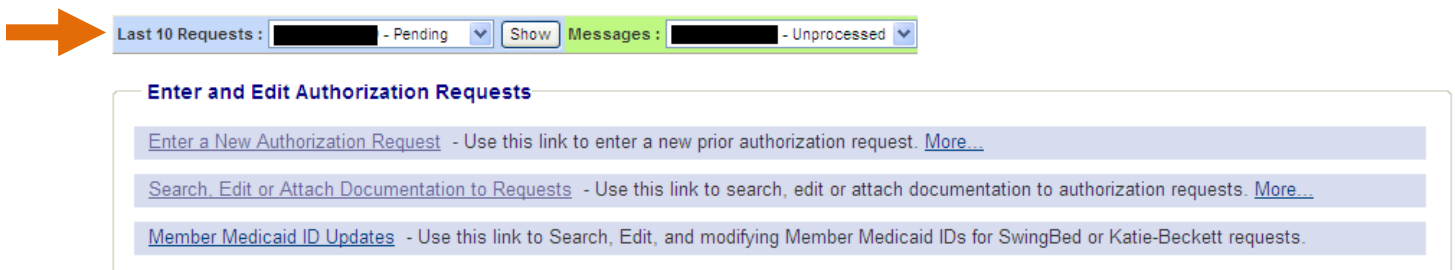


Figure 4

3. The **most recent** PA request displays first. To view the details of the most recent request, highlight the PA number and then click **Show**.
4. To view the details of one of the other cases, click the down arrow to reveal the other authorization IDs.

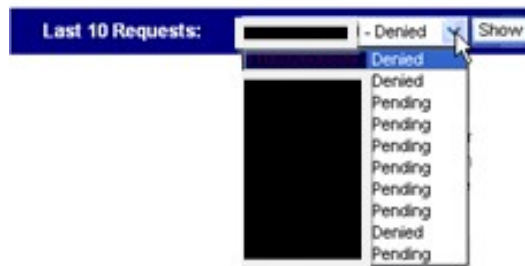


Figure 5

5. Select a PA ID to highlight and then click **Show**.

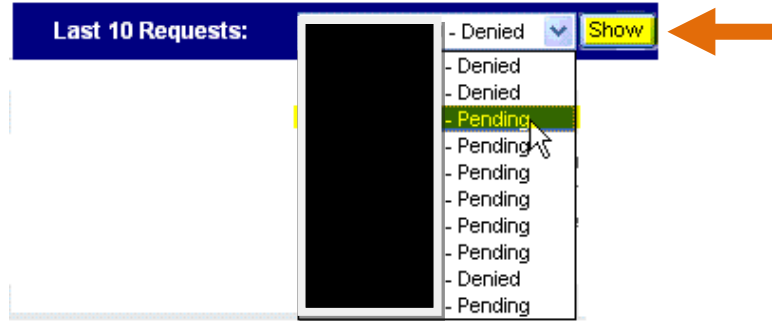


Figure 6

- When **Show** is clicked, the *PA Review Request* page opens. This page shows decision and request information for the selected case. The specific information that displays depends on the review type but may include: Member ID; Requesting Provider ID; Rendering Provider ID; admission date; diagnosis code (s); procedure code(s); procedure dates of service; clinical information entered; current attachments; case status; procedure decisions; and the reviewer’s decision rationale. The following figure is an example of the *Review Request* page.

**Prior Authorization - Review Request**

**Request Information**

Request ID : [REDACTED] Case Status : **Pending** Case Status Date : 08/04/2010  
 Member ID : [REDACTED]  
 Requesting Provider ID : [REDACTED] Rendering Provider ID : [REDACTED]  
 Admission Date : 08/06/2010 Discharge Date : [REDACTED]

**Diagnosis**

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
787.2	DYSPHAGIA	08/06/2010	Yes

**Procedures**

CPT Code	CPT Description	From Date	To Date	Units	Approved Units	Approved Amount	Decision	Reason
92611	MOTION FLUOROSCOPY/SWALLOW	08/06/2010	08/06/2010	1			Pending	
92611	MOTION FLUOROSCOPY/SWALLOW	08/07/2010	08/07/2010	1			Pending	

**Clinical Data to Support Request**

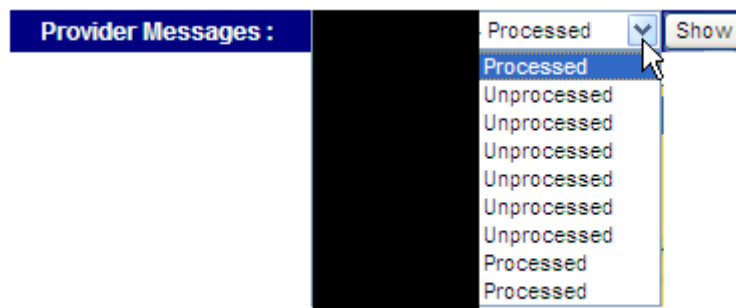
Include vital signs, history and physical, lab reports, X-rays, signs/symptoms, whether the patient was treated on an outpatient basis for 48 hours prior to admission  
 Include vital signs, history and physical, lab reports, X-rays, signs/symptoms, whether the patient was treated on an outpatient basis for 48 hours prior to admission  
 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  
 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  
 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 - GMCFO2, 08/04/2010

Figure 7

- To view all the information that was entered on the request, click the ‘Request ID’. A page opens that displays the detailed request information.

**View Last Ten Messages:**

1. Log into the portal and open the *Provider Workspace*.
2. Go to the top of the workspace page to view the last ten messages.
3. The **most recent** message displays first. To view the details of the most recent message, highlight the correspondence number and then click **Show**.
4. To view the details of one of the other messages, click the down arrow to reveal the other Correspondence IDs and correspondence status (processed or unprocessed).



**Figure 8**

5. Select a correspondence ID to highlight, and then click **Show**.
6. The message opens and displays the correspondence detail information, and the Alliant response if the correspondence has been processed.

**View Last 10 PA Notifications:**

**This function is limited to SOURCE LOC and CCSP LOC Providers.** These providers may view the last 10 PAs for which the provider has received a notification of a decision.

1. Log into the portal and open the *Provider Workspace*.
2. At the top of the page, go to the **PA Notifications** drop list.
3. The **most recent** PA with a notification displays first. To view the details of the most recent notification, highlight the PA number and then click **Show**.
4. To view the details of one of the other PA notifications, click the down arrow to reveal the other PA IDs and PA status.

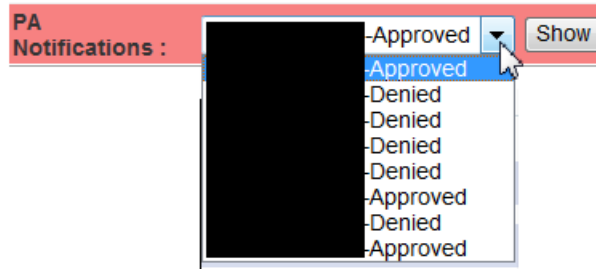


Figure 9

5. Select a PA ID to highlight, and then click **Show**.
6. This opens the PA Review Request page, which displays the PA notification information and all decision information.

## 2.2 Enter a New Authorization Request

Providers may initiate a request for authorization of services from the *Provider Workspace*.

1. Click **Enter a New Authorization Request** from the Workspace page.
2. A list of request types, applicable to the provider’s category of service, displays. For example, the following figure shows the requests types that display for a physician provider.

### New Request for Prior Authorization

[Medications PA Physician Office](#)

[Oral Max \(Form Number: DMA-81\)](#)

[Practitioner’s Office Surgical Procedures \(Form Number: GMCF form PA81/100\)](#)

[Hospital Admissions and Outpatient Procedures \(Form Number: GMCF form PA81/100\)](#)

[In-State Transplants \(Form Number: PA-81\)](#)

[Out-of-State Services \(Form Number: GMCF FAX OOS\)](#)

[Additional Psychiatric Services \(Form Number:GMCF PSY/PA\)](#)

[Radiology-Facility Setting](#)

[Radiology-Physician Office](#)

[Additional Physician Office Visit \(Form Number: DMA-81\)](#)

Figure 10 Physician Provider Request Types

The next figure shows the request types that display for an Orthotics/Prosthetics and Hearing provider.

### New Request for Prior Authorization

[Hearing services \(Form Number: DMA-610\)](#)

[Orthotics and Prosthetics \(Form Number: DMA-610\)](#)

**Figure 11 O&P Provider Request Types**


3. Select the applicable request type.
4. **Depending on the request type selected**, the next page that displays may require the selection of ‘Fee for Service’ (FFS) or the selection of one of the Care Management Organizations (CMO). This is only applicable to certain request types that may be entered for members in Medicaid FFS or enrolled in a CMO. Select the applicable button.
5. The Medicaid Provider ID of the provider requesting the PA is populated by the system. If the request is a hospital-based request, the requesting provider is prompted to enter the Reference Provider ID for the other provider.

The following figure shows the *New Request for PA* page when *Hospital Admission and Outpatient Procedures* is selected as the request type, and the requesting provider is the hospital. The hospital provider ID is populated by the system in the ‘Facility Provider ID’ box; and the Reference Provider ID for the medical practitioner must be entered.

**Figure 12 Hospital Admissions**

The next figure shows the *New Request for PA* page when *Orthotics and Prosthetics* is selected as the request type. The requesting provider ID is system populated in the ‘Service Provider ID’ box.

Figure 13 Orthotics/Prosthetics

6. Enter the member’s Medicaid ID. Some request types may also be entered with a Social Security Number or other participant identifier, such as an AIMS number (CCSP LOCs only).
7. Instead of manual entering the member’s Medicaid ID, it is also possible to search for the member ID and have the system auto-populate the ID. Click the spy glass  in the Member ID box to open the search page. Enter two of the following three criteria: Member Last Name, Social Security Number, and Date of Birth; and then click **Search**. The system returns the member information matching the search criteria. Click the applicable member ID, and the ID is inserted in the ‘Member Medicaid ID’ box on the *New Request for PA* page.
8. Once all required IDs are entered, click **Submit** to open the request form.

**For detailed instructions on how submit a FFS PA request for each PA type handled by Alliant, refer to the *FFS PA Web Entry Manual*.** This manual can be found on the Provider Workspace/Education and Training/User Manuals.

