

Centralized PA Portal Review



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Presented by

Darlene Barrett, Alliant Clinical Systems

Analyst

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Centralized PA Portal

- ▶ Centralized PA Portal allows providers to submit FFS PAs and certain CMO PAs via the Georgia Web Portal.
- ▶ CMO PA rules and review policies are not changed; just how the PA is submitted to the CMO is different.

Phase I PA Types & Exclusions

Started 6/1/2013

- ▶ Newborn Delivery Notification
- ▶ Pregnancy Notification

Started 7/1/2013

- ▶ Inpatient Hospital Admissions and Outpatient Hospital or Ambulatory Surgical Center Procedures
- ▶ Hospital Outpatient Therapy (includes Ambulatory Surgical Centers)
- ▶ In- State Transplants

Exclusions: Outpatient services handled by CMO third party vendors (dental, vision, radiology etc.); and Behavioral Health Services. Contact the specific CMO for excluded procedures.

PA Types - Next Phases

Phase II - Projected for 6/1/2015

- Durable Medical Equipment
- Children's Intervention Services

Phase III – Projected for 4th Quarter 2015

- Inpatient Behavioral Health

Phase I Requirements Review

- ▶ CMO member enrollment and provider affiliation status are validated when a CMO PA is initiated.
- ▶ CMOs are responsible for reviewing and rendering decisions.
- ▶ Questions regarding review policy/timelines should be directed to the specific CMO.

Requirements Review

- ▶ Requests may be submitted a maximum of 30 days prior to elective service/admission.
- ▶ Retrospective PA may be requested only if the service/admission was emergent.
- ▶ Primary Diagnosis code is always entered on first diagnosis line for notifications and PAs.
- ▶ Diagnosis codes are validated as 5010 compliant.

Requirements Review

- ▶ CMO PAs submitted via the portal generate a 12 digit Alliant tracking ID that starts with “7”. This is **not** the PA ID used for CMO claims submission or adjudication. Use the tracking number to search for the PA via the portal.
- ▶ When the CMO approves the PA, the CMO assigns a authorization number. The authorization number is used for claims submission and adjudication.

Requirements Review

► Important Reminder:

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

PA Submission Process Review

- ▶ Go to the Georgia Medicaid Management Information System (GAMMIS) at www.mmis.georgia.gov.
- ▶ Log in with assigned user ID and password.
- ▶ On the portal secure home page, click the **Prior Authorization** tab.
- ▶ Click **Submit/View**.

Submission Review

- ▶ Select a request type or notification type.


New Request for Prior Authorization

- [Georgia Pregnancy Notification Form](#)
- [Medications PA Physician Office](#)
- [Newborn Delivery Notification Form](#)
- [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 \(Form Number: PA-81\)](#)
- [Hospital OutPatient Therapy](#)
- [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 \(Form Number: DMA-81\)](#)

Submission Review

- ▶ Select the applicable CMO
- ▶ Enter the Member's Medicaid ID
- ▶ Enter a Reference ID for the other provider, if required for request type selected.

Hospital Admissions and Outpatient Procedures (Form Number: GMCF form PA81/100)

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

Fee For Service or CMO PA ? ☐ Fee for Service
☒ Amerigroup Community Care
☐ Peach State Health Plan
☐ Wellcare Health Plans Inc.

Member Medicaid ID: 

Facility Reference ID : 

Medical Practitioner Provider ID :

Submit

Submission Review

Newborn Delivery Notification Form

Use this notification to report delivery outcome only. Do not use to request a future c-section surgery date.

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


Select a CMO :

☒ Amerigroup Community Care

☐ Peach State Health Plan

☐ Wellcare Health Plans Inc.


Member Medicaid ID:

333333333333 

Facility Provider ID :

007100064A

Medical Practitioner Reference ID :

REF000000000 

Submit

Submission Review

- ▶ When **Submit** is clicked, the system validates the member/provider CMO association based on MMIS data. A warning message displays when IDs do not pass validation.
- ▶ Member validation fails: This is a hard edit and the PA cannot be entered. If enrollment is verified, send issue to centralizedPA@Alliant.org.
- ▶ Provider validation fails: May click **Continue** to enter the PA.

Submission Review

- ▶ CMO Notification and CMO PA web request forms are similar in form and function to the FFS PA request forms.
- ▶ Each form includes an entry page and a review request page.
- ▶ In general, required information is identified by an asterisk or highlighted box.
- ▶ Enter all required information and click **Review Request**; **I Agree**; and then **Submit Request**.

