

COMMUNITY CARE SERVICES (CCSP) CARE COORDINATOR WEB PORTAL TRAINING

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By

Darlene Barrett, RN, MN, Clinical Systems Analyst
Sandy Choate, RN, MS-HSA, BSN, CPHQ, Deputy Director

CCSP ELIGIBLE MEMBERS

- Target population for CCSP:
 - Must meet the definition for Intermediate Nursing Home Level of Care.
 - Must meet the criteria for the target population for Georgia's Elderly and Disabled Waivers.
 - Those applicants with a diagnosis of mental illness or intellectual disability and no co-morbid conditions are not eligible.

ALLIANT/GMCF'S SCOPE OF WORK

- Initial level of care (LOC) admission determinations
- Second level of care (LOC) determinations
- Yearly re-certifications

BACKGROUND INFORMATION

- 5 Review Nurses with SOURCE/CCSP experience
- Clinical Systems Analyst (RN)
- Team Leader over SOURCE/CCSP/ICWP
- Deputy Director, Medical Review
- Medical Director (Currently Practicing Internist)
- Inter-rator Reliability (IRR)

GENERAL INFORMATION

- All CCSP offices will be required to submit LOC requests with the required documentation via the web portal *only*.
- No mailed or faxed documents will be accepted.
- GMCF will not accept the case for review until all required documents are attached.
- Services cannot start until the initial LOC approval is granted.

GENERAL INFORMATION

- If the provider has questions about their submitted case they can use the “Contact Us” query section on the web portal.
- Telephone calls will not be accepted.

REQUIRED DOCUMENTS

- Appendix E- Level of Care and Placement Instrument Form
- Crosswalk from AIMS
- Minimum Data Set for Home Care (MDS-HC) from AIMS
- Demographic information from AIMS
- Medication Record
- Case Notes from AIMS
- DON-R Screening Tool (Initials only)

- Must be scanned in pdf format and uploaded. NO ZIPPED FILES OR PASSWORD PROTECTED FILES.

ALLIANT/GMCF'S LOC DECISIONS

- **Initial Tech Denial:**
 - No documents are attached to the LOC request within 5 calendar days from the LOC request date; OR when required documentation is incomplete within 5 calendar days from the LOC request date, AND nurse reviews and finds missing documentation.
- **Final Tech Denial:**
 - Following an initial TD, a Final Tech Denial is rendered when no documents are attached to the LOC request within 30 calendar days from the LOC request date; OR when required documentation is incomplete within 30 calendar days from the LOC request date.
- **Initial Decision/Approved:**
 - Rendered when the LOC is complete and meets level of care criteria upon initial nurse LOC review.
- **Initial Decision/Nurse Denied:**
 - Rendered when the LOC is complete, but does not meet the level of care/policy guidelines upon initial nurse LOC review. Member/Provider may request a reconsideration of this decision by sending additional medical information to the CCSP office within ten calendar (10) days of the date of the Notice of Denial/Termination of Level of Care and within twenty (20) calendar days to GMCF.

ALLIANT/GMCF'S LOC DECISIONS

- **Second Level Nurse Review/Approved:**
 - Rendered when a reconsideration of the Initial Nurse Denial has occurred, and based on the documentation submitted, the LOC now meets level of care/policy guidelines.
- **Second Level Nurse Review/Denied:**
 - Rendered when a reconsideration of the Initial Nurse Denial has occurred, but the LOC still does not meet the level of care/policy guidelines.
- **Initial Decision/Withdrawn:**
 - Used for duplicate requests. First submitted, first received.

RECONSIDERATIONS

- Member/applicant obtains a review of this decision by sending additional medical information within ten (10) days of the date of our letter to CCSP Care Coordinator.
- If CCSP does not obtain additional medical information within ten (10) days, this decision will become effective 10 days from the date the letter is sent out.
- If a second review is requested by the member, they are to notify the CCSP Care Coordinators who are to obtain requested/additional medical info and send to GMCF within 20 days of date of initial denial letter.
- Member then has thirty (30) days from the date of this second review letter to request a hearing if the denial is upheld. All hearing requests go to the CCSP Care Coordinators who then submit to DCH Legal.
- If a member/applicant makes the hearing orally, they must submit a written request to the CCSP Care Coordinator within fifteen (15) days from the date of their oral request.
- No reconsiderations for initial tech denials.

LOC DATE SPAN

- All waivers have to move to 365 days for LOC.
- CMS does not allow certification through the end of the month.

DECISION NOTIFICATIONS

- Contract TNT of 30 days.
- GMCF's decisions will be on the web portal the day the decision is made.
- When any decision is rendered, a 'No reply' email is sent to the provider notifying them of the decision. In addition, PA notifications and decision information display on the 'Provider Workspace.'
- All denial letters will be attached to the web portal under 'Provider Workspace' and will be sent via certified mail to the member with hearing rights.