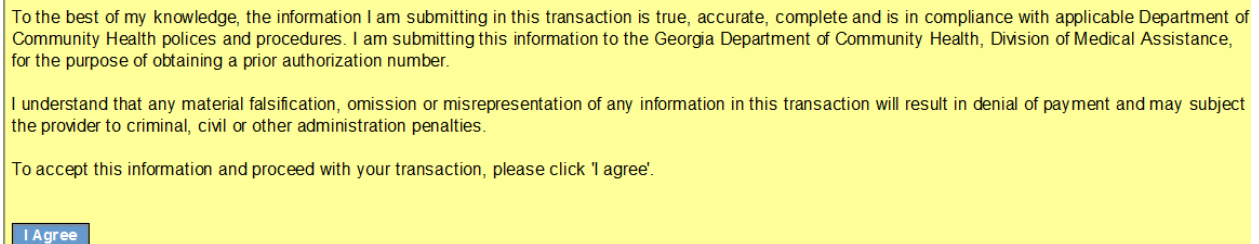
### 2.2.1 Authorization Request Forms –Features and Functions

The web request forms are designed to capture information necessary for the review of PA requests. Each form consists of one entry page, and a review page. Certain information, as noted by an asterisk or highlighted box, is required. This information must be entered in order to submit the request. However, it is important to provide all pertinent information, even if not required, so that the reviewer has sufficient information to make a review determination.

The web request forms include several features to assist with data entry and to facilitate the accuracy of data submitted. Here is an overview of some of these features and functions.

***Attestation Statement:***

Each online request form includes a mandatory *Attestation Statement*, which specifies that all information submitted is true, accurate, complete and in compliance with all Department of Community Health policies and procedures (see figure below). The provider entering the request must agree to the attestation by clicking *I Agree* in order to submit the request.



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'.

**Figure 14**

***Data Formatting:***

Phone numbers, fax numbers, and social security numbers are automatically formatted by the system.

***System Populated Data:***

The system populates certain data on the request form, such as:

- Member information and provider information
- Requesting provider contact information
- Place of service for some PA types
- Diagnosis code description and procedure code description

***Data Validation:***

Certain data entered on a PA request is validated by the system. This validation helps prevent entry errors and PA edits. In addition, the validation of diagnosis codes and/or procedure codes may trigger additional clinical questions which are added to the request form. The additional questions facilitate case review by providing specific clinical information.

**Attach Documentation:**

Supporting documentation may be electronically attached to a PA request immediately after the PA is submitted, or to an existing request that was previously submitted (some restrictions apply). One file or multiple files may be attached. For some PA types, the file or files attached can be associated with a required document via ‘document type’ checkboxes. **Refer to Section 2.4 of this manual for attachment instructions and restrictions.**

**Date Lookup:**

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

Follow these steps to insert a date:

1. Click a date box to trigger the calendar. When the calendar opens, the current month and year display. In the next figure, the ‘ICD-9 Date’ box was clicked.

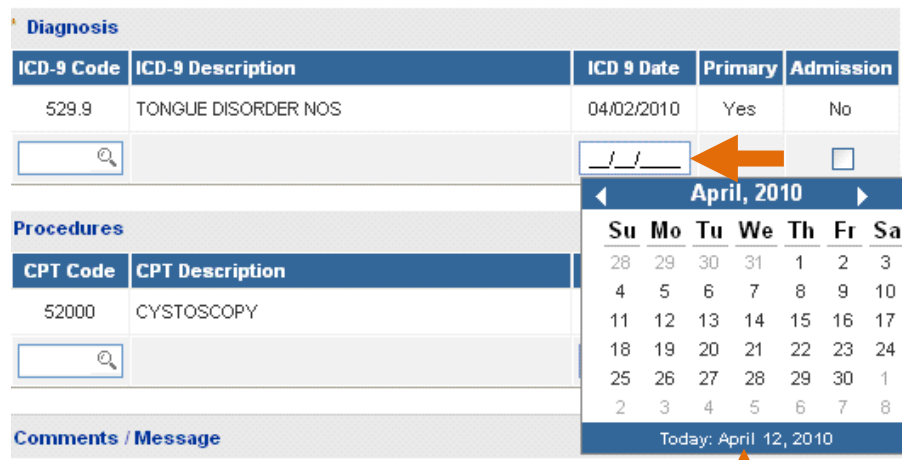


Figure 15

2. To insert the current date, click the date at the bottom of the calendar. To insert a different day for the current month, click the applicable day in the calendar.
3. To select a different month for the current year, use the back and forth arrows at the top of the calendar to advance or go back - **OR** - Click the year at the top of the calendar.





Figure 16

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



Figure 17

- Click the year again and other years are displayed.




Figure 18

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

**Diagnosis and Procedure Lookup:**

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

1. Click the spy glass icon  in the diagnosis or procedure code box.

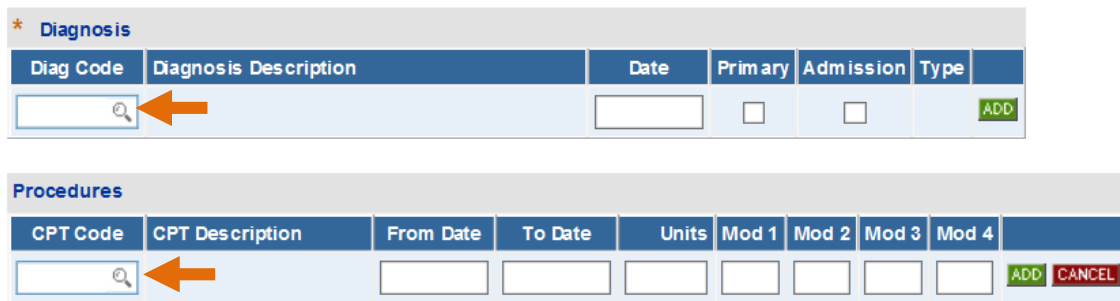


Figure 19

2. Enter all or part of the first word of the description and click **Search**.

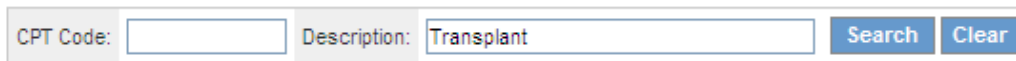


Figure 20

3. A list of codes matching the description displays. The list may be more than one page.

CPT Code	Description
S2054	TRANSPLANTATION OF MULTVISC
S9975	TRANSPLANT RELATED PER DIEM
25310	TRANSPLANT FOREARM TENDON
50366	TRANSPLANTATION OF KIDNEY
47136	TRANSPLANTATION OF LIVER
27140	TRANSPLANT FEMUR RIDGE
S2052	TRANSPLANTATION OF SMALL INT
60510	TRANSPLANT PARATHYROIDS
47135	TRANSPLANTATION OF LIVER
26480	TRANSPLANT HAND TENDON
S2053	TRANSPLANTATION OF SMALL INT
50360	TRANSPLANTATION OF KIDNEY
27397	TRANSPLANTS OF THIGH TENDONS
50861	TRANSPLANT URETERS TO SKIN
27396	TRANSPLANT OF THIGH TENDON

1 2

Figure 21

- Click on the applicable procedure code to insert the code in the code box on the request form.

Procedures						
CPT Code	CPT Description	From Date	To Date	Units	Mod 1	
47135	TRANSPLANTATION OF LIVER					

Figure 22

**Adding and Editing Diagnoses and Procedures at PA entry:**

This functionality allows users to add, edit/save, cancel and delete diagnosis code information and procedure code information (or any data entered in a ‘table’ format) when the PA is being entered and before it is submitted. **Once a request is submitted, there are certain restrictions to editing data. Refer to Section 2.3 for more information.**

Table 1 provides a description of the functionality available when the PA request is being entered:

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

Table 1

The following instructions describe how to add, edit/save and delete diagnosis code information. A similar process is used for adding, editing and deleting procedure code information or any information entered in a ‘table’ format.

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

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
R94.39		12/01/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ADD

Figure 23

- When **ADD** is clicked, the data is added to the Diagnosis Table. A new blank diagnosis line displays which allows for the entry of another diagnosis. The **EDIT** and **DELETE** buttons become available.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
R94.39	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	12/01/2015	Yes	Yes	ICD-10	EDIT DELETE
				<input type="checkbox"/>		ADD

Figure 24

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

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
R94.39	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	12/01/2015	Yes	Yes	ICD-10	EDIT DELETE
R94.39	ABNORMAL RESULT OF OTHER CARDIOVASCULAR F	12/01/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		SAVE CANCEL

Figure 25

- Modify the information that needs to be corrected. In the figure below, the diagnosis date was changed to 11/1/2015.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
R94.39	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	12/01/2015	Yes	Yes	ICD-10	EDIT DELETE
R94.39	ABNORMAL RESULT OF OTHER CARDIOVASCULAR F	11/01/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		SAVE CANCEL

Figure 26

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

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
R94.39	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	11/01/2015	Yes	Yes	ICD-10	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		ADD

Figure 27

## 2.3 View and Edit Authorization Requests

From the *Provider Workspace*, providers may view PA requests associated with their provider ID; and can edit a request when the PA is still in Pending status (waiting review decision), and not referred for review.

### 2.3.1 PA Search

*PA Search* functionality is used to find the request to be viewed and/or edited. Whenever possible, it is recommended to **search for a PA by ‘Request ID’ only**; although searches may be conducted using other search parameters. Search parameters include:

- **Request ID:** This is the unique 12 digit number assigned to every PA request when submitted. Also called the PA ID, PA number or Authorization Request ID. The request ID remains the same, regardless of PA status.
- **PA Status:** The overall PA status, which may be Pending, Approved, or Denied.
- **Provider ID:** The Provider ID attached to the PA request. On the search page, the Provider ID is system populated based on the user’s login credentials; or based on the Provider ID which the login provider ‘switches’ to after login.
- **Request ‘From’ Date and Request ‘To’ Date:** Request Date is the date that **the PA was requested (entered into the PA system)**. Search by these date parameters to find PAs entered within a specified time period.
- **Member Medicaid ID:** The Member’s Medicaid ID number attached to the PA.
- **Member First Name and Last Name:** The Medicaid recipient’s first name and last name.
- **Effective Date:** The Effective Date is the date that the PA authorization period begins.
- **Expiration Date:** The Expiration Date is the date that the PA authorization period ends.

- **Include PA Notifications:** This search option is ONLY applicable to SOURCE LOC and CCSP LOC PAs. Selecting ‘Yes’ for this option pulls in PAs for which decision notifications were sent.
- **Notification ‘From Date’ and Notification ‘To Date’:** These search options are ONLY applicable to SOURCE LOC and CCSP LOC PAs. Use these date fields to find PAs with decision notifications sent on a specific day or during a specific time span. To find PAs with a notification sent on a specific day, enter a notification ‘from’ date such as 12/04/2014, and then a notification ‘to’ date for the day after - 12/05/2014.

**Search Instructions:**

1. Click [Search, Edit or Attach Documentation to Requests](#).
2. The *Prior Authorization Request Search* page opens and displays the provider ID that is associated with the user. **This provider ID cannot be modified on the search page.**

**Prior Authorization Request Search**

Request ID :  PA Status:  Provider ID :

Request From Date :  Request To Date :

Member Medicaid ID :  Member First Name :  Member Last Name :

Effective Date :  Expiration Date :

Include PA Notifications :  Yes  No  ALL Notification From Date :  Notification To Date :

Figure 28

2. Enter the PA number in the ‘Request ID’ box and click [Search](#).
3. The search returns one result, which displays below the search panel.