Submission Review

Attestation 1

- ▶ Click **I Agree** to the Attestation Statement.

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.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

Submission Review

Attestation 2

- ▶ The attestation statement for emergency/urgent **inpatient hospital admissions** includes an additional attestation statement for bypassing the provision of additional clinical at the time that the PA is submitted. The attestation confirms that the clinical data is not known upon PA submission and the required information will be attached to PA within 24 hours.

☐ If you are notifying the CMO of the admission without all needed clinical data but are notifying they do not provide the clinical data at this time, you should submit that information within 24 hours of this notification. This attestation states that you understand that additional clinical data has been requested with the request, and that you are bypassing it because it is unknown at this time.

☐ I Agree

Submission Review – Notification Forms

- ▶ Pregnancy and Newborn Delivery Notifications similar to Hospital Admissions & Outpatient Procedures request entry.
- ▶ Newborn Delivery Notification captures ‘Maternal Admit Date’ and newborn information for single or multiple births. Used to create the maternal delivery PA.
- ▶ Pregnancy Notification used to create maternal global authorization and notify CMOs of high risk pregnancies.

Submission Review – Notification Forms

- ▶ Notifications entered under the Mom's ID.
- ▶ Primary diagnosis entered by selecting from a drop list: 650, or 669.70, or 654.21.
- ▶ Age/gender validation (female members ages 9-55).
- ▶ Additional information, such as antepartum flow sheet, may be attached to Pregnancy Notifications.

Submission Review – PAs

Hospital Admissions and In-state Transplants:

- ▶ Warning message displays if *Emergency* or *Urgent* selected as 'Admission Type.' This message does not prevent PA entry

Request Information

* Admit Date :	04/09/2013	Discharge Date :	<input type="text"/>	<input checked="" type="checkbox"/> Still in Facility
* Admission Type :	Emergency	* Place of Service :	Inpatient Hospital	

WARNING: Urgent and Emergent admissions are only valid in life threatening situations.

Submission Review – PAs

- ▶ CMO participating providers are provided a link to the CMO procedure PA lookup tool in the procedures section of the PA form.
- ▶ Non-participating providers will not have access to the lookup tool. A disclaimer statement will display in the procedures section:

DISCLAIMER: It does not appear that <<provider name>> associated with this request is a CMO participating provider. Consequently, all requested procedures/services require prior authorization.

Submission Review - PAs

- ▶ Providers may request a review determination within 24 hours if standard timeframe for review seriously jeopardizes the patient's life or health.
- ▶ Click 'Yes' to the question and provide rationale.

Expedited Review

Does the standard timeframe for approvals seriously jeopardize the Member's or P4HB participant's life or health so that an expedited authorization determination within 24 hours is needed?

☒ Yes ☐ No

If 'Yes', please provide a brief description of the circumstances which necessitate this expedited review request.

Provide a brief description of the circumstances which necessitate this expedited review request.

Submission Review - PAs

Hospital Outpatient Therapy:

- ▶ Therapy services may be requested for more than one month per procedure line.

Example: 4/20/15 – 8/20/15.

Provider Workspace-CMO PA Functions

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...](#)

Search and View PA Status

- ▶ Select [Search or Submit Clinical notes / Attach Documentation for CMO PA Requests](#) - to open the search page.

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Search and View PA Status

- Enter the tracking number and click [Search](#).

CMO Prior Authorization Request Search

Request ID :	<input type="text" value="713071056782"/>	PA Status:	<input type="text" value="▼"/>	Provider ID :	<input type="text" value="007100063B"/>
Select CMO :	<input type="text" value="-ALL-"/>	CMO PA Request ID :	<input type="text"/>		
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"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713071056782	333000000400	TEST	JOANNE	7/10/2013 6:41:48 AM	07/10/2013	10/08/2013	Pending	PEACHSTA	

- Click [Request ID](#) to access *PA Review Request*.

Search and View PA Status

- ▶ *Review Request* displays:
 - Current Case Status – Pending, Approved, or Denied
 - Reason for denial if PA denied
 - Errors and error descriptions
 - Attached files
 - Links to Attach file and Submit Change Request or Reconsideration Request (depends on PA status/conditions).