HEARING PROCESS

- Collaborative process
- CCSP Care Coordinators manage
- Extension of PA by 4 months one time
- Notification of hearing through “*Contact Us*”
- “This member is in hearing status and the LOC is being extended for 4 months. In the interim, should the case be withdrawn or adjudicated, you will be notified by DCH.”
- Hearing outcomes loaded to “*Contact Us*”

CCSP WEB ENTRY

- Log into the *Georgia Web Portal*.
- On the *Secure Home* page, click **Prior Authorization**.
- Select **Submit/View** from the drop list;
OR
- Select *Provider Workspace* and then **Enter a New Request for PA**.

WEB ENTRY



Welcome, [REDACTED]

Search

Refresh session] You have approximately 19 minutes until your session will expire.

Wednesday, August 20, 2014

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

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

Home | **Secure Home** | Demographic Maintenance | Direct Exchange Addresses | Provider Search | EOB Search

MAPIR Registration | Provider Revalidation | Patient Profile

- Search
- Prior Authorization
- Submit/View
- Provider Workspace

User Information - Provider [REDACTED]

? [v]

Provider Service Location Information

? [^]

Name	[REDACTED]	Address 1	[REDACTED]
Medicaid Provider ID	[REDACTED]	Address 2	[REDACTED]
National Provider ID	[REDACTED]	City, State	[REDACTED]
Provider Type	HOME AND COMMUNITY BASED SVC	Zip	[REDACTED]

Messages

? [^]

*** No rows found ***

CCSP WEB ENTRY

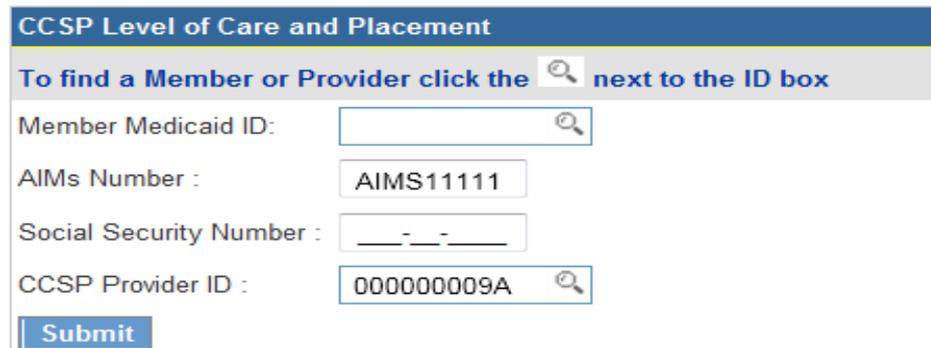
- On the next window, click the link [CCSP Level of Care and Placement](#) to open the LOC request form.

New Request for Prior Authorization

- [CCSP Level of Care and Placement](#)

REQUEST AUTHORIZATION

- On the next window, the CCSP Provider ID is populated by the system based on portal login credentials.
- Three options to enter participant identifiers:
 - ❖ Enter the AIMS number **OR**
 - ❖ Enter the Social Security Number **OR**
 - ❖ Enter the Member Medicaid ID



The screenshot shows a web form titled "CCSP Level of Care and Placement". Below the title is a grey instruction bar: "To find a Member or Provider click the [magnifying glass icon] next to the ID box". The form contains four input fields, each with a magnifying glass icon to its right: "Member Medicaid ID:" (empty), "AIMs Number :" (containing "AIMS11111"), "Social Security Number :" (containing "____-____-____"), and "CCSP Provider ID :" (containing "000000009A"). At the bottom left of the form is a blue "Submit" button.

- Click **Submit** to open the online request form.

LEVEL OF CARE & PLACEMENT

Member/Provider Information

- The CCSP provider information is pulled into the LOC request based on the provider's portal credentials.
- If a Medicaid ID was entered as the participant identifier, then the member's information is pulled into the LOC request.

MEMBER INFORMATION

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

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

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

PHYSICIAN/CARE COORDINATOR Contact Information

- Enter the physician's first and last name.
- Enter the physician's phone number.
- Care Coordinator/Nurse information is populated by the system. Enter any information that is missing or incorrect.

Physician Information			
* Physician Name :	<input type="text" value="DOCTOR DOCTOR"/>		
* Phone :	<input type="text" value="404-999-1111"/>	Ext. <input type="text"/>	Fax : <input type="text" value="- -"/>

Care Coordinator/Assessment Nurse Contact Information			
* Contact Name:	<input type="text" value="JEAN THE COORDINATOR"/>	* Contact Email:	<input type="text" value="JCOORD@GMAIL.COM"/>
Contact Phone:	<input type="text" value="404-999-2222"/>	Ext. <input type="text"/>	* Contact Fax: <input type="text" value="404-999-3333"/>

REQUEST INFORMATION

- Select *Initial* or *Reassessment* as the Recommendation Type.
- Enter the DON-R score if *Initial* selected.
- Enter the date of assessment.
- Select *Yes* or *No* for MFP approval.