**Prior Authorization Request Search**

Request ID :  PA Status:  Provider ID :

Request From Date :  Request To Date :

Member Medicaid ID :  Member First Name :  Member Last Name :

Effective Date :  Expiration Date :  Include PA Notifications :  Yes  No  ALL

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status
<a href="#">11409099999</a>	333000000400	TEST	JOANNE	9/10/2014 2:27:27 PM	09/12/2014	12/11/2014	Pending

Figure 29

4. A search using other search criteria may return multiple results depending on the criteria used. For example, when a search is initiated using a Request 'From' Date and a Request 'To' Date, the search returns all PAs submitted during the dates entered.
5. To view one of the requests in the search results, click the **Request ID**. When a request ID is selected, the PA *Review Request* page opens.

### 2.3.2 View PA Information and Decisions

The *Review Request* page provides an overview of the request information, and shows the current decision information.

#### Prior Authorization - Radiology Facility Setting Review Request

**Error: You cannot submit a change request for this PA. This PA is either Denied or Referred.**

Request Information			
Request ID :	██████████	Case Status :	Denied Case Status Date : 10/03/2014
Member ID :	333000000400		
Social Security Number :	132549678		
Provider ID :	████████████████████	CMO PA Request ID :	
Reference Provider ID :	████████████████████		
Admission Date :	09/12/2014	Discharge Date :	
Effective Date :	09/12/2014	Expiration Date :	01/01/2015

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
437.4	CEREBRAL ARTERITIS	09/01/2014	Yes	ICD-9

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
70551	MRI BRAIN STEM W/O DYE	09/12/2014	01/01/2015	1			Peer Consultant Denied	LJS	Yes
70450	CT HEAD/BRAIN W/O DYE	09/12/2014	01/01/2015	1			Peer Consultant Denied	LJS	Yes

**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

- [Return To Search Results](#) | 
 [Return to Provider Workspace](#) | 
 [Contact Us](#)
- [Return to the Auth Request Page](#)

Figure 30

The information displayed always includes:

- Member ID
- Provider ID
- Case status
- Diagnosis Code(s)

Other data that may display includes:

- Procedure Codes (if entered and applicable to PA type)
- Procedure Decisions
- Family of Codes
- Clinical Data
- PA Edits: Applicable to Source Services only.
- Attached Files: Documents attached to the PA display in the **Attached Files** table.
- Correspondence: ‘Contact Us’ messages associated with the PA/provider display in the **Provider Correspondence** table.

**View Decision Rationale:**

Providers may view the specific decision reason and comments entered by Alliant reviewers. For PAs without procedure codes, the decision rationale displays directly on the *Review Request* page. For PAs with procedure codes, this information is accessed from each procedure line.

1. **If the procedure is denied**, hold the mouse pointer over the ‘Reason’ code at the end of a procedure line to display the denial description and the specific denial comments for that procedure line.

**Prior Authorization - Radiology Facility Setting Review Request**

**Error: You cannot submit a change request for this PA. This PA is either Denied or Referred.**

Request Information									
Request ID :	[REDACTED]	Case Status :	Denied	Case Status Date :	10/03/2014				
Member ID :	333000000400								
Social Security Number :	132549678								
Provider ID :	[REDACTED]	CMO PA Request ID :							
Reference Provider ID :	[REDACTED]								
Admission Date :	09/12/2014	Discharge Date :							
Effective Date :	09/12/2014	Expiration Date :	01/01/2015						

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
437.4	CEREBRAL ARTERITIS	09/01/2014	Yes	ICD-9

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
70551	MRI BRAIN STEM W/O DYE	09/12/2014	01/01/2015	1			Peer Consultant Denied	LJS	Yes
70450	CT HEAD/BRAIN W/O DYE	09/12/2014	01/01/2015				LACK OF JUSTIFICATION	LJS	Yes

**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

Figure 31



2. If the procedure is approved and the reviewer added approval comments, hold the mouse pointer over the word 'Approved' and the reviewer comments display.

Procedures								
CPT Code	CPT Description	From Date	To Date	Units	Approved Units	Approved Amount	Decision	Reason
97530	THERAPEUTIC ACTIVITIES	10/25/2010	10/31/2010				Approved	<a href="#">Approved</a>

Approved but documentation does not support 8 units for this period of time. 4 units approved. - GMCF Reviewer, 11/19/2010

Figure 32

**View Procedure Family of Codes:**

Some procedure codes are sent to MMIS with a family of codes (FOC) –a group of related codes. When this happens, and the procedure is approved, the provider may bill any code in the family up to the approved unit amount.

1. To view the family of codes for procedure lines with a FOC, hold the mouse pointer over Yes in the **Family of Codes** box at the end of the procedure line.

Diagnosis					
Diag Code	Diagnosis Description	Date	Primary	Type	
437.4	CEREBRAL ARTERITIS	09/01/2014	Yes	ICD-9	

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Codes
70551	MRI BRAIN STEM W/O DYE	09/12/2014	01/01/2015	1			Peer Consultant Denied	LJS	
70450	CT HEAD/BRAIN W/O DYE	09/12/2014	01/01/2015	1			Peer Consultant Denied	LJS	<a href="#">Yes</a>

Family Code : 60000 - CT Head  
 70450 - CT HEAD/BRAIN W/O DYE  
 70460 - CT HEAD/BRAIN W/DYE  
 70470 - CT HEAD/BRAIN W/O & W/DYE;

Figure 33

**View PA Request Details:**

All the PA detail information submitted with the request can be accessed from the *Review Request* page.

1. Click the **Request ID** in the **Request Information** section.

Request Information					
Request ID :	<b>114090999999</b>	Case Status :	<b>Denied</b>	Case Status Date :	09/09/2014
Member ID :	333000000300				
Social Security Number :	321549876				
Provider ID :	[REDACTED]	CMO PA Request ID :			
Reference Provider ID :	[REDACTED]				
Admission Date :	09/09/2014	Discharge Date :			
Effective Date :	09/09/2014	Expiration Date :	12/08/2014		

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
569.3	RECTAL & ANAL HEMORRHAGE	07/28/2014	Yes	ICD-9

Figure 34

2. When the request ID is selected, a page opens that displays the PA detail information.
3. Click **Back** to return to the *Review Request* page.

**2.3.3 PA Edit Instructions**

PA requests that have not been reviewed, are still in pending status, and have not been referred for review may be **edited** or **withdrawn**. When a request is opened that cannot be edited or withdrawn, the **Edit Request** and **Withdraw Request** buttons do not display.

**Withdraw a PA:**

1. **To withdraw a PA**, search for the PA that needs to be withdrawn and open the *Review Request* page.
2. Check the status to be sure that it is still pending and to verify that it is the correct request.
3. If correct, click **Withdraw Request** at the bottom of the page.

Request Information									
Request ID :	██████████	Case Status :	Pending	Case Status Date :	09/03/2014				
Member ID :	██████████								
Social Security Number :	██████████								
Provider ID :	██████████	CMO PA Request ID :							
Admission Date :	09/03/2014	Discharge Date :							
Effective Date :	09/03/2014	Expiration Date :	12/02/2014						

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
V45.51	PRSC NTRUTR CNTRCPTV DVC	09/02/2014	Yes	ICD-9

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
76830	TRANSVAGINAL US NON-OB	09/03/2014	12/02/2014	1			Pending		No

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

[Edit Request](#) | [Withdraw Request](#) | [Enter Change Request](#) | [Attach File](#) | [Return To Search Results](#) | [Return to Provider Workspace](#) | [Contact Us](#)

[Return to the Auth Request Page](#)

Figure 35

- When **Withdraw Request** is selected, the PA and any procedures are immediately withdrawn, and the PA case status changes to Denied.

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
76830	TRANSVAGINAL US NON-OB	09/03/2014	12/02/2014	1			Withdrawn	PA request...	No

Figure 36

**Edit a PA:**

- To edit a PA, search for the PA that needs to be modified, and open the *Review Request* page.
- Check the status to be sure that it is still pending and to verify that it is the correct request.
- If correct, click **Edit Request** at the bottom of the page.

Request Information									
Request ID :	██████████	Case Status :	Pending	Case Status Date :	09/03/2014				
Member ID :	██████████								
Social Security Number :	██████████								
Provider ID :	████████████████████	CMO PA Request ID :							
Admission Date :	09/03/2014	Discharge Date :							
Effective Date :	09/03/2014	Expiration Date :	12/02/2014						

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
V45.51	PRSC NTRUTR CNTRCPTV DVC	09/02/2014	Yes	ICD-9

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
76830	TRANSVAGINAL US NON-OB	09/03/2014	12/02/2014	1			Pending		No

Clinic Data to Support Request
Including 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

<a href="#">Edit Request</a>	<a href="#">Withdraw Request</a>	<a href="#">Enter Change Request</a>	<a href="#">Attach File</a>	<a href="#">Return To Search Results</a>	<a href="#">Return to Provider Workspace</a>	<a href="#">Contact Us</a>
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<a href="#">Return to the Auth Request Page</a>
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Figure 37

- When **Edit Request** is selected, the authorization request form displays in editable format to allow for changes.
- Make the necessary modifications or additions. Click **Review Request** and then **I Agree** to the attestation statement (same process used when submitting a new request)
- Review the information and, if correct, click **Submit Request**. Although the request has been modified, the PA remains in pending status and the **Request ID does not change**.

**NOTE: The following types of changes are not allowed via the edit request function. Submit a Change Request to request these changes.**

**Not Allowed:**

- Change the provider ID or member ID.
- Add a modifier to an existing procedure line that was submitted without a modifier.
- Delete or change the existing modifier on an existing procedure line.
- Delete or change the procedure code on an existing procedure line.
- Delete a diagnosis code.

## 2.4 Attach Documentation to PA Requests

From the *Provider Workspace*, providers may attach documentation directly to PA requests. Documents submitted in this way are immediately available to Alliant reviewers, and are visible to the provider on the *PA Review Request* page. Documents may also be attached to Change Requests (Section 2.5), PA Reconsideration Requests (Section 2.6), and CIS Reconsideration Requests Section (2.7).

### 2.4.1 Attachment Rules

In general, documents may be attached to pending PAs upon initial submission, or attached to an existing pending PA that is not referred for review. Attachments to denied PAs are usually not permitted, but there are some exceptions per request type.