Prior Authorization - Review Request

Request Information

Request ID :	713040999999	Case Status :	Denied	Case Status Date :	04/22/2013
Member ID :	333000000400				
Provider ID :	007100063B – Physician Demo	CMO PA Request ID :			
Reference Provider ID :	REF007100064 – GMCF Hos pital				
Admission Date :	04/22/2013	Discharge Date :			
Effective Date :	04/22/2013	Expiration Date :	07/21/2013		

Diagnosis

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
022.2	GASTROINTESTINAL ANTHRAX	04/22/2013	Yes

Procedures

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
45378	DIAGNOSTIC COLONOSCOPY	04/22/2013	07/21/2013	1			Nurse Denied	INC	No

Clinical Data to Support Request

Clinical data to support medical necessity

Attached Files

File	Type	Document Name	User	Date
Attachment.docx	Change Request		Test User	4/5/2013 8:34:32 AM



CMO PA Updates

PAs may be updated via the Workspace:

- ▶ **Attach clinical or additional information:** Pending PAs, and Pregnancy Notifications of any status.
- ▶ **Submit Concurrent Review Information via a Change Request:** Approved inpatient hospital PAs with no discharge date.
- ▶ **Submit a reconsideration request:** Denied PAs and within the time frame established by each CMO.

Attach Clinical or Additional Information

- ▶ To attach information to a pending PA, click the link: **Attach Documentation for CMO PA 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...](#)

Attach Information

- ▶ Search for and open the PA.
- ▶ Click **Attach File** at bottom of page.

Diagnosis			
ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
812.00	FX UP END HUMERUS NOS-CL	06/27/2013	Yes

Procedures								
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason
97001	PT EVALUATION	06/27/2013	10/01/2013	1			Pending	
97530	THERAPEUTIC ACTIVITIES	06/27/2013	09/30/2013	8			Pending	

Clinical Data to Support Request
dasdgsa

Enter Change Request	Attach File	Return To Search Results	Return to Provider Workspace
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Attach Information

- ▶ On the next page, go to *Create an Attachment*.

GMCF Tracking ID : 713062756687 Amerigroup Community Care Authorization ID : Not Available Status : Pending

Member Information						
Member ID	Last Name	First Name	MI	Suffix	DOB	Gender
111222333444	TEST	TEST			01/01/1980	F

Service Provider Information			
Provider ID	Name and Address	Phone	Taxonomy (Specialty)
007100064A	GMCF Hospital 100 Demo Lane TUCKER, GA 30084	444-444-4444	-

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

- ▶ Click **Browse**, find/open the file.
- ▶ Click **Attach File**.

Submit a Change Request - Concurrent Review Information

- ▶ Click **Submit Concurrent Review Information for CMO PAs** to submit a change request with concurrent review information for an approved inpatient PA.

CMO Authorization Requests

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Submit a Change Request

- Open the PA and click [Enter Change Request](#).

Request Information					
Request ID :	713062756686	Case Status :	Approved	Case Status Date :	07/01/2013
Member ID :	111222333446				
Provider ID :	007100064A - GMCF Hospital		CMO PA Request ID : IP666666666		
Reference Provider ID :	REF007100063 - Physician Demo				
Admission Date :	06/24/2013	Discharge Date :			
Effective Date :	06/24/2013	Expiration Date :	09/25/2013		
Denial Reason :					

Diagnosis			
ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
285.1	AC POSTHEMORRHAG ANEMIA	06/24/2013	Yes

Clinical Data to Support Request
dagasdgadgas

Enter Change Request	Return To Search Results	Return to Provider Workspace
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Submit a Change Request

- Complete the CR form and **Submit**. Attach a document.

Change Request Information

Request ID : 713062756686 CMO Request ID : IP6666666666

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."

Contact Name : Phone: Ext: Fax:

Describe what you want changed.

Provide your rationale for changing the Prior Authorization Request.

Please select Change Request Rationale List:

- | | | | |
|--------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Change Member | <input type="checkbox"/> Change Provider | <input type="checkbox"/> Add or Change Diagnosis Codes | <input type="checkbox"/> Add or Change Procedure Codes |
| <input type="checkbox"/> Withdraw Entire Request | <input type="checkbox"/> Change Admit Date or Date of Service | <input type="checkbox"/> Change Place of Service | <input type="checkbox"/> Increase in Requested Units <input type="checkbox"/> Other |

Submit a Reconsideration Request

- ▶ Enter a reconsideration similar to entering a change request.
- ▶ Click the link: **Submit Reconsideration Requests for CMO PAs.**

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- ▶ Complete the form and submit.
- ▶ Attach documents.

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