Request Information			
* Recommendation Type :	<input checked="" type="radio"/> Initial <input type="radio"/> Reassessment	DON-R Telephone Screening Score :	<input type="text" value="28"/>
* Assessment Date	<input type="text" value="09/19/2014"/>	* Approved for Money Follows the Person?	<input type="radio"/> Yes <input checked="" type="radio"/> No

DIAGNOSIS

- Enter the diagnosis code for the participant's primary diagnosis in the ICD-9 box. System populates the description.
- Enter the diagnosis date.
- Click the 'Primary' checkbox.
- Click [Add](#).

DIAGNOSIS

* Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
344.1 		01/01/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>		ADD



* Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
344.1	PARAPLEGIA NOS	08/01/2014	Yes	No	ICD-9	EDIT DELETE
<input type="text"/> 		<input type="text"/>		<input type="checkbox"/>		ADD

ADDITIONAL INFORMATION

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

Acute Care Hospital Dates : From Date : To Date :

Diagnosis on Admission to Hospital

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

Medications

Name	Dosage	Route	Frequency	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="ADD"/>

Diagnostic and Treatment Procedures

Type	Frequency	
<input type="text"/>	<input type="text"/>	<input type="button" value="ADD"/>

Services

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

Services	Amount	Frequency	Duration	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="ADD"/>

Treatment Plan :

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

SUBMIT REQUEST

- Click [Review Request](#) to display the *Attestation Statement*.
- Click [I Agree](#) in response to the *Attestation Statement*.
- Click [Submit Request](#). The **pending Request ID** displays at the top of the page.

ATTACH DOCUMENTS

- When the request is submitted, required documents may be attached.
- Go to **Create an Attachment**. This section includes checkboxes for each required document type.
- Click a checkbox or checkboxes; click **Browse**; find the file; and then click **Attach File**.

ATTACH DOCUMENTS

Create an Attachment

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

Browse...

Attach File

File uploaded successfully.

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

Codes	Documents
CCSP-INITIAL	<input type="checkbox"/> Appendix E- Level of Care and Placement Instrument Form
	<input type="checkbox"/> Crosswalk from AIMS
	<input type="checkbox"/> Minimum Data Set (MDS) for Home Care (MDS-HC) from AIMS
	<input type="checkbox"/> Demographic information from AIMS
	<input type="checkbox"/> Medication Record
	<input type="checkbox"/> Case notes from AIMS
	<input type="checkbox"/> DON-R

Attached Files

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

SYSTEM DECISION NOTIFICATIONS

- Provider receives a 'no reply' email when CCSP LOC is approved or denied. If the decision is an initial tech denial for missing information, the email will specify what information was missing.
- The email notification directs the provider to check the web portal *Provider Workspace* for decision details.

DECISION DETAILS

- All decision details are displayed on the portal *Provider Workspace*.
- View details by searching for the LOC using [Search, Edit or Attach Documentation to Requests](#).
- OR-
- Access the LOC via **PA Notifications** drop menu. Select the PA number and click [Show](#).

DECISION DETAILS

Provider Workspace

Last 10 Requests : [Redacted] - Denied Messages : [Redacted] - Processed PA Notifications : [Redacted] Denied

- Denied
- Denied
- Denied
- Denied
- Denied
- Denied
- Denied
- Approved
- Approved

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. [More...](#)

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

DECISION DETAILS

- Provider ID is system populated.
- Enter the Request ID (PA ID).
- Click [Search](#).

Prior Authorization Request Search

Request ID :	<input type="text" value="114090299999"/>	PA Status:	<input type="text" value="▼"/>	Provider ID :	<input type="text" value="██████████"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>	Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL
<input type="button" value="Search"/>		<input type="button" value="Reset"/>			

DECISION DETAILS

- When the LOC opens, the decision details display.

Prior Authorization - CCSP Level of Care and Placement Review Request

Notification(s) for this PA

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

Denial Notification(s)

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

Request Information

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

Type of Recommendation : Reassessment

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

SUBMIT RECONSIDERATIONS

- To submit a request for reconsideration of an initial nurse denial, open *the Provider Workspace* and click [Submit Reconsideration Requests](#).
- Search for and open the LOC.
- Click [Enter Reconsideration Request](#) at bottom of page to open the reconsideration request form.
- Provide the required information.

SUBMIT RECONSIDERATIONS

Reconsideration Request Information

Request ID : XXXXXXXXXX CMO Request ID :

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

Contact Name : Phone: Ext: Fax:

Describe what you want changed.

Explain that you are requesting a reconsideration

Provide your rationale for changing the Prior Authorization Request.

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

SUBMIT RECONSIDERATIONS

- Click [Submit](#).
- Attach additional documentation.

Reconsideration Request Information

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

Describe what you want changed.

Explain that you are requesting a reconsideration

Provide your rationale for changing the Prior Authorization Request.

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

Your Reconsideration Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

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

Create an Attachment

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

[Back](#)