- Documents **cannot be attached directly to the following PA/review types** upon submission or to an existing pending PA. For these request types, all pertinent clinical information and justification for services should be entered on the request forms.
  - Additional Psychiatric/Psychological Services
  - Additional Office Visits
  - Swingbed requests
- Documents may be attached to the following request types when the request is pending or is initially tech denied for missing information:
  - CCSP Level of Care and Placement
  - SOURCE Level of Care and Placement
  - NOW and COMP Level of Care and Placement
  - Katie Beckett DMA6A
- The GAPP LON may be attached to Approved DMA80s.
- The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, EXCEL, TIF, TIFF, JPG, JPEG, and JPE.
- **Do not** include the following symbols as part of the file name: \, /, #, <, >, ‘, “.
- The name of the file to be attached cannot have the same name of a file that is already attached.
- The file size for an individual attachment **MUST** be less than 20 MB in size; so if a file is especially large, divide the file into separate files. If an attempt is made to attach a file larger than 20 MB, a system message displays to the user: *The document that you are trying to attach exceeds the file size limitation of 20 MB. In order to attach the document, please divide the document into smaller files so that each file does not exceed 20MB.*

- Multiple documents may be attached to one PA request. However, the documentation that is attached should only relate to the member associated with the PA, and not relate to any other members.
- Providers may delete files that they attach when the **PA request is still pending and not referred.**

## 2.4.2 Create an Attachment

### Attach at PA Submission:

1. Enter the PA request and click **Submit Request**. When the request is submitted, a page opens that displays the pending Request ID. On this page, the attachment panel is available.

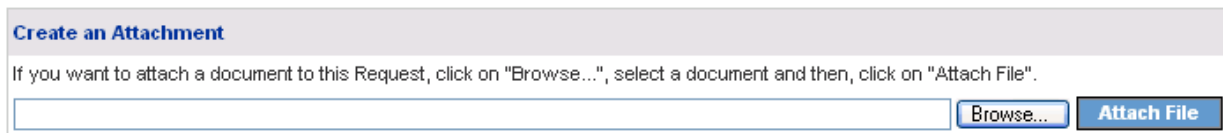


Figure 38

2. To attach a file, click **Browse** to open the file directory.

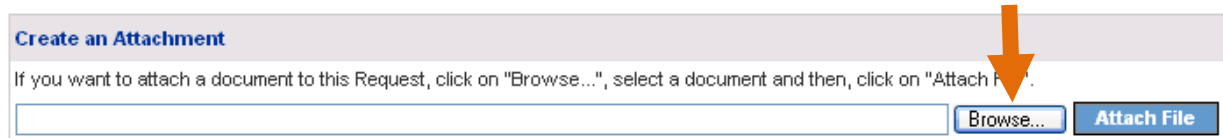


Figure 39

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

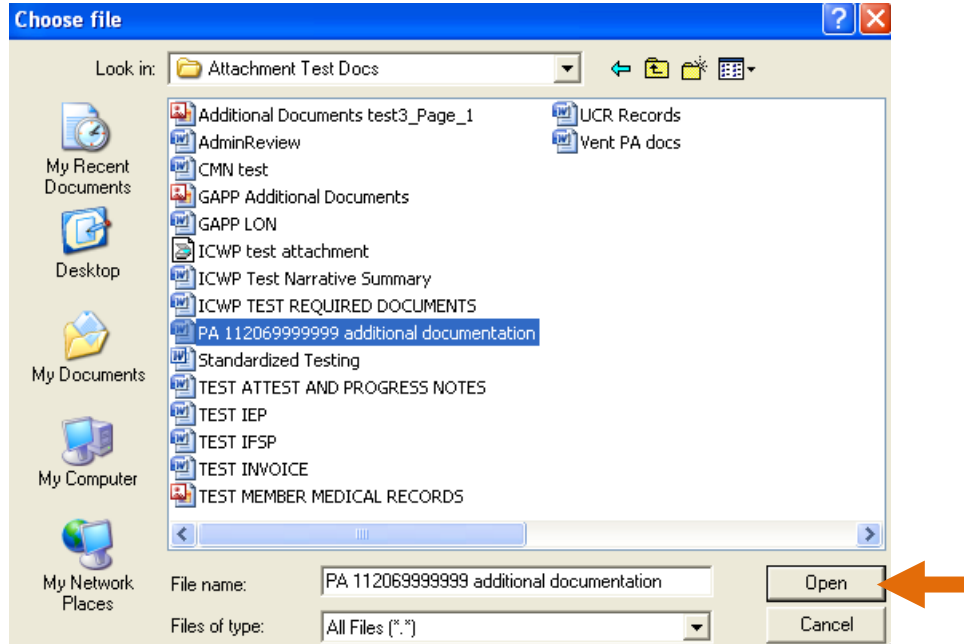


Figure 40

- Once the file is selected, the file name displays in the attachment panel box.

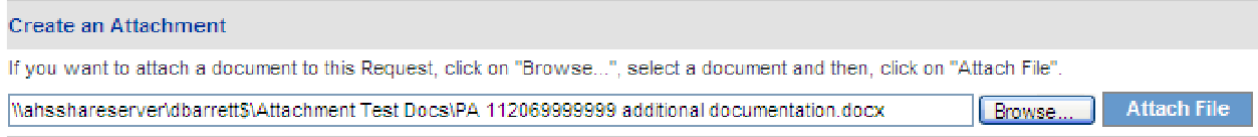


Figure 41

- Click the **Attach File** button.
- If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment displays in the **Attached Files** table.

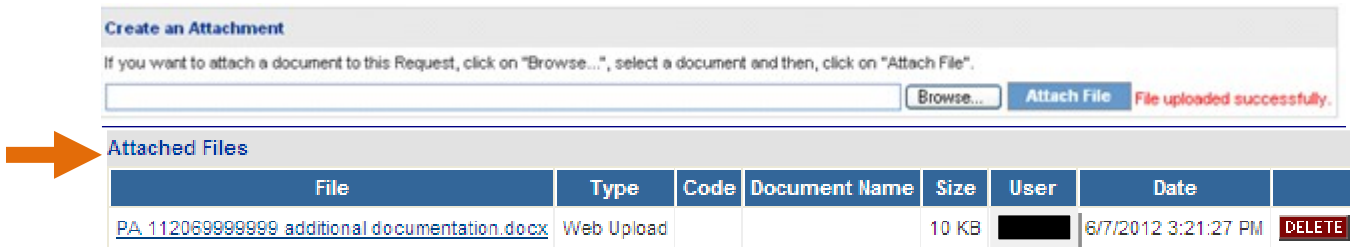


Figure 42

**Attach to an Existing Pending Request:**

1. On the *Provider Workspace*, select [Search, Edit or Attach Documentation to Requests](#) to access the *PA Search* page.
2. Search for and open the PA request to which a document or documents are to be attached. (If files have already been attached to the request, the files display in the **Attached Files** table.)
3. Click the [Attach File](#) button.

**Prior Authorization - Durable Medical Equipment Review Request**

Request Information									
Request ID :	██████████	Case Status :	<b>Pending</b>	Case Status Date :	07/11/2014				
Member ID :	██████████								
Social Security Number :	██████████								
Provider ID :	████████████████████	CMO PA Request ID :							
Admission Date :		Discharge Date :							
Effective Date :	07/01/2014	Expiration Date :	11/01/2014						

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
038.10	STAPHYLOCOCC SEPTICEM NOS	07/01/2014	Yes	ICD-9

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
K0108	W/C COMPONENT-ACCESSORY NOS	07/01/2014	11/01/2014	1			Pending		No

Attached Files				
File	Type	Document Name	User	Date
<a href="#">Really Huge file.pdf</a>	Attached By Nurse		SRANGANATHAN	09/25/2014 12:57:55 PM

[Edit Request](#)
[Withdraw Request](#)
[Enter Change Request](#)
[Attach File](#)
[Return To Search Results](#)
[Return to Provider Workspace](#)
[Contact Us](#)

[Return to the Auth Request Page](#)

**Figure 43**

4. On the next page, the attachment panel is available. Follow the same process to attach as previously described for attaching upon PA submission.

**Note: The attachment panel will only be available if attachments are allowed for the request type and status.**



### Associate a Document Type with an Attachment:

For some request types and procedure codes, a checkbox displays next to each required document type. The purpose of the checkbox is to associate the actual file attached with the specific document. For example, the next figure shows the checkboxes for a Durable Medical Equipment request for oxygen services. Each procedure code requires a *Certificate of Medical Necessity*; and procedures, E0431 and E1390, also require a copy of testing results.

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

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

Codes	Documents
E0431	<input type="checkbox"/> Certificate of Medical Necessity (CMN) <input type="checkbox"/> Copy of Testing Results
E0445	<input type="checkbox"/> Certificate of Medical Necessity (CMN)
E1390	<input type="checkbox"/> Certificate of Medical Necessity (CMN) <input type="checkbox"/> Copy of Testing Results

Figure 44

To attach a file or files to a PA when document type checkboxes display, first determine if one file that includes all the required information is to be attached, or multiple files are to be attached. **It is highly recommended to attach one PDF file for all required information if the file size will not exceed 20 MB.** If the file size exceeds 20 MB, divide the file into separate files and then attach.

#### One Attachment for all Document Types:

1. If **one file is to be attached** and that file includes all the required information, click all the checkboxes and then attach the one file.
2. If the attachment is successful, a file upload message displays; the attached file is added to the **Attached Files** table; and the file is associated with each document type.

**Attached Files**

File	Type	Code	Document Name	Size	User	Date	
<a href="#">Testing Results and CMN.docx</a>	Web Upload	E0431	Certificate of Medical Necessity (CMN)	20 KB		10/3/2014 12:07:28 PM	DELETE
<a href="#">Testing Results and CMN.docx</a>	Web Upload	E0431	Copy of Testing Results	20 KB		10/3/2014 12:07:28 PM	DELETE
<a href="#">Testing Results and CMN.docx</a>	Web Upload	E0445	Certificate of Medical Necessity (CMN)	20 KB		10/3/2014 12:07:28 PM	DELETE
<a href="#">Testing Results and CMN.docx</a>	Web Upload	E1390	Certificate of Medical Necessity (CMN)	20 KB		10/3/2014 12:07:28 PM	DELETE
<a href="#">Testing Results and CMN.docx</a>	Web Upload	E1390	Copy of Testing Results	20 KB		10/3/2014 12:07:28 PM	DELETE

Figure 45

**Multiple Files Attached:**

1. When separate files are to be attached for different document types, first click the applicable checkbox or checkboxes, and then attach the file related to the checkbox/checkboxes selected. The document type(s) not checked will still display in red, indicating that the document has not yet been attached.

**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".

File uploaded successfully. Browse... 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		
K0108	<input type="checkbox"/> PT Evaluation	<input checked="" type="checkbox"/> <b>Invoices</b>	<input type="checkbox"/> Order
	<input type="checkbox"/> NRRTS Evaluation		

**Attached Files**

File	Type	Code	Document Name	Size	User	Date	
<a href="#">NRRTS_EVALUATION.docx</a>	Web Upload	K0108	NRRTS Evaluation	20 KB		10/3/2014 12:12:59 PM	<b>DELETE</b>
<a href="#">PHYSICIAN_ORDERS.docx</a>	Web Upload	K0108	Order	20 KB		10/3/2014 12:13:33 PM	<b>DELETE</b>
<a href="#">PT_EVALUATION.docx</a>	Web Upload	K0108	PT Evaluation	20 KB		10/3/2014 12:12:25 PM	<b>DELETE</b>

Figure 46

### 2.4.3 Delete an Attachment

Documents attached to a PA **by the provider** may be deleted by the provider **only when the PA is still in pending status** and is **not referred** for review. In addition for GAPP DMA80 PAs, once a PA is modified in any way, the provider cannot delete attachments.

1. To delete an attachment, click the **DELETE** button at the end of the file line in the **Attached Files** table.
2. When a file cannot be deleted, the delete button is not available.

## 2.5 Submit/View PA Change Requests

From the *Provider Workspace*, providers may submit requests to change information on a PA; and may view change requests already submitted. Change requests are processed by Alliant reviewers and can be approved, denied or referred. When a Change Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that a change request was processed and to check the *Provider Workspace* for details. Providers can view the change request details, including the reviewer's decision comments, by searching for and opening the *PA Review Request* page. The reviewer's comments display in a tool tip (see highlighted below) made visible by holding the mouse pointer over the specific change request status.

Change/Reconsideration Requests						
Request Type	Date Requested	CR Status	Contact Name	Contact Phone	Change Required	Change Rationale
CIS Reconsideration Request	01/20/2015	Processed	Miss CIS	6665559876	Approve the PA	Approve the PA - see supporting docs attached.
Change Request	01/21/2015	Denied	Miss CIS	6665559876	Increase units Please review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please 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. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents."	Please review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please 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. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents."
Change Request	01/22/2015	Denied	Provider		Change request denied. It is not clear what you want changed and no supporting documentation was provided. Describe what you want changed. Describe what you want changed. Describe what you want changed. Describe what you want changed. Describe what you want changed. Provide your rationale for changing the Prior Authorization Request	Describe what you want changed. Describe what you want changed. Describe what you want changed. Describe what you want changed. Describe what you want changed. Provide your rationale for changing the Prior Authorization Request

Figure 47

### 2.5.1 Change Request Guidelines

In general, change requests are permitted for all pending/not referred and approved PAs, and must be submitted within 30 calendar days of the PA request date or date of service whichever is greater. For most PA types, only three (3) change requests per PA may be submitted. However, there are exceptions to the rules based on review type, as noted below:

- SOURCE LOC, CCSP LOC, NOW LOC and COMP LOC:** Change requests are not allowed.

- **Children’s Intervention Services PAs:** There are no restrictions to the number of change requests per PA; or when change requests may be submitted. Change requests may be submitted at any time as long as the case has not received a Final Tech Denial. In addition, change requests must meet the following criteria:
  - A significant change in condition must be documented by submission of an updated treatment plan signed by the physician and therapist.
  - If a change in modality is requested, the units to be withdrawn (for substitution) must be specified.
  - Change requests may be submitted for PAs for which reconsideration has not been requested.
- **Durable Medical Equipment PAs:** There is no time restriction for submission of change requests for DME PAs.
- **Medications Prior Authorizations:** There is no time restriction for submission of change requests for Medications PAs.
- **PASRR:** Change requests may be submitted for a PASRR Level I if the Level I decision is pending and has not been referred for OBRA - Level II review.

## 2.5.2 Change Request Submission Instructions

1. Open the *Provider Workspace* and select [Submit/View PA Change Requests](#).
2. On the search page, enter the PA number in the ‘Request ID’ box.
3. Click [Search](#).
4. Click the request ID on the search results list to open the *PA Review Request* page.

**Note:** When the *Review Request* page is opened for a request which does not meet the change request criteria, a message will appear at the top of the page indicating that a change request cannot be entered.

5. Click [Enter Change Request](#) at the bottom of the page.

**Request Information**

Request ID :	114090999999	Case Status :	Pending	Case Status Date :	10/17/2014
Member ID :	333000000400				
Social Security Number :	132549678				
Provider ID :	[REDACTED]	CMO PA Request ID :			
Admission Date :	10/21/2014	Discharge Date :			
Effective Date :	10/21/2014	Expiration Date :	01/19/2015		

**Diagnosis**

Diag Code	Diagnosis Description	Date	Primary	Type
724.2	LUMBAGO	02/26/2013	Yes	ICD-9

**Procedures**

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
64483	INJ FORAMEN EPIDURAL L/S	10/21/2014	01/19/2015	1			Pending		No

**Clinical Data to Support Request**

BP: 118/76 HR: 82 R: 16 Patient needs repeat left L4-5 TFESI for back pain. Patient has chronic pain. Patient had previous TFESI about a year ago with significant relief of pain. Patient has pain in the back that radiates down the left leg to the knee and ankle. Patient has been on NSAIDS in the past without relief and has tried physical therapy in the past with no relief at all. Patient current using a tens unit which is helping somewhat.

[Edit Request](#) | 
 [Withdraw Request](#) | 
 [Enter Change Request](#) | 
 [Attach File](#) | 
 [Return To Search Results](#) | 
 [Return to Provider Workspace](#) | 
 [Contact Us](#)

[Return to the Auth Request Page](#)




Figure 48

6. The *Change Request Information* form opens.
7. The provider’s contact information is inserted by the system. This information should be edited if not correct, since the no-reply email notification and contact are sent to the email address noted on the form.
8. In the first box on the form, clearly describe what needs to be changed.
9. In the next box, provide justification for the requested change(s).
10. Next, select one or more checkboxes from the ‘Rationale List’ corresponding to the change(s) requested. If none apply to the change requested, select ‘Other’.

**Request ID :** [REDACTED]

Please review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please 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. After 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, phone and email address) and make sure that the information is correct. If not correct, edit the information.**

Contact Name: [REDACTED] Phone: [REDACTED] Ext: [REDACTED] Fax: 444-444-4444 Email: [REDACTED]

**Describe what you want changed.**  
Explain what needs to be changed.

**Provide your rationale for changing the Prior Authorization Request.**  
Enter rationale.

**Please select Change Request Rationale List:**

Change Member     
  Change Provider     
  Add or Change Diagnosis Codes     
  Add or Change Procedure Codes  
 Withdraw Entire Request     
 Change Admit Date or Date of Service     
 Change Place of Service     
 Increase in Requested Units     
 Other

**Submit**    **Close Window**

Figure 49

11. Click **Submit** to submit the request.
12. If the submission is successful, a window displays confirming that the change request has been entered successfully; and the attachment panel is available. Additional supporting documentation may be attached at this point.

### Change Request Information

**Your Change 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".

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

Figure 50

13. Follow the same attachment process as described in **Section 2.4**.

## 2.6 Submit Reconsideration Requests

From the *Provider Workspace*, providers may submit a request for reconsideration of a denied PA and attach supporting documentation. When a Reconsideration Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that the reconsideration was processed and to check the *Provider Workspace* for details. The process used to view reconsideration details is the same as the process used to view change request details. The reconsideration request details are available on the *PA Review Request* page accessed from PA Search. The reviewer's comments display in a tool tip made visible by holding the mouse pointer over the reconsideration status.

### 2.6.1 Reconsideration Request Guidelines and Restrictions

- Reconsideration requests via the web portal/*Provider Workspace* **are not applicable** to the following PA types:
  - TEFRA Katie Beckett DMA6A
  - Georgia Pediatric Program DMA6A and DMA80
  - Independent Care Waiver Program DMA6 and DMA80
  - SOURCE Level of Care and Placement
  - PASRR Level I
- Reconsiderations requests via the portal are applicable to Children's Intervention Services requests. Refer to Section 2.7 of this manual for the *CIS Reconsideration Requests* submission guidelines.
- Reconsideration requests via the portal are applicable to CCSP, NOW and COMP Level of Care and Placement requests. Reconsideration requests must be submitted via the portal and supporting documentation must be attached. Requests may only be submitted for the LOCs that are Nurse Denied upon initial nurse review, and there is no Second Level Nurse Review. Reconsideration requests must be submitted within 20 (twenty) calendar days of the initial notice of Level of Care denial.
- Reconsideration requests via the portal are applicable to all other PA types not mentioned above. Reconsideration requests may only be submitted if the PA is denied or at least one procedure code line is denied. The acceptable denial types are: Withdrawn, Nurse Denied, Initial Tech Denied, Peer Consultant Denied (first peer consultant review only); or System Denied. A reconsideration request cannot be submitted if the request has already undergone a reconsideration review. Reconsideration requests must be submitted within 33 calendar days of the denial decision date.



## 2.6.2 Reconsideration Submission Instructions

1. Open the *Provider Workspace* and select **Submit Reconsideration Requests**.
2. On the search page, enter the PA number in the Request ID' box.
3. Click **Search**.
4. Click the request ID on the search results list to open the *Review Request* page.

**Note:** When the *Review Request* page is opened for a request which does not meet the reconsideration request criteria, a message will appear at the top of the page indicating that reconsideration cannot be entered.

5. Click **Enter a Reconsideration Request** at the bottom of the page.

### Prior Authorization - Radiology Physician Office Review Request

**Request Information**

Request ID:	[REDACTED]	Case Status:	<b>Denied</b>	Case Status Date:	08/11/2015
Member ID:	[REDACTED]				
Social Security Number:	[REDACTED]				
Provider ID:	[REDACTED]	CMO PA Request ID:			
Admission Date:	09/30/2015	Discharge Date:			
Effective Date:	09/30/2015	Expiration Date:	12/29/2015		

**Diagnosis**

Diag Code	Diagnosis Description	Date	Primary	Type
405.01	MAL RENOVASC HYPERTENS	08/27/2015	Yes	ICD-9

**Procedures**

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
76811	OB US DETAILED SNGL FETUS	09/30/2015	12/29/2015	1			Withdrawn	CMO	No

**Clinical Data to Support Request**

fdgfgfdgfdgfdggf

Enter Reconsideration Request
Return To Search Results
Return to Provider Workspace
Contact Us

Return to the Auth Request Page

Figure 51

6. The *Reconsideration Request Information* form opens.



7. At the top of the form, the contact information for the requesting provider is inserted by the system. Verify that the information is correct. If not correct, edit the information. This is important because a no-reply email and contact message is sent to the email address noted on the reconsideration form when the reconsideration is processed.
8. In the first text box, indicate why the reconsideration is being requested and how you would like the PA to be changed as a result of the reconsideration.
9. In the second text box, provide additional clinical information that supports the request for reconsideration review, and **specifically addresses the reason for the denial**. (If additional supporting documentation is to be attached, it is acceptable to note ‘See attached’ in the text box.)

Request ID : [REDACTED]

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.

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

Contact Name : [REDACTED] Phone: [REDACTED] Ext: [REDACTED] Fax: 444-444-4444 Email : [REDACTED]

**Describe what you want changed.**  
Describe what is being requested.

**Provide your rationale for changing the Prior Authorization Request.**  
Provide rationale or attach to the reconsideration.

Submit Close Window

Figure 52

10. Click **Submit**.
11. If the submission is successful, a page displays confirming that the reconsideration has been entered successfully; and the attachment panel is available.

**Reconsideration Request Information**

**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".

[File Selection Field] Browse... Attach File

Figure 53

12. **Additional supporting documentation should be attached at this point.** Follow the same attachment procedures as described in Section 2.4 of this manual.

## 2.7 Submit CIS Reconsideration Requests

From the *Provider Workspace*, Children's Intervention Services (CIS) providers may submit a request for reconsideration of the decision rendered on a CIS PA. When a CIS Reconsideration Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that the reconsideration was processed and to check the *Provider Workspace* for details. The process used to view reconsideration details is the same as the process used to view change request details. The reconsideration request details are available on the PA *Review Request* page accessed from PA Search. The reviewer's comments display in a tool tip made visible by holding the mouse pointer over the reconsideration status.

### 2.7.1 CIS Reconsideration Request Guidelines

The following guidelines for requesting reconsiderations apply to Children's Intervention Services PAs **only**.

- Reconsiderations are allowed when the PA has one or more procedure lines that are:
  - Approved but not for all units requested - requests must be submitted within **30** calendar days of the decision.
  - Peer consultant denied - requests must be submitted within **30** calendar days of the decision.
  - Tech Denied but **NOT** Final Tech Denied - requests must be submitted within **10** calendar days of the decision.
- Providers are required to attach additional documentation to support the reconsideration request. It is not necessary to re-submit all information sent with the original request but only the information to support the request for reconsideration.

### 2.7.2 CIS Reconsideration Submission Instructions

1. Open the *Provider Workspace* and select [Submit CIS Reconsideration Requests](#).
2. On the search page, enter the PA number in the Request ID' box.
3. Click [Search](#).
4. Click the request ID on the search results list to open the *Review Request* page.

**Note:** When the *Review Request* page is opened for a request, which does not meet the CIS reconsideration request guidelines, a message will appear at the top of the page indicating that reconsideration cannot be entered.

- Click **Enter CIS Reconsideration Request** at the bottom of the *Review Request* page.

**Prior Authorization - Review Request**

**Request Information**

Request ID:	[REDACTED]	Case Status:	<b>Approved</b>	Case Status Date:	04/06/2010
Member ID:	[REDACTED]				
Requesting Provider ID:	[REDACTED]	Rendering Provider ID:			
Admission Date:		Discharge Date:			

**Diagnosis**

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
344	OTH PARALYTIC SYNDROMES	03/01/2010	Yes

**Procedures**

CPT Code	CPT Description	From Date	To Date	Units	Approved Units	Approved Amount	Decision
97530	THERAPEUTIC ACTIVITIES	03/29/2010	03/31/2010	2	1		Approved
97530	THERAPEUTIC ACTIVITIES	04/01/2010	04/29/2010	2	1		Approved
97530	THERAPEUTIC ACTIVITIES	05/02/2010	05/31/2010	2	2		Approved

**Clinical Data to Support Request**


test - , 03/26/2010

**Enter CIS Reconsideration Request**

Attach File

Return To Search Results

Return to Provider Workspace



**Figure 54**

- This opens the *CIS Reconsideration Request Information* form.
- At the top of the form, the contact information for the requesting provider is inserted by the system. Verify that the information is correct. If not correct, edit the information. This is important since a no-reply email is sent to the email listed on the reconsideration form when the reconsideration is processed.
- In the first text box, clearly describe what you wanted changed as a result of the reconsideration review, such as: the codes, dates of service, and the units required.
- In the second text box, summarize additional clinical information that supports the request for reconsideration review and specifically addresses the need for the services requested. Since supporting documentation must be attached to the reconsideration, it is permissible to enter 'See Attached' in this box.

**Request ID :** [REDACTED]

For CIS Reconsideration Review requests, please submit additional documentation to support the services required. 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.

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

Contact Name : [REDACTED] Phone: [REDACTED] Ext: [REDACTED] Fax: 333-444-5555 Email : [REDACTED]

**Describe what you want changed.**  
Submitting a request for reconsideration.

**Provide your rationale for changing the Prior Authorization Request.**  
See supporting documentation attached.

Figure 55

10. Click **Submit**.
11. If the submission is successful, a page displays confirming that the reconsideration has been entered successfully; and the attachment panel is available.

**CIS Reconsideration Request Information**

**Your CIS 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".

Figure 56

12. **Additional supporting documentation must be attached** at this point. Follow the same attachment procedures as described in Section 2.4 of this manual.

## 2.8 Enter a New PASRR Level I Request

From the *Provider Workspace*, providers may enter a Pre-admission Screening/Resident Review (PASRR) Level I request utilizing the online DMA-613 (PASRR) Form. This screening is required for all individuals seeking admission to a nursing facility. Level I screening determinations are based on the responses to the Level I screening questions as related to policy.

- A decision of ‘Approved’ indicates that no further action is needed, and the applicant is approved for admission to a nursing facility. If approved, the Level I tracking number becomes the Level I authorization number.
- A decision of ‘Pending’ indicates that a Level II assessment must be performed. Alliant reviewers do not conduct the Level II assessments but refer the cases to the Level II contractor.
- A decision of ‘Withdrawn’ usually means that a response on the form reflects that the applicant’s physician anticipates the nursing facility stay will be less than 30 days.

### Instructions:

1. Go to the Georgia Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
2. On the portal home page, click the **Provider Information** link and select **PASRR Request**. The PASRR request link is **also available on the *Provider Workspace*** accessed from the secure home page after logging into the portal.
3. On the next window that displays, enter the applicant’s Medicaid ID **OR** the applicant’s Social Security Number. **Do not enter both numbers.**

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

The screenshot shows a web form titled "PreAdmission Screening/Resident Review(PASRR) Level I Assessment (Form : DMA-613)". It contains two input fields: "Member Medicaid ID:" and "Social Security Number:". The "Social Security Number" field contains the value "222-23-2323". Below the fields is a blue "Submit" button. To the right of the form, there is a black box with the text "Fictitious SSN" in white.

Figure 57

4. Click **Submit** to open the Level I online screening form.

For complete information regarding entering Level I requests, please refer to the *FFS PA Web Entry* manual available on the Provider Workspace/Education and Training link/User Manuals.

## 2.9 View and Edit PASRR Level I

Providers may view and edit Level I 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.

### 2.9.1 Level I Search Instructions

In order to edit a Level I, it is first necessary to find the Level I by using *PASRR Request Search*.

1. Open the *Provider Workspace* and select **PASRR Level I Search, Edit** to open the *PASRR Request Search* page.

#### PASRR Request Search

Request ID :	<input type="text"/>	GHP Decision :	<input type="text" value="v"/>	Case Status :	<input type="text" value="v"/>
Member Social Security Number :	<input type="text" value="-- --"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Member Medicaid ID :	<input type="text"/>	Physician Name :	<input type="text"/>	OBRA Number :	<input type="text"/>
From Date :	<input type="text"/>	To Date :	<input type="text"/>	Entered Via :	<input type="radio"/> Web <input type="radio"/> Non-Web
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Table 2

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. To search farther back, enter a 'From Date'.
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, click the **Request ID** (highlighted and in blue).

**PASRR Request Search**

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

Figure 58

**2.9.2 Edit Level I Request Information**

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:

Figure 59

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:

Figure 60

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.



## 2.10 Nursing Facility Level I Look Up

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 *Nursing Facility Level I Look-up* function to find PASRR Level I assessments for Medicaid Members in their facility.

### 2.10.1 Level I Lookup Instructions

1. Log into the portal to access the *Secure Home* page.
2. Click the **Prior Authorization** link.
3. Select **Provider Workspace** from the drop list.

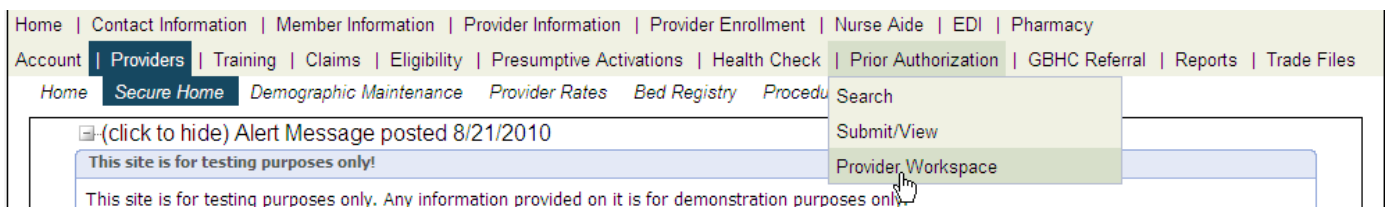


Figure 61

4. On the workspace, select **Nursing Facility Level I Look up** in the PASRR section.
5. On the *Look up* page, enter the Member Medicaid ID **OR** the last four numbers of the member's Social Security Number. **Do not enter both.**
6. Enter the member's date of birth.
7. Click **Search**. The Level 1 Request ID, the Level 1 status, and the Level 1 'Effective' Date (start date) display.

### PASRR (Level I) Look Up

Member Medicaid ID :  OR Last 4 digits of Member Social Security Number :

**AND**

Member Date of Birth :

Request ID	Status	Effective_Date
111010608523	Approved	1/6/2011 9:50:33 AM

PA ID is for a fictitious member.

Figure 62

## 2.11 Modify Member Medicaid for an Existing Level I, Swingbed or Nursing Facility Vent

Swingbed, Nursing Facility Ventilation and PASRR Level I requests may be submitted for individuals who do not have a Medicaid ID number at the time of submission. Later, the individual may become Medicaid eligible. The *Modify Member* functionality allows providers to add the member’s Medicaid ID to the existing authorization. For Level I requests, this functionality is only **operational if the Level I was entered via the portal *Secure Home* page** since Level I requests entered that way are associated with the provider’s Medicaid ID.

### 2.11.1 Modify Member Instructions

1. Click **Member Medicaid ID Updates** from the *Provider Workspace*. This link is located in two locations on the Workspace: **Enter and Edit Authorization Requests** section, and in the **PASRR Level I Information** section.

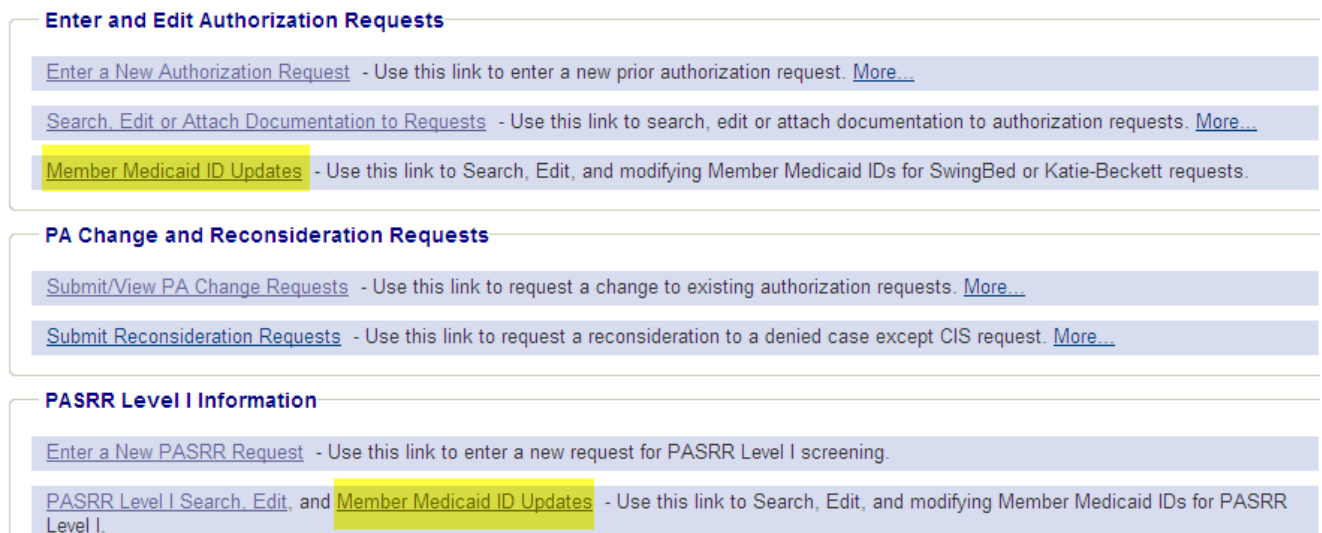


Figure 63

2. Once **Member Medicaid ID Updates** is selected, the update page opens.
3. Find the specific Level I, Vent request or Swingbed request by entering the ‘Request ID’; **OR** enter the ‘Member’s Social Security Number’.
4. Then, select the button for ‘Swingbed’ or ‘PASRR Level I’ or ‘Nursing Home Vent’.

### Update Member Medicaid Data

Request ID :  OR Member Social Security Number :

Request Type :  SwingBed  PASRR Level I  Nursing Home Vent

Figure 64

- Click **Submit** to find the specific request or generate a list of requests.

### Update Member Medicaid data

Request ID:  OR Member Social Security Number:

Request Type:  SwingBed  PASRR Level I  Nursing Home Vent

Request ID	Member ID	Last Name	First Name	SSN	Status
██████████					Pending
██████████					Pending
██████████					Pending

Figure 65

- Select the applicable request from the list by clicking the **Request ID**. This action opens a *Review Request* page.

Prior Authorization - Review Request

**Request Information**

Request ID: [Redacted] Case Status: **Pending** Case Status Date: 04/07/2010

Member ID: [Redacted]

Requesting Provider ID: [Redacted] Rendering Provider ID: [Redacted]

Admission Date: [Redacted] Discharge Date: [Redacted]

**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".

Figure 66

7. Enter the Medicaid ID in the 'Member ID' box; or click the search icon (spy glass) and search for the member ID.

**Request Information**

Request ID: [Redacted] Case Status: **Pending** Case Status Date: 04/07/2010

Member ID: [Redacted]

Requesting Provider ID: [Redacted] Rendering Provider ID: [Redacted]

Admission Date: [Redacted] Discharge Date: [Redacted]

Figure 67

8. Then, select **Update Member Medicaid ID** to add the Medicaid ID to the request.

## 2.12 Provider Inquiry Form DMA-520A

From the *Provider Workspace*, providers may submit inquiry appeals for denied EMA, medical, dental or out of state claims, requiring medical review by Alliant. The appeal is submitted utilizing the online Provider Inquiry Form (DMA-520A). Providers may also search for inquiries that were previously submitted.

**Note:** For more complete instructions regarding inquiries and appeals, refer to the *Provider Instructions for Entering DMA520A Inquiries and Appeals* user guide located on the Provider Workspace/Education and Training link/User Manuals.

### 2.12.1 Instructions

**Search for an existing inquiry:**

1. Click [Provider Inquiry Form \(DMA-520A\)](#) on the workspace page to open the *Provider Inquiry Form* page.
2. Click [Search for an Inquiry](#) at bottom of form.

#### Provider Inquiry Form (DMA-520A)

The screenshot shows the 'Provider Inquiry Form (DMA-520A)' interface. It features several input fields and radio buttons for user selection. At the bottom of the form, there are three buttons: 'Submit Inquiry', 'Search for an Inquiry', and 'Contact Us'. A red arrow points to the 'Search for an Inquiry' button. Below the buttons, there is a note regarding reprocessed ICNs and contact information for the HP Provider Contact Center.

**Inquiry Number :**

Rendering Provider ID :

Pay To Provider ID :

**Phone :**

**Fax :**   **Email :**

**Review Type :**  EMA  Medical Claims  Dental  OOS

**ICN / Claim Number :**

**Is this an ER appeal for a paid flat rate of \$50 or \$52.94?**  Yes  No

**Reprocessed ICN :**

[View](#) [Edits](#) [Reviewed by GMCF](#)

**Comments :**

**Reviewer Comments :**

**Note :** The approved appeal has been reprocessed by HP claims. If you have any questions regarding the reprocessed ICN, please contact the HP Provider Contact Center at 1-800-766-4115 or use the Contact Us on the [Georgia WebPortal](#).

**Figure 68**

- The *Provider Inquiry Search* page opens with the ‘Provider ID’ auto-populated (blacked out in figure below).

### Provider Inquiry Search

The screenshot shows a search form with the following elements:

- Inquiry Number :** [Text input field]
- Provider ID :** [Text input field, content is blacked out]
- Member ID :** [Text input field]
- Review Type :** Radio buttons for  EMA,  Medical Claims,  Dental,  OOS
- ICN / Claim Number :** [Text input field]
- Reprocessed ICN :** [Text input field]
- Date Entered From :** [Text input field]
- To :** [Text input field]
- Date of Service From :** [Text input field]
- To :** [Text input field]
- Buttons:** Search, Clear, New Inquiry, Contact Us

Figure 69

- To quickly find an inquiry, enter the ‘Inquiry Number’ (starts with the letter Q), and/or the ‘ICN/Claim Number’.
- It is also possible to initiate a search using the ‘Provider ID’ and/or ‘Review Type’, or to search for inquiries entered during a specific date span - ‘Date Entered From and Date Entered To’. Search criteria may be combined to limit results.
- Click **Search** to display the search result(s).
- In search results, click the applicable **Inquiry No.** underlined and in blue font. This action opens the inquiry form and displays the information previously submitted.
- If a decision has been rendered on the inquiry appeal, the inquiry page will display the decision and the reviewer’s comments. In addition, if the claim has been reprocessed, the reprocessed ICN displays.

Provider Inquiry Form (DMA-520A)

Inquiry Number : Q101111111111

Rendering Provider ID : 111111111A  
 Pay To Provider ID :

Phone : 444-444-4444 Fax : 444-444-4444 Email :

Review Type :  EMA  Medical Claims  Dental  OOS

ICN / Claim Number : 2211111111111111 Reprocessed ICN : 9911111111111111

**Comments :**  
 appeal dos 03/04/10 proc 36216 denied -exceptincidental to another proc billed on a history claim . This proc was medical necessity for three vessel diagnostic angiogram .

**Reviewer Comments :**  
 approved

[Search for an Inquiry](#) [Contact Us](#)

**Note :**The approved appeal has been reprocessed by HP claims. If you have any questions regarding the reprocessed ICN, please contact the HP Provider Contact Center at 1-800-766-4456 or use the Contact Us on the [Georgia WebPortal](#) .

Figure 70

Submit an inquiry appeal:

1. Click **Provider Inquiry Form (DMA-520A)** to open the *Provider Inquiry Form* page; or on the inquiry search page, click **New Inquiry**.

Provider Inquiry Form (DMA-520A)

Inquiry Number :

Rendering Provider ID :   
 Pay To Provider ID :

Phone : - - Fax : - - Email :

Review Type :  EMA  Medical Claims  Dental  OOS

ICN / Claim Number :

[View](#) [Edits](#) [Review ed by GMCF](#)

**Provider ID is inserted by system.**

Is this an ER appeal for a paid flat rate of \$50 or \$52.94?  Yes  No

Reprocessed ICN :

**Comments :**

**Reviewer Comments :**

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

**Note :**The approved appeal has been reprocessed by HP claims. If you have any questions regarding the reprocessed ICN, please contact the HP Provider Contact Center at 1-800-766-4456 or use the Contact Us on the [Georgia WebPortal](#) .

Figure 71



2. The provider ID is system populated. Indicate if the provider ID is the 'Rendering Provider ID' or the 'Pay to Provider ID' by clicking the appropriate button.
3. Enter a phone number, fax number and an email address in the boxes provided.
4. Select the type of review associated with the denied claim by clicking the 'EMA' or 'Medical Claims' or 'Dental' or 'OOS' (Out of State) button.
5. Enter the claim number for the claim associated with the inquiry appeal in the 'ICN/Claim Number' box.
6. In the 'Comments' box, explain the reason for the inquiry appeal.
7. Click **Submit Inquiry**.
8. If the inquiry is submitted, a message displays indicating that the record was saved successfully.
9. At this point, a file or files may be attached to the inquiry to support the request for appeal. In the attachment panel, click **Browse** to find the file to be attached. Select and open the file. The name of the file appears in the attachment panel box. Click **Attach File**. The file is attached and appears in the **Attached Files** table.

Refer to Section 2.4 of this manual for more information on attaching documents.

## 2.13 Provider Reports

SOURCE, CCSP, NOW and COMP providers have access to provider reports via the *Provider Workspace*. In order to view the reports, the provider must have the applicable category of service for the waiver type AND a 030 case management specialty. The following reports are available:

### **Monthly Counts:**

This report includes the count and percentage of level of care approvals, denials and withdrawals for a specific provider by recommendation type. A from date and to date are entered to run this report.

### **Denial Reason by Fiscal Year:**

This report lists denial reason(s) with the count and % of occurrence.

### **LOC Denied Report:**

This report shows all PAs with a denial (LOC Denial, Initial Tech Denial, or Final Tech Denial). A from date and to date based on the PA request date are entered to run this report.

### **Edit Report:**

This report is ONLY available to SOURCE providers; and shows PAs that have PA edits or errors.

### **Instructions:**

1. Open the *Provider Workspace* and go to the **Provider Reports** section.
2. Click the applicable report link.
3. The report will run and show data related to the case manager's specific provider ID.
4. The Monthly Counts and LOC Denied Report require the entry of a 'from' and 'to' date to run the reports.

## 2.14 Education and Training

From the *Provider Workspace*, providers may access a variety of education and training resources. Resources are organized under five sections:

- Training Offerings
- User Manuals
- PA, Waiver, and Medical Claims Review Materials
- Online Testing
- Links to Other Resources

***Training Offerings:*** This section includes training programs previously offered, such as recorded webinars or other recorded trainings.

***User Manuals:*** This section includes system user manuals and other guides describing PA web entry and other web submission procedures.

***PA/Waiver/Medical Claims Review Materials:*** This section includes reference materials that cover documentation guidelines and review processes.

***Online Testing:*** This section may include testing required for certain provider types/category of service.

***Links to Other Resources:*** This section includes links to other training resources.

## 2.14.1 Find Training Information

1. Click **Education and Training** at the bottom of the workspace page to open the training home page.

### Training Offerings

Click 'training offerings' to display a full list of existing and upcoming training courses. To find out more about a particular training, click the course name.

[PA Submission Process - Inpatient and Outpatient Services, 4/1/2010 1:00 to 3:00 PM](#)

This webinar will provide step by step instructions for submitting a request for inpatient/outpatient services via the web portal.

[Entering Change Requests and Reconsiderations, 5/10/2010, 1:00 to 3:00 PM](#)

This webinar reviews the process for submitting change requests and reconsideration requests via the web portal.

[Editing PAs, 4/1/2010, 9:00 to 11:00 AM](#)

This course demonstrates how to search for and edit pending PAs.

### User Manuals

Click 'User Manuals' to display a list of user manuals. The user manuals provide step by step instructions for entering prior authorization requests via the web portal. To access a specific manual, click the manual name.

### PA, Waiver and Medical Claims Review Materials

Click 'PA, Waiver and Medical Claims Review Materials' to display a list of reference materials that describe the PA submission process, required documentation for several review types, and medical review policy/process requirements.

### Online Testing

Click 'Online Testing' to access testing or certification required for specific Medicaid providers.

### Links to Other Resources

Click 'Links to other Resources' to display a list of links to other training resources related to prior authorization and medical claims review.

**Figure 72**

2. To access the information under each heading, click the heading and then select the specific training offering or training information. For example, if *User Manuals* is selected, click the manual name to view more specific information.

## 2.15 Contact Us and Search Correspondence

*Provider Correspondence* functionality allows Providers to submit questions to Alliant reviewers via the *Provider Workspace*. The Workspace includes the following features:

- **Contact Us:** This link is used to submit a correspondence and is found in the following Workspace locations:
  - Last section of the *Provider Workspace* page
  - Provider Inquiry Form (DMA-520A) submission page and search page
  - *PA Review Request* page accessed when searching for a PA request
- **Search My Correspondence:** This link is used to search for all correspondence associated with a provider’s ID number. The link is located in the last section of the Workspace page.

### 2.15.1 Contact Us Instructions

1. Click **Contact Us** at the bottom of the Workspace page; **OR** search for the PA or the claims appeal inquiry, and then click **Contact Us**. The *Contact Form* opens.

#### Contact Us

The screenshot shows a web form titled "Contact Form". On the left side, there are labels for various fields: "Correspondence ID :", "Contact For :", "Contact Name :", "Contact Email Address :", "Confirm Email Address :", "Phone Number :", "Message / Question :", "GMCF Response :", and "Reference Attachments :". The "Contact For :" field is a dropdown menu. The "Phone Number :" field consists of three boxes: a two-digit area code box, a three-digit main number box, and an "Ext." box. The "Message / Question :" field is a large text area with a vertical scrollbar. At the bottom of the form, there are four buttons: "Submit Information", "Reset Form", "< Back", and "Return to Provider Workspace".

Figure 73

2. Select the contact category from the ‘Contact For’ drop list. **This is required.**

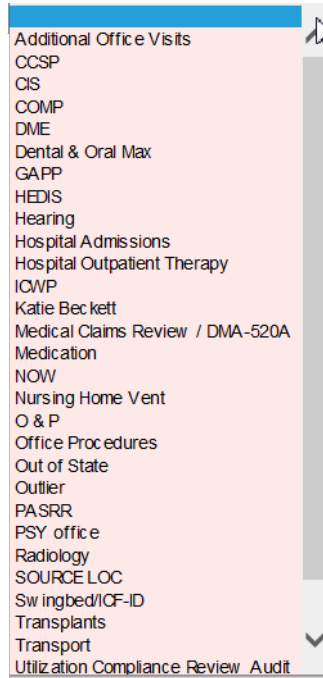


Figure 74

1. **PA, Waiver, or Claim Appeal contacts:** When the contact type selected is for a PA type, a waiver PA type, or Medical Claims appeal review, a box displays for the specific PA ID or Claims Appeal Inquiry Number. If *Contact Us* was triggered from the *PA Review Request* page, or from the *Claims Appeal Inquiry* page, the system inserts the applicable PA ID or Inquiry Number. Otherwise, enter the applicable PA ID or Inquiry Number.

**Contact Form**

Correspondence ID :

Contact For : Hospital Admissions, Office Procedures, PSY office

Prior Authorization Request ID :

Contact Name :

Contact Email Address :

Confirm Email Address :

**Contact Form**

Correspondence ID :

Contact For : Medical Claims Review / DMA-520A

DMA-520A Inquiry Number :

Contact Name :

Contact Email Address :

Confirm Email Address :

Figure 75

2. Enter the name of the person submitting the correspondence in the 'Contact Name' box.
3. 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).
4. Enter the contact person's phone number in the 'Phone Number' box.
5. Enter the message or question in the 'Message/Question' box.
6. Click **Submit Information**.
7. If the contact submission is successful, a message displays in red below the contact form as shown in the following figure. 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.

The screenshot shows a web form titled "Contact Form" with the following fields and values:

- Correspondence ID : (empty)
- Contact For : Hospital Admissions, Office Procedures, PSY office (dropdown menu)
- Prior Authorization Request ID : 111050307826
- Contact Name : D. Brown
- Contact Email Address : Dbrown@email address.org
- Confirm Email Address : Dbrown@email address.org
- Phone Number : 444-444-4444 Ext. (empty)
- Message / Question : This PA was denied for untimeliness but the member has retro eligibility for the PA date of service. What do I need to do to get this corrected?
- GMCF Response : (empty)
- Reference Attachments : (empty)

At the bottom of the form are four buttons: "Submit Information" (highlighted in red), "Reset Form", "< Back", and "Return to 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.

**Figure 76**

- 8. Once a correspondence is submitted, certain waiver providers are allowed to attach documents to the correspondence via *Create an Attachment* functionality. The following provider types may attach documents: GAPP, ICWP, SOURCE, CCSP, NOW and COMP. **The correspondence must be submitted first before attachment functionality becomes available.**

**No-reply Email Notification:**

Providers receive a notification by email when a correspondence is submitted. This is a ‘no-reply’ email (as shown in the following figure). The email notifies the provider that their message has been received and that another email will be sent when the correspondence has been processed so that the provider will know to check the *Provider Workspace* for details.

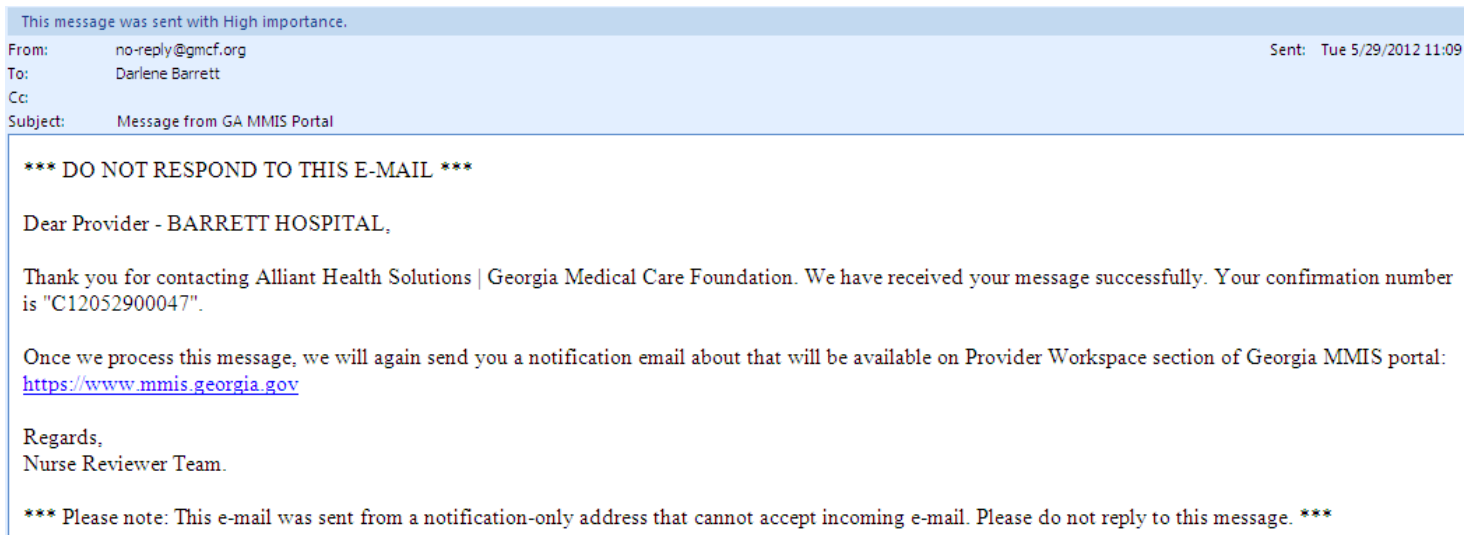


Figure 77

**2.15.3 Correspondence Search Instructions**

There are three ways to find and view existing correspondence from the *Provider Workspace*.

- If the correspondence was submitted recently, check the ‘Provider Messages’ drop list at the top of the workspace 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.

OR

- Search for the PA related to the correspondence by using PA Search. Open the PA to the *Review Request* page and all correspondence associated with the PA displays in the Correspondence table.



OR

- Search for the specific correspondence using **Search My Correspondence** at the bottom of the *Provider Workspace* page (shown in the next figure).

**Search Provider Inquiry / Correspondence**

Figure 78

**Search Provider Inquiry/Correspondence:**

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**

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

Figure 79

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.

Contact Us

**Contact Form**

Correspondence ID : C11071300024

Contact For : Hospital Admissions, Office Procedures, PSY office

Prior Authorization Request ID : 111050307826

Contact Name : D. Brown

Contact Email Address : darlene.barrett@gmcf.org

Confirm Email Address : darlene.barrett@gmcf.org

Phone Number : 444-444-4444 Ext.

Message / Question :

This PA was denied for untimeliness but the member has retro eligibility for the PA date of service. What do I need to do to get this corrected?  
 - Submitted on : 7/13/2011 2:17:05 PM

GMCf Response :

Dear Provider

Member file does not show retro eligibility for PA dates of service. If you have documents to support retro eligibility, please submit a reconsideration of the denial and attach the documents.

- GMCf Nurse Reviewer (7/14/2011 3:47:57 PM)

Reference Attachments :

[Reset Form](#) [< Back](#) [Return to Provider Workspace](#)

Figure 80

